

Kettlewell House and Operations Limited

Kettlewell House Nursing Home

Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service

Kettlewell House Nursing Home is a care home providing personal and nursing care for up to 37 people, many of whom are living with a health condition, mental health condition or dementia. People live in the main nursing home, or more independently in one of the suites or flats that are on the same site. Everyone receives the regulated activity of personal care.

Some people who did not live in the service also attended the day centre at the service and whilst there in the home, they received the regulated activity of personal care. At the time of our inspection, 33 people were living at the service.

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

People spoke highly of the registered manager, praising their knowledge and management oversight of the service. However, we found the provider operator had failed to support them by making some necessary changes to some carpeted areas in the service.

People were happy living at Kettlewell House. They told us they felt safe and they were cared for by a sufficient number of staff who were kind, caring and showed them respect and dignity.

People's individual risks had been identified and staff kept people safe through good care management and a knowledge of how to recognise and report potential signs of abuse.

People's medicines were managed well and where people required the input of external health care professionals this was sought promptly to help ensure people maintained a good level of health.

Staff were well trained and felt supported by management. They demonstrated a good understanding of people's needs and provided person-centred care.

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 told us they enjoyed the food they were provided with and liked the opportunity to participate in the activities that were arranged for them.

Relatives were very happy with the care provided to their family member and they were given the opportunity to air their views or give feedback through relatives meetings. The management team had good governance arrangements in place to continually assess the quality and safety of the service. They worked well with external agencies to respond to people's needs.

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

Rating at last inspection and update

The last rating for this service under the previous provider operator was Requires Improvement (report published 27 August 2019).

At that inspection, we found breaches of regulation in safe care and treatment, person-centred care, premises and equipment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider notify CQC of all incidents of potential abuse, review staff deployment, review the Mental Capacity Act 2005 code of conduct in relation to people who lacked capacity, provide additional specific training to staff and improve the activities on offer to people. At this inspection we found the provider had acted on those recommendations and had made improvements.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. It was also because since that inspection the provider operator had changed.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Good ●

Kettlewell House Nursing Home

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.

Inspection team

The inspection was carried out by 2 inspectors, a nurse specialist and an Expert 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

Kettlewell House Nursing Home 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. Kettlewell House Nursing Home 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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 reviewed the information we held about the service in relation to notifications of accidents, incidents and safeguarding concerns. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 1 relative to obtain their views on the service. We also spoke with 9 staff which included the registered manager, deputy manager, clinical staff, care staff and activity staff.

We looked at documentation in relation to the service. This included reviewing 10 people's care plans in varying detail, numerous medicines records, 5 staff recruitment files, audits, minutes of meetings, complaints, training and accident and incident information.

Following our inspection, we received feedback from 7 relatives.

Is the service safe?

Our findings

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

At our last inspection, under the previous provider operator, we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people were not always kept free from the risk of harm. At this inspection, improvements had been made and we found people were kept safe. As such the provider was no longer in breach of this regulation.

- People were helped to stay safe and staff were aware of individual risks and what to do to respond to these. People said they felt safe. One person said, "There's enough carers and everything is locked up at night-time." A relative told us, "Yes, definitely (safe). At home mum was having too many falls."
- Where people were at risk of their skin breaking down, people were provided with pressure relieving equipment, set to the correct setting. People were also seen sitting on pressure cushions when in communal areas.
- Equipment was used to move people safely and we saw staff were competent in using the equipment and reassuring people whilst being moved.
- People on blood thinning medication had risk assessments for bruising and risk assessments were in place for people who could not use the call bell.
- Health and safety audits were carried out by the provider and the service was checked for its safety. There were weekly fire tests, regular fire drills and a recent fire risk assessment had been completed. Staff were aware of what to do should there be a fire or emergency in the building.

Preventing and controlling infection

At our previous inspection, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were poor infection control practices in the service. At this inspection, we had no concerns in relation to staff observation of infection control and as such the provider was no longer in breach of this regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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.
- 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.

Visiting in care homes

The service was following the latest government guidance in relation to visiting which meant people could receive visitors without restriction.

