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Elegance of Kettering

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Elegance of Kettering provides accommodation and personal or nursing care for up to 19 older people, some of whom live with a dementia. The home was pleasantly furnished and had an accessible garden area. At the time of our inspection, only one person was living at the home and this was for a short period of time. We did not rate the service because there was insufficient evidence to make a judgement.

People's experience of using this service

The person using the service was safe. Staff were trained to safeguard the person and knew how to keep them safe from risks to their safety and well-being. The provider had arrangements in place to maintain and service the premises and equipment to make sure they were safe. The premises were clean and tidy. Staff followed good practice when providing care and when preparing and handling food which reduced infection risks.

There were enough trained and competent staff to support the person. The provider carried out checks on staff before they started work to make sure they were suitable for the role. The provider met with staff regularly to keep them up to date with any changes at the services.

The person and other health and social care professionals were involved in planning the care and support they needed. Their records contained information for staff about how they should be supported with their physical and mental health needs. Staff provided support in line with the person's wishes.

The person was supported to attend regular appointments with professionals involved in their care and treatment. Recommendations from professionals were acted on so that the person received relevant care and support in relation to their healthcare needs. The person was encouraged to eat meals they liked, to drink enough to meet their needs and to take their prescribed medicines.

Staff were friendly and kind and supported the person in a dignified way which maintained their privacy and independence. 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.

There were a range of spaces for the person to spend time in when at home and staff were supporting the person to take part in activities of their choice.

There were systems in place to assess the quality and safety of the service. However, we could not fully check at this inspection if these were effective to improve the quality and safety of the service when needed.

The service had only been supporting the person using the service for three months; we were unable to obtain sufficient evidence of consistent good practice to rate the service at this time.

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

Rating at last inspection:

This service was registered with us on 1 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Safe findings below.

Inspected but not rated

Is the service effective?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Effective findings below.

Inspected but not rated

Is the service caring?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Caring findings below.

Inspected but not rated

Is the service responsive?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Responsive findings below.

Inspected but not rated

Is the service well-led?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our Well-Led findings below.

Inspected but not rated

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.

Inspection team

The inspection was carried out 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 single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. 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 judgement in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff including the provider, senior care assistant, a nurse, and a team leader. We viewed care records and medicines for one person. We also viewed records relating to the safety and quality of the service. This included fire evacuation plans, staffing, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff recruitment 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 for this newly registered service. This key question has not been rated because there was insufficient evidence to make a judgement.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. They told us they knew who to speak to if they needed to raise any concerns.
- Policies and procedures were in place to safeguard people from the risk of harm. There had been no safeguarding incidents that required reporting to the local authority or the Care Quality Commission.

Assessing risk, safety monitoring and management

- The person's risks were assessed before they moved in to the service and these were kept under review as the person's needs changed. The care plan informed staff how to provide care that mitigated known risks. For example, risk of falls. Staff were kept up to date with any changes during handovers.
- Fire risk assessments were in place and staff were able to tell us how to respond in the event of the fire alarms sounding. The person had a personal evacuation plan and it was clear what support the person would require to evacuate the building.
- Records showed that premises and equipment were maintained, and any issues were promptly reported by staff and dealt with to ensure the environment remained safe. Maintenance tasks were reported and recorded in a timely manner.

Staffing and recruitment

- Safe recruitment and selection processes were followed. The provider had recruitment procedures in place and they confirmed that these were adhered to. Staff also told us that the necessary pre-employment checks were undertaken before they were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Staff told us there were enough staff to meet people's needs. One staff member told us, "The person we support has 24 hour one-to-one care and they always get that."

Using medicines safely

- Staff received training in medicine management and their competencies were checked to ensure they administered medicines safely. Only trained nurses administered medicines.
- Medicine was appropriately and safely stored, and we saw staff had correctly completed medicine administration records.
- Regular medicines' audits informed the manager of any issues which were rectified in a timely manner.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- All areas of the home were clean and free of odour.

Learning lessons when things go wrong

- The provider and staff were open to learning from incidents. There had not been any accidents/incidents at the time of the inspection.

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 not been rated because there was insufficient evidence to make a judgement.

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

- People's needs were assessed before they started using the service to ensure staff understood people's needs and preferences and all staff were kept up to date with changes.
- Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff to fully understand people's individual needs and effectively provide the care they needed.
- Staff used evidence-based tools to assess people's risks and needs, for example, risk of falls.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely.
- Staff had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Staff also had opportunities for continued development. A member of staff told us they could ask for further training if they felt they needed it and were confident it would be provided.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the management team and provider were very supportive.

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

- People's nutritional and dietary needs were assessed and understood by the service. Staff were knowledgeable about the person's cultural, religious and other dietary needs. For example: dietary needs for a person who is diabetic.
- Where the service had concerns about eating and drinking, we saw they had been referred to specialist services.

