

Mr Pratheesh Radhakrishnan Nair

Elegance of Kettering

Inspection report

68 Rockingham Road
Kettering
Northamptonshire
NN16 8JU

Tel: 07865971648
Website: www.elegantcare.co.uk

Date of inspection visit:
23 September 2021
04 October 2021

Date of publication:
18 January 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elegance of Kettering is a residential care home providing accommodation, nursing and personal care for up to 19 older people, or people with dementia. At the time of the inspection the service was supporting 15 people in one adapted building.

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

We were unable to view multiple records relating to people's care and governance. People, their relatives and staff were able to provide us with some assurances, however, we could not be fully assured in most areas because of this.

Actions had not been taken on known fire risks in the building.

Food storage and the cleanliness of kitchen equipment required improving.

Staffing levels were assessed and maintained. People, their relatives and staff told us there was enough staff to support people with their assessed needs.

People's needs were assessed before they moved into the service. People were supported by staff who were kind, caring and compassionate. Staff interacted well with people and knew individual needs. People told us staff were respectful and promoted their independence.

People told us the food was nice and they had choices of meals offered daily. People were regularly offered drinks. People told us they were supported to access health and medical appointments as required. People received medicines as prescribed by trained staff who followed best practice.

People were supported to stay in contact with their friends and families. Relatives were kept up to date on their loved ones changing needs or any incidents that may have occurred.

The home appeared clean and staff used personal protective equipment (PPE) effectively to reduce to risk of infections.

People, relatives and staff knew who the provider was and felt comfortable raising any concerns, complaints or suggestions. The provider was visible in the service and operated an 'open door policy' for anyone who needed to discuss anything. People and their relatives were asked to feedback on the service annually.

Staff felt supported by the provider and received regular supervisions and meeting to discuss the service and to ensure staff had the information required to fulfil their roles and responsibilities.

People told us they 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was inspected not rated (published 20 March 2020)

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from inspected not rated to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified two breaches in relation to safety of premises and equipment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Elegance of Kettering

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 Care Act 2014.

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 was completed by one inspector.

Service and service type

Elegance of Kettering is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not require manager registered with the Care Quality Commission. This provider is also the manager and is legally responsible for how the service is run and for the quality and safety of the care provided.

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 sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered provider, nurse and care workers.

On day one of the inspection, due to technical problems with the electronic system which held all documents relating to care plans, risk assessments, audits, quality assurance and recruitment files, we were unable to view records relating to people's care or the effectiveness and oversight of the service. On day two, the provider was unable to provide us with the records we requested.

After the inspection

The provider did not send to CQC the records requested during the inspection.

We made contact with the fire officer who visited the location to check compliance with the fire safety order.

Is the service safe?

Our findings

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

At the last inspection this key question was not rated because the service was newly registered. At this inspection this key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not protected from the risk of fire. We found fire safety concerns that had been identified in a September 2020 external fire report, still had not been rectified. For example, entry/exit doors and fire escapes were not linked to the fire alarm system and there was no system in place to override the locking device on each door, combustible material stored in the basement, multiple fire doors were inadequate and not maintained to ensure effective operation and fire resistance. The provider had recorded the fire doors were checked the week prior to our inspection, however, we found multiple doors which did not close effectively and broken door mechanisms.
- People were at risk from unsafe food storage and unclean equipment. We found the storage of food in the fridge and cupboards was inappropriate. For example, we found dried foods with use by dates of May 2021 in the cupboards, foods which were directed to be refrigerated after opening in cupboards and opened foods unlabelled. The inside of the microwave was visibly unclean with a chipped glass turntable. This put people at risk of food poisoning and cross infection.
- We were not assured risks relating to people were managed safely. We were not able to view any records in relation to risks to people. For example, risk of pressure damage, risk relating to eating and drinking.

The provider had failed to ensure the premises and equipment were safe and done all that is practical to mitigate those risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt safe at Elegance of Kettering. One relative told us, "They [staff] have gone above and beyond, they have gone out of their way to keep [relative] safe and happy."

Systems and processes to safeguard people from the risk of abuse

- Staff undertook safeguarding training and knew who to report concerns to both internally and externally.
- We were not assured people were protected from the risk of abuse because we were unable to view documentation relating to accident/incidents, injuries and investigations.

Staffing and recruitment

- People and their relatives told us there was adequate staff deployed and the staff responded in a timely manner.
- We were not assured safe recruitment practices were in place because we were unable to view documentation relating to recruitment of staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- People's medicine administration records (MAR) were signed appropriately to evidence medicines were given as prescribed.
- People were administered medicines by trained staff who followed best practice.
- When people had as required (PRN) medicines we found appropriate PRN protocols in place and staff had recorded the reason for administering the medicine. This supported health professionals to monitor and review the effectiveness of these medicines.
- We were not assured information relating to medicines were recorded in peoples care plans because we were unable to view these documents.

Learning lessons when things go wrong

- During the inspection, a senior carer informed us there would be changes to the kitchen audits to ensure all areas and pieces of equipment to be cleaned were identified and a stock check system would be in place on a weekly basis. This had not yet been implemented.

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.

At the last inspection this key question was not rated because the service was newly registered. At this inspection this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We were not assured people's needs and choices were documented because we were unable to view any documentation relating to people's care needs.
- People and their relatives told us their needs were assessed before any care was provided.
- Staff told us care plans included the equipment people needed to remain safe and information for staff to understand how and when to use them was documented.
- Staff told us that care plans contained clear information about how to support people in line with their needs and wishes. Staff told us the care plans were held electronically, and each care task also contained information on how people preferred their care delivered.