Learning lessons when things go wrong

At our previous inspection, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered manager could not be assured they were aware of all incidents occurring at the service. At this inspection, we heard that the accident and incident recording process had changed, reviews were carried out, action was taken and lessons were learnt. As such, the provider was no longer in breach of this regulation.

- Accident and incident records were recorded with good detail and action taken. Discussions took place at daily handovers and governance meetings around accidents and lessons learnt.
- The registered manager told us that a staff member was rostered on 'lounge duty' each day which had helped reduced the number of slips and trips in communal areas. The deputy manager said, "I've done a lot of training around the importance of positioning movement sensors in people's rooms. It's had a positive impact."
- Mini training sessions were held where learning for all staff was required following an incident or accident.

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

At our last inspection we recommended the provider always notified CQC when potential incidents of abuse occurred. The provider had made improvements.

- Staff had received training in how to recognise abuse and put this training into practice. Staff told us, "Some people are more at risk than others and we need to keep everyone who lives here safe", "All the team are always thinking about safeguarding and making sure people are as safe as possible" and, "I would go to the nurse, then manager; she is always here, whistle blow if needed. It has never been the situation."
- Safeguarding concerns had been notified appropriately to CQC and the local authority safeguarding team. The registered manager worked with external agencies to investigate and respond to any concerns.

Staffing and recruitment

At our last inspection we recommended the provider reviewed staff deployment. The provider had made improvements.

- We observed plenty of staff around throughout our inspection and we were not aware of anyone having to wait for support. Where people could get distressed causing them to become upset with other people one to one staffing had been provided.
- People told us staff were around when they needed them and they did not have to wait for staff. We were

told, "We see the same staff", "Everything you say you want; they are there" and, "I like to see the same ones (staff) [Staff name] is my favourite."

- Relative's commented, "Their policy of not using agency staff has to be applauded and helps with the delivery of consistent care by familiar carers. They also have a regular volunteer who has been of enormous benefit to my wife's overall well-being" and, "There's always someone around. I see familiar faces."
- Staff felt there were enough of them. One staff member said, "Staffing has never been an issue since I started here. We just cover it (the shifts)."
- Staff went through a thorough recruitment process which included providing information about previous roles, performance and references. It also included prospective staff demonstrating they had the right to work in the UK as well as completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the medicines they required. One person told us, "They've got them (medicines) in my box up there and they have the key." A relative said, "They (staff) did a fantastic job making sure she had the right medication."
- There were good medicine practices in the service and only trained and competency checked staff administered people's medicines. Staff used an electronic medicines system. This helped reduce the risk of medicines errors and people's medicine administration records were kept accurately and showed no gaps.
- There was clear guidance in place around 'as required' medicines and homely remedies (medicines that can be purchased over the counter). This was important particularly where people were living with dementia.
- Medicines storage was neat and well organised. We did notice that where the medicines trollies were kept on the ground floor, the heat of the room had on occasions gone above the recommended temperature for storage. We fed this back to the registered and deputy managers who assured us they would take action to resolve this.

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 our last inspection, under the previous provider operator, we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our previous inspection, we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people lived in an environment that was not necessarily suitable for their needs. At this inspection, some improvements had been made. The provider was no longer in breach of this regulation but we have reported under our key question of Well-led where the provider needed to make further improvements.

- Some improvement had been made to the environment since our last inspection. A bathroom that we found in a poor state of repair had been refurbished, bedrooms had been redecorated and some windows replaced.
- People's individual rooms were personalised to them, with their own items and furniture. Equipment was available to people to help support them move around the service safely.
- The ground floor was divided into several different living areas, so people could sit in a sensory room, quiet area or in amongst others in the main lounge. There was also a large garden that people used in the warmer months. A relative told us, "I love it. Mum has a great view of the garden" and, "The home is very comfortable and has a very good 'homely' feel to it."

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

At our last inspection we recommended the provider assess people's needs fully before they moved them into the service. The provider had made improvements.