Staff working with other agencies to provide consistent, effective, timely care

- Staff engaged with people, their families where appropriate, and with other agencies to meet the health and care needs of people. Staff had contact with a range of community healthcare professionals about people's needs. They worked with them to ensure people received responsive and effective care.

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

- The service was decorated to a good standard and had plenty of room for people to socialise or spend time in a quiet lounge.
- The garden was well presented and offered a secure place for people to spend time outdoors.

Supporting people to live healthier lives, access healthcare services and support

- Referrals to healthcare professionals had been made in a timely manner.
- There was a clear audit trail of visits from health professionals and outcomes.
- Care plans for oral healthcare were in place and promoted consistent oral hygiene.

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.

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.

- A DoLS application had been submitted to the authorising authority.
- Mental capacity assessments were in place which covered decisions relating to personal care, choosing where to live and access to healthcare.
- Care plans were person centred and consistently gave guidance to staff about offering choice and seeking consent. Where consent may have been difficult to obtain, the care plan guided staff to look for both verbal and non verbal behaviours which may help guide them to understand the wishes of the person.

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 not been rated because there was insufficient evidence to make a judgement.

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

- The person living at the home was treated with kindness and respect. We observed staff taking their time to explain interactions and offering a choice of activities.
- Staff took pride in the person's progress and spoke positively about the person they cared for. One staff member told us, "[Person] has done really well, we have learnt what routine they like and they are becoming much more settled. I feel honoured to be supporting [person]."
- Staff understood the importance of promoting equality and diversity. The care plan contained information about the person's religious beliefs and their personal relationships and how to meet their individual needs.

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

- Where possible, the person was involved in the planning of their care; their care plan clearly showed how they preferred to receive their care. This information was shared from previous care provisions and through observations of how the person responded when care was being delivered.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and they support people to decide what they want and communicate their wishes.
- Staff were able to listen to the person, spend time with them in an unhurried manner and be observant for non-verbal feedback.

Respecting and promoting people's privacy, dignity and independence

- Staff supported the person to maintain their privacy and dignity. Personal care was delivered in private. One staff member told us, "I always try to make sure when I am giving [person] a shower that they are comfortable with me being there, and I explain everything."
- People's independence was promoted. Staff ensured the person were encouraged to do as much as they could for themselves.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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 not been rated because there was insufficient evidence to make a judgement.

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

- People and, where appropriate, other health professionals had been involved in creating and updating their care plans.
- Care plans were detailed and highly personalised. They were regularly reviewed, and changes made as appropriate. They included information for staff on how best to support people with personal care, eating and drinking, medicines, managing emotions, behaviour and risks. They also included information about their health needs and the care people required to manage their long-term health conditions.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

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

- The service developed a relationship with a local nursery and the person was engaged in interaction with the children. One staff member told us, "[Person] loves it when the children come in to visit; they really come alive."
- The person was involved in art and crafts, playing musical equipment, light physical exercise and reading large print newspapers. The person had requested for visits from their place of worship and we saw this had taken place on a regular basis.
- The provider was aware and familiar with how technology could support people to receive timely care and support. The provider spoke to us about their future technology plans.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and place and staff we spoke with were familiar with the complaints process. There had been no complaints received at the time of our inspection.
- Information about how to make a complaint was available at the service.

End of life care and support

- The service had end of life policies and processes in place. Staff had received training on end of life care.
- No-one was currently in receipt of end of life care.

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 not been rated because there was insufficient evidence to make a judgement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive person-centred culture. Staff told us there was a strong feeling of teamwork and the good relationship and communication between staff and managers allowed people's needs to be met in a way they preferred.
- We found an open and transparent culture. The provider and staff worked seamlessly together to achieve good outcomes.

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 was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. There had been no incidents at the time of our inspection.

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

- The management team carried out a range of regular audits and checks to ensure people received high quality care. Where issues were identified, the manager acted to improve the service.
- The staff and management team worked together to ensure people received a good service and people's risks were well managed.
- The registered manager understood their regulatory requirements to report incidents and events to CQC.

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

- The provider had systems in place to seek feedback from people and where applicable their relatives and other involved professionals.
- Staff told us they felt fully involved in developing the service. Their ideas were listened to and they were enthusiastic about supporting more people in the home.

Continuous learning and improving care

- The staff team were able to access up to date health and social care publications to enhance their knowledge.
- Quality assurance systems and processes were in place. These had not been used to monitor the service at this point in time because the service was still in its infancy.
- Systems and processes were in place to learn from incidents, complaints and investigations to drive quality. These had not been used at this point in time because the service was still in its infancy.

Working in partnership with others

- The service worked in partnership with other health and social care professionals to ensure good outcomes for people. For example; commissioners and health practitioners.