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

- We were not assured if people were supported appropriately with their dietary needs. For example, diabetes or pureed diets because we were unable to view any documentation relating to this.
- People had access to fluids throughout the day. People told us staff always offered drinks regularly or ensured they had access to drinks within their rooms.

Staff support: induction, training, skills and experience

- We were unable to view documentation in relation to staff induction; therefore, we were not assured in this area.
- Staff felt they received adequate training for their roles. One staff member said, "I have received all the correct training for my role, and I've completed refresher training." Another staff member told us, "I have had lots of training."
- Staff told us they completed an induction before starting work. We were informed the provider completed competencies checks to ensure staff understood their roles and had the skills to complete their tasks. We were unable to view this documentation.

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 Act 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We were not assured Mental Capacity Assessments and associated documents had been completed because we were not able to view this documentation in people's care files.
- Staff told us they ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

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

- We were not assured people received consistent and timely care and had access to health services that met their needs because we were unable to view the documentation in people's care plans.
- People told us they were supported to access health and medical appointments as required.

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

- The service had dementia friendly signs to help people navigate throughout the home.
- The building had areas for people to meet with their friends and family.

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.

At the last inspection this key question was not rated because the service was newly registered. At this inspection this key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We were not assured people's care plans included their likes, dislikes and history' or whether people's cultural and religious needs were documented.
- People told us that staff were kind and caring. One person said, "Oh they are lovely, they can't do enough for me." Another person said, "The staff are very kind, it was the best decision I made moving here."
- Relatives told us that staff knew their loved one well. One relative said, "They [staff] are really kind and supportive of [person], they have got to know [person] really well."
- Staff interacted with people in a compassionate manner and relationships between staff and people appeared respectful. Staff knew people well and understood how they liked to receive their care and support.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People felt involved in their care. One person said, "They [staff] are always asking if they can do more for me, but I honestly can't think of anything."
- People felt their independence was supported. One person said, "Sometimes I like to help out by folding some tea towels and they [staff] encourage me to do that if I want to."
- People told us staff respected their privacy and dignity. One person said, "Staff always knock on my door, they [staff] are good like that."

Is the service responsive?

Our findings

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

At the last inspection this key question was not rated because the service was newly registered. At this inspection this key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We were not assured people's care was personalised and met their needs and preferences, because we were unable to view documentation in people's care plans.
- Staff told us care plans included regular prompts regarding what support was needed and how to support the person with that task.
- People, relatives and staff all told us that staff knew people well and supported them in a person-centred way. One person told us, "They [staff] know me well, they [staff] know I like to have joke and a giggle." A relative told us, "I've never seen [person] look so well and happy."

End of life care and support

- We were not assured if people had end of life plans in place or if appropriate, a 'do not attempt cardiopulmonary resuscitation order' [DNACPR] in place. This was because we were unable to view any documentation in people's care plans.
- At the time of our inspection no one using the service required end of life support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We were not assured people's communication needs were recorded within their care plans.
- The service had pictorial signs and documents to support people to understand and communicate.

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 that activities took place and we observed staff interacting and engaging with people. We were unable to be assured a variety of activities took place on a regular basis and what involvement people had in choosing activities relevant to them.
- Relatives told us they were supported to stay in contact with their loved one. A relative told us, "We had video calls through lockdown."
- Relatives told us they felt welcomed in the home. One relative said, "I am always welcomed, staff always take the time to talk to me and let me know how [person] has been."

Improving care quality in response to complaints or concerns

- The provider told us they had a complaints policy in place, however, we were not able to view any documentation relating to complaints.
- People, relatives and staff told us they knew how to complain and felt the provider would listen to their concerns and deal with any issues appropriately.

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.

At the last inspection this key question was not rated because the service was newly registered. At this inspection 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems and processes to ensure care was delivered in line with people's individual needs required improvement. The provider was the only person who was able to access the full electronic care records, audits, health and safety certificates, oversight and governance documents. There was no back up plan in the absence of the provider not being available.
- We were not assured systems were in place to effectively monitor the quality of the service. We were not able to view quality monitoring documentation, however, outstanding actions from a fire risk assessment remained in place for 12 months. Audits of the food stored in the kitchen did not identify the concerns we found. Unclean kitchen equipment had not been identified and was not on any scheduled cleaning lists.
- We were not able to view records relating to the safe recruitment of staff, complaints and mental capacity assessments; which meant we were not assured that risks had been managed and regulatory requirements had been met.

There was a potential risk of harm to people because adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood their legal responsibility to notify the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

Continuous learning and improving care

- The provider took immediate action during the inspection to address the issues relating to fire safety. We could not assess the effectiveness of the action because the works undertaken were after the inspection.

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

- The provider understood and had acted on their duty of candour responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were all asked to feedback on the service by way of an annual survey. We were unable to view responses to the questionnaires or an action plan/summary of the feedback.
- Significant people were kept up to date on any changes to a person's needs. Relatives told us the service kept in communication with them and updated them on significant events or incidents.
- Staff were supported to make suggestions and raise any feedback they had. Staff attended meetings to share information and had regular one to meetings to discuss any concerns or feedback. Staff told us they felt supported by the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the premises and equipment were safe and done all that is practical to mitigate those risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were placed at risk of harm as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided.</p>