- People's needs had been assessed prior to moving into Kettlewell House and careful consideration had been given to whether the service was a suitable location for the person. Relatives told us, "The care she received on admission was excellent, especially when considering it was in the middle of COVID" and, "From the time my husband moved in to Kettlewell he has always been well cared for in respect of his physical and emotional needs."
- People had made friends and we read how some people liked to sit together at mealtimes. This helped to demonstrate there was a good mix of people living together.
- Nationally recognised monitoring tools were used to monitor a person's weight, their skin integrity and their risk of falls.
- People's assessments formed part of their care plan and the care plan was developed over time as staff

got to know people and their needs. One person had moved in recently and there was already good detail included in their care plan.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider gave staff access to additional training in relation to people's individual health conditions. The provider had made improvements.

- Staff told us they felt the training they received was good and appropriate for the needs of the people they were caring for. A staff member said, "We get offered lots of different training courses."
- At our last inspection, we heard that staff had not received mental health training. This had since been provided to staff which helped them understand some people living at the service better.
- Training was refreshed regularly and the registered and deputy manager reminded staff of their requirement to complete training. We saw from the records there was good compliance with training.
- Staff had the opportunity through supervision, to meet with their line manager on a regular basis. This gave them the chance to talk about their role, progression, or any concerns. A staff member said, "We have our supervisions very regularly. That is ongoing. I think it is good, anything I need to raise I discuss in my supervision."

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.

At our last inspection we recommended the provider reviewed the MCA code of practice. The provider had made improvements.

- We found the service was working within the principles of the MCA. Capacity assessments had been carried out for restrictive practices and best interest's decisions made. This included for sensor mats, covert medicines (medicines given to people disguised in food or drink) and living in a service where the front door was locked. Appropriate DoLS applications had been made to the relevant authority.
- People said staff asked them for their consent before carrying out any care, telling us, "Normally they do (ask)" and, "Oh yes, they always ask."
- Staff had a good understanding of the MCA. They told us, "We never assume people don't have capacity. We give them the choice, give them options, always in their own interest and the least restrictive" and, "We have to talk with them. We make a best interest judgement. We can support them with things like outfit choice if they are unable to, but we still give them choice."

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

- People were provided with sufficient food and drink and given choice and variety. Where people required texture modified diets, these were prepared for them in the appropriate consistency. People told us, "I've not had a bad meal since I've been here. It's brilliant", "On the whole it's pretty good" and, "It's very good. I'm happy with it. You usually have two a day that you can choose from and it's up to you. We have coffee and tea all day long."
- Staff were seen supporting people to eat where they needed assistance or prompting. A staff member said, "I encourage people to have drinks regularly and the right diet at mealtimes so they can have the right amount of intake each day."

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

- There was clear evidence demonstrating good working relationships between the staff and external health agencies. Referrals were made appropriately, and advice was sought when needed.
- Staff worked hard to prevent unnecessary hospital admissions by taking action internally using their clinical knowledge.
- There was evidence that staff liaised with external professionals to achieve positive outcomes for people. For example, through the tissue viability nurse, community mental health team, speech and language therapy team, the dentist, optician or doctor.
- Staff worked well together using a thoughtful and effective approach. For example, staff considered where people were sat when activities were taking place to help ensure individual needs were met. Staff said, "I think the whole team always try to really get to know everyone."

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 our last inspection, under the previous provider operator, we rated this key question Good. At this inspection the rating has remained 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

- Everyone without exception gave positive feedback about the staff at Kettlewell House. They told us they were kind, caring and attentive. People said, "Everything is calm and the staff are lovely", "They are always talking to me. The night staff are very good as well" and, "They give me individual personal care."
- Relatives were equally complimentary. They told us, "The care staff do an outstanding job", "I wanted to express how happy we have been with the amazing staff in their exemplary care and kindness. They make her feel so very loved" and, "She has received excellent care all the time she has been there."
- Relatives felt people were treated as individuals. They told us, "The attention the carers give on an individual basis is amazing, the carers spend time cuddling her and making her smile and laugh", "The care and consideration given to my husband by all the staff continues to be exceptional" and, "I have always found all staff to be courteous and kind...I admire their patience with the residents."
- There were many interactions during the day between staff and people that were kind and caring. We heard one person say, "I don't think I know anyone" and a staff member responded by telling them, "That's okay, how about we get to know each other over lunch" and they accompanied them to the dining room.
- Staff took time to create tailored care plans around people's involvement and preferences. A relative told us, "They are trying to tailor it (the care) to mum. Someone asked yesterday what she would like to drink as they knew she didn't like tea or coffee. They made her a hot chocolate, so now that's what they are going to offer her every time."

