

# WT UK Opco 4 Limited

# Kentford Manor

## Inspection report

Jeddah Way  
Kennett  
Newmarket  
Suffolk  
CB8 8JY

Tel: 01638555090  
Website: [www.gracewell.co.uk](http://www.gracewell.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Kentford Manor provides accommodation, nursing and personal care for up to 88 older people across three floors. There were 63 people living in the home on the day of our inspection. This inspection took place on 28 November 2022 and was unannounced.

Two providers are dual registered at this location. Care UK Community Partnerships Ltd and WT UK Opco 4. Both providers are responsible for service delivery at the location Kentford Manor. Care UK Community Partnerships Ltd managed the service on a day to day basis and WT UK Opco 4 took a more silent role, however, they did maintain some oversight to check overall compliance.

### People's experience of using this service and what we found

The service was not always well-led. Governance systems had not always been effective in monitoring quality or identifying any issues at the home. Care planning and end of life care plans required review and improvement.

There were sufficient staff deployed to meet people's needs. The use of agency staff was being addressed and continuity of agency staff supplied was monitored to ensure those employed were able to meet people's needs. Safe recruitment processes were in place. Staff received an induction and ongoing training to support them in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were complimentary about staff and of the care provided. Staff supported people in a personalised way and respected people's choices and decisions. People told us staff were kind and respected their dignity and privacy. People told us they enjoyed the food and had a range of options to choose from. A range of activities were made available to help people with social engagement

The provider had an effective complaints process in place. Feedback was sought and acted on. Staff worked in effective partnership with external professionals to help people achieve their outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 10 December 2021 under Care UK Community Partnerships Ltd and 8 June 2018 under WT UK Opco 4 and this is the first inspection of the location since the two providers have held dual registration with CQC.

The last rating for the service under the previous provider was Good published on 1 May 2020.

#### Why we inspected

We inspected this service to give it a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Kentford Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection site visit was completed by 2 inspectors, a specialist advisor who was a nurse and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Kentford Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kentford Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. The previous registered manager had left, and a new manager was being recruited.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with 14 people who lived at Kentford Manor to seek their views of their care and support. Not everyone who used the service were able to tell us about their experience of receiving the service, so observations of care and support were also made. We spoke with 23 people's relatives, and spoke with, or had emails from, 15 staff members. These included the deputy manager, operations manager, regional director, nurses, care, activities and maintenance staff.

A selection of records was also viewed, and these included the care plans and associated records for 10 people who used the service. Multiple medicines records were also assessed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and Recruitment

- People confirmed that there were enough suitably trained staff to respond quickly and meet their needs. A person said, "The staff are very busy but never hesitate to help me when I need them. They all work so hard." Another person told us, "There are always [staff] around. If I use my buzzer, the staff come straight away."
- The majority of relatives also felt the staffing levels were sufficient to meet their family member's care needs. One person's relative commented, "I think they're understaffed as they often seem run ragged. There are always [staff] around though." Another relative said, "I think they struggle a bit more at weekends, but they seem to cope as they are always working."
- Staff were visible across the different suites during our inspection visit and we observed they were kind and thoughtful in their interactions with people. Many staff, however, felt there were insufficient of them to meet people's needs in a timely manner. One staff member told us, "There are days when there are insufficient staff numbers to fully ensure residents receive the care and support, they need. We need to remember [people] are paying a lot of money each week and deserve constant good care." Another staff member told us, "We are starting to get back to full capacity and this needs to be reflected in our staffing levels. At the moment we are having to use more agency staff which isn't always ideal."
- The provider was making every effort to recruit permanent new staff and reduce and phase out the use of agency staff at the service. Terms and conditions for staff had been reviewed and a targeted approach to recruitment was taking place.
- Staff were recruited in a safe way and had up to date Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend that the provider continues to closely monitoring and reviewing staffing levels using an effective tool and through frequent communication with people, their relatives and staff, to ensure people's needs continue to be met in a timely manner.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Kentford Manor. One person said, "Safe? Oh, most definitely. There would always be someone to reassure me. The carers are very good and if they don't know something they soon find out. I have no concerns I'm very happy, very settled." Another person told us, "I do [feel safe]. The staff care so well for everybody. Nothing is too much trouble."
- People's relatives also told us they felt their family member was safe and well cared for. One relative commented, I feel I can get on with a bit of my life, knowing [family member] hasn't had a fall, I can relax a

bit knowing someone is there looking after [family member]."

- Systems were in place to safeguard people from abuse and avoidable harm.
- A safeguarding policy was in place for staff to access easily and staff knew what to do and how to report any concerns about people's safety.
- Staff had completed training in safeguarding people and told us they were able to raise any concerns to the management team.

#### Assessing risk, safety monitoring and management

- Staff knew the support people required to maintain their safety and well-being. Risk assessment and management plans were in place which provided guidance to staff in areas such as mobility, skin integrity, falls management and diet and nutrition. Risk was well managed overall however people's target fluid intake amounts were not always completed consistently. The acting manager took action to address this with staff.
- Risk assessments were reviewed and updated by staff when necessary. For example, if someone had a fall their risk assessment was reviewed to see if any further action needed to be taken to prevent a reoccurrence.
- Regular safety checks of the building and equipment took place, including fire safety equipment and water temperatures checks.

#### Using medicines safely

- Medicines were managed safely; people received their medicines as prescribed. One person told us, "Yes I do [have my medicines when needed] and if I have something that doesn't suit me, the nurses sort out for me to try something else." Another person commented, "The staff are good with my medicines, no problems whatsoever."
- Staff responsible for administering medicines received training and their competency was assessed. Staff took time to explain people's medicines to them and knew how people preferred to take their medicines.
- Medicines were safely stored, and the temperatures were monitored to ensure they were in line with manufacturer's guidance. Systems were in place to ensure any unused medicines were disposed of safely.

#### Preventing and controlling infection

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. We observed staff assisting people with their medicines with no handwashing or hand sanitiser use between. The inspection team also observed some staff wearing false nails and painted nails, which posed an infection control risk. This was also raised as a concern by some staff about their colleagues with one staff member telling us, "Staff are wearing fake nails and painted nails... these issues I feel should be dealt with by managers." We fed these concerns back to the management team.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person told us, "My room is spotless. The bathroom is cleaned, and the bin is emptied every day." Another person commented, "The cleaning is done every day. My room and bathroom are always lovely and clean."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors as they wished and in line with government guidance. People and relatives told us there were no restrictions on visiting.



### Learning lessons when things go wrong

- There were systems in place to record any incidents and accidents and what action had been taken.
- We found incidents were responded to promptly and staff were made aware of any changes to people's care needs to minimise risks.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs before they started to use the service were completed to ensure the service could meet the person's needs before they made the decision to move in.
- Care plans were in place, however, staff told us the care planning system was difficult to use, which the provider had already recognised, and there were plans in place to move to a new system.
- People's preferences were known by staff who were able to tell us people's needs, likes and dislikes.

Staff support: induction, training, skills and experience

- Staff were suitably experienced and skilled to meet people's needs.
- Many staff members told us they felt well supported in their role. One staff member said, "The management is wonderful they help when needed and support the employees of the home. I was trained thoroughly and told how to raise issues with the home or other workers thankfully I haven't needed to report anything bad." Another staff member told us, "...induction is good they give time to the new starters to get used to the home, and give them knowledge, before they start their proper shifts. They buddy them up with other experienced staff they can shadow"
- New staff completed an induction programme to make sure they were able to provide safe care. Staff who were new to working in care completed the Care Certificate which is a nationally recognised training programme. It helps to make sure staff have the basic skills and knowledge required for their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given the required support to meet their nutritional needs and told us they enjoyed the food offered to them. One person said, "The choice is very good, a good selection. The cooks here are very good. I have toast and coffee in my room for breakfast, eat lunch in the dining room and at five there's tea with sandwiches and cake. You can go into the dining room for tea if you want to. You can have a drink at any time, and I generally have a hot drink at bedtime." Another person commented "We have a roast on a Wednesday and a Sunday. We have fish on a Tuesday and a Friday and other choices like mushroom Stroganoff which I like. You can get hot drinks at any time. There is a posh coffee machine here and I like a Cappuccino in the evening. I have my lunch and tea in the dining room and like toast and coffee for breakfast, on a tray, in my room."
- Relatives told us their family members were encouraged to have enough to eat and drink. One relative said, "[Staff] offer [family member] drinks, throughout the day with cold drinks on offer tea or coffee, they offer them cakes and, in the evening, they bring sandwiches." Another relative commented, "Yes, [family member] has plenty of fruit, biscuits, sandwiches, there is a never-ending range of food. They bring a menu in with a starter, a main, a dessert and if [family member] doesn't like the choice, they offer them something

else."

- People were not rushed when being supported to eat and drink however we informed the provider that the mealtime experience could be improved if staff were not assisting two people to eat at the same time and the staff did not load the dishwasher noisily whilst people were eating.
- Information regarding people's diet and nutrition was available in their care plan and specific diets could be accommodated if needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with healthcare professionals to ensure people's health needs were met.

Information about visits and consultations were detailed in people's care records, including communication with GP's, chiropodists, dentists and opticians. A person's relative told us, "Yes there is a regular chiropodist, and I am informed of any schedule visits to the doctor. We discuss any possible interventions."

Adapting service, design, decoration to meet people's needs

- People lived in an environment that was accessible and suitable for their needs. The interior was clean and homely, with signage and items of interest displayed along the corridors.
- There were a variety of spaces, outside of their bedroom, for people to meet with their friends and family should they have wished to. A relative commented, "I would say they are clean, comprehensive, and tidy. They have nice garden to sit out in with flowers and lawn and a patio and they have outside activities when it is nice weather, and they have several common rooms where you can meet up."
- Some areas of the service required re-decoration. This had already been identified by the provider through their quality assurance systems and some works already undertaken. One relative told us, "They have recently been decorating and it is constantly being updated and it feels homely and comfortable."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty
- Staff demonstrated an understanding of the need to gain consent when providing people's care and respecting their choices. We observed staff offering people different options regarding the activities available, where they spent their time and when they wanted their care. One person told us, "I don't feel restricted at all. The staff know what time to get me up and then they help me to bed when I'm ready."

- DoLS were appropriately applied for and monitored.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the relationships they had built with staff and described staff as kind. One person said, "The staff know me well and I know most of them. They listen and are kind and friendly and care about people." Another person told us, "I can talk easily to any of them [care staff]. I didn't sleep too well last night and one of the nurses came to ask me if I was worrying about anything. It was just a one-off I said, I have no worries."
- Relatives told us their family members had developed good bonds with the staff caring for them. One relative said, "I see [staff] interaction with other [people], they are friendly address them by name and get down to their level. There is a lot of repetition due to [people living with] dementia and they are very understanding and patient."
- During our inspection visit we observed staff delivering caring and compassionate support to people at the service.

Supporting people to express their views and be involved in making decisions about their care

- People made their own choices about many day to day aspects of their care. This included what time they wanted to get up and go to bed, where they wished to have their meals and whether they wished to take part in the activities available. One person told us, "I feel very much involved in my care. I have visits from family and friends every day, I'm very lucky." Another person commented, "They have a session where they ask residents what they would like to do, every few months. They have wishing tree and they put down a wish of things they would like to do."
- People were supported to express their views and make decisions for themselves. This included through regular meetings and care plan reviews. One person told us; I saw my care plan at the start. The staff are always checking that I'm happy with everything. "Many relatives told us they were involved in making decisions about their family members care, where this was appropriate. One relative said, "I get emails and the nurses stop and talk to me about [family member], there is also a regular review date set."

Respecting and promoting people's privacy, dignity and independence

- Staff were careful to protect people's privacy and dignity and knocked on people's doors before entering and were discreet when providing personal care, ensuring doors were closed. One person told us, "They knock on my door before coming in. The staff listen and do things for you as you like them done." Another person said, "I find the staff here are polite and respectful at all times."
- People were encouraged to maintain their independence. One person told us, "You're encouraged to do as much as much as you can." Another person commented, "When I have my bath, they help me in and then leave me to wash myself." A third person's relative told us, "Staff are very respectful. The door is always

closed for personal care. I've listened at [family member's] bedroom door, and they talk so nicely to [family member]. They don't know I'm listening either."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans were not always person centred and did not consistently detail the care and support they wanted or preferred. The electronic care planning system in place prompted staff with specific tasks but these were not always personalised to people's preferences.
- Where people were receiving end of life care, their care plans did not consistently include detailed arrangements for their end of life care. Plans lacked meaningful information about people's wishes at the end of their life.
- We viewed one person's, who was at the end of their life, care plan and found a lack of detail and found inconsistencies about how their care should be delivered.
- People we spoke with felt staff knew their likes and dislikes. Staff were observed speaking with people in a polite and respectful manner and knew them well.
- Despite the gaps in records, relatives told us their family member received person centred care. One relative said, "When a [person] passes away the staff sit with [other people] and tell them gently rather than the person just disappearing or them simply finding out from someone. The staff are so good, so caring."
- The provider told us plans were already in place to move the care plans to a new system to ensure they were more detailed as they had identified the current versions needed improvement.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in an accessible format to meet people's needs. People's communication needs were assessed and recognised.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities on offer. One person told us, "There are lots of entertainments to choose from, there is a weekly programme. There's singing, an art class and lots more. We [people who use the service] are in charge and can choose whether to join in or not." Another person commented, "There are two lovely [staff] who run the activities. I can knit but have always wanted to learn to crochet. They've shown me how to start off, gave me a hook and wool and they've sorted out [online] videos which are great. I'm really pleased so far."

- People's relatives were also positive about the range of activities on offer for their family member. One relative told us, "Activities are organised 5 out of 7 days. There is a list and they come around and ask if you want to take part. Saturday the Salvation Army band is coming around. They do croquet, flower arranging, sing along, mothers with young babies visit, [people] loved that. They have dogs and other animals; they have zoo type thing and one of the staff members has dog [they] bring in." Another relative remarked, "The staff go above and beyond. One of them went to a charity shop in [their] own time to get [family member] some books by one of her favourite writers. Paid for them out of their own money too, so thoughtful. The home organises outings. Recently they went for tea and cake at a local farm shop. They do many activities including bell ringing, seated yoga and Tai Chi."

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately. One person told us, "[Would complain to] the management. I haven't complained, but I would have no problem in speaking up if I had to." Another person's relative said, "I know there is one [complaints procedure], but I haven't needed to access it, there is a note on their emails that tells us we can do that."
- All concerns and complaints at the service were responded to appropriately. All were documented, investigated and clearly recorded.
- A vehicle was available on a rota basis (shared with the providers other services) which gave enhanced opportunities for people to go out.
- We saw people engaged in a small group activity. The activity member of staff was skilled at working with people and ensuring all present were involved and included.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance systems were not sufficiently robust, and the governance was not always fully effective. The providers infection control audits and oversight had failed to identify and address staff failure to follow best practice guidance.
- Systems to ensure that people's hydration needs were being met were not effective
- Improvements needed to care plans and end of life plans had been identified through the providers oversight and management processes in September and October 2022 but still had not been actioned. People receiving end of life care still did not have a personalised plan in place at this inspection.
- Over the past year there had been some management changes which had impacted some of the staff and who told us this had left an inconsistent approach in leadership. One member of staff told us, "It has been a challenging time at Kentford Manor due to a change in company and management at the same time." Another member of said, "Hopefully once a new general manager is appointed, things will improve. There is much dissatisfaction amongst staff with how things are currently handled, or not handled." A third member of staff said, "I have always respected my managers and seniors and other carers, but the standard must be so much higher, and it needs to come from the top for this too change. I personally feel most of the carers do care for [people] but at times there is no professionalism at all."
- The provider's regional director visited the service regularly and undertook quality assurance visits, auditing the service and providing support to the management team but these had not resulted in the issues found being addressed.
- The provider had informed the CQC of significant events in a timely way. This meant we could check appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives spoke positively about the service and the care people received. One person told us, "The staff care. Simple as that. The home is a friendly, relaxed place to live." Another person said, "They listen to us. Care about us and help us." Another person's relative commented, "I would recommend [Kentford Manor], no hesitation. It's a relief that [family member] has got 24-hour care. The home is quiet, tucked away and has parking and a lovely garden. It's like a hotel inside."
- The provider understood the requirement to be open and honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were regularly asked for feedback on the services and suggestions on how it could be improved. One person commented, "I don't know about involved but I am able to give my views which I'm sure they would listen to." One relative told us, "I've not been to a relative's meeting - but I do receive the minutes. The notes outline any changes being made. They are starting a new thing 'Resident of the Day' which will focus on one or two people and provide an opportunity to meet and review their care."
- Records confirmed that staff meetings took place regularly and were opportunities for staff to discuss any support needs they had.

Working in partnership with others; Continuous learning and improving care

- Staff worked in effective partnership with a wide range of external professionals to ensure people received the support they needed.
- Systems were in place to seek advice and learn from external professional to improve people's care. People and relatives gave us examples of how staff had helped them manage specific healthcare issues.