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

- People were encouraged to express their choices. A staff member said, "Even if they are everyday questions such as what they want to wear or what they want to watch on TV."
- People said they were encouraged in their decision making. One person said, "I'm well treated. I think they (staff) do as much as they can to encourage my independence and decision making." A relative told us, "They (staff) ask her things, for example, walking, not a wheelchair. In a week her walking has really come on."

Respecting and promoting people's privacy, dignity and independence

- The care and support of people was of a high standard and people were treated with respect and dignity at all times. People told us, "Generally I think they do (treat me with dignity)", "They don't come in if your door is shut" and, "Just the way they treat you. You can tell, can't you? You can just tell by their attitude."
- People were offered privacy by staff. People told us, "I'm sure they (give me privacy). They're in tune" and, "If you're having a shower, the door is closed."

- Relatives were also happy with this aspect of their family members care. A relative told us, "I have often witnessed little gestures of kindness or thoughtfulness which makes a difference. For instance, adjusting someone's clothes to maintain their dignity or pausing for a few timely kind words."
- Staff considered what mattered most to people, telling us, "(For them) to be happy and listened to. Don't assume a routine, give them choices" and, "A bit of love, they receive the care they need. But sometimes they need a bit of love."

Is the service responsive?

Our findings

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

At our last inspection, under the previous provider operator, we rated this key question Requires Improvement. At this inspection the rating has changed to 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

At our previous inspection, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as care had not been designed in accordance with people's needs. At this inspection, we found people were receiving a personalised service and their needs were being met. As such, the provider was no longer in breach of this regulation.

- People had care plans specific to them. For example, a diabetes care plan, or a nutritional care plan distinctive to the person's dietary needs. Despite this service providing nursing care to people, care plans came across as generally caring without being overly clinical. The service had moved to a new electronic care planning system and the deputy manager told us, "Everything is in real time now. The records are better as staff write things down at the time."
- There was evidence in people's care records that staff considered people's preferences and promoted choice. There were very clear preferences about what toiletries people liked, what food and drink and their choice around the gender of carer.
- Staff were able to fully understand the needs of those being supported and ensure that person-centred care was delivered at all times. Relatives told us, "She is very comfortable, and the staff take great care over her. They always seem to find time for all the residents" and, "The carers really are very good with her. ...she can get upset, but the carers find time to reassure her."
- One person became distressed when out in the community and consequently staff instead accompanied them around the garden of the service which they were more comfortable with. We saw this happening on the day of inspection. There was evidence of people being repositioned when they required it to help reduce the risk of their skin breaking down. Repositioning charts were completed consistently.

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

At our last inspection we recommended the provider addressed people's risk of social isolation. The provider had made improvements.

- Since our last inspection, the registered manager had recruited an activity lead and as such people were provided with a range of activities both internally and externally. Every week there was a change to the schedule to help keep variety.

- People were happy with the activities provided. They told us, "There's a singer who comes, I like that and going out in the garden. I like the quizzes", "In the summer we have our meals in the garden and it's really nice" and, "We've been to the garden centre. That was nice."
- People's care plans recorded their preferences in relation to social interaction. One person played the piano. It was clearly recorded that when a musician came into the service, this person was invited into the lounge as they enjoyed listening to the music. We heard music playing during the afternoon and saw and heard people using percussion instruments to join in. There was a lively atmosphere.
- External trips were arranged which included to a local church for music and visits to the garden centre. Other activities took place in-house, with a local farm visiting, using the sensory room and last summer a classic car meet was held in the car park.

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.

- People were given the opportunity to express their preferred form of communication, particularly in how they wished to be addressed. We heard one person being called their preferred name by staff.
- Staff considered how they spoke with people to help ensure they were understood. They told us, "I always repeat myself to confirm they have understood me" and, "I speak clearly, as sometimes with my accent I need to speak slower for people to understand me."
- Staff were mindful of people's communication needs. A staff member saw us approach one person and explained the person would be able to hear us better if we sat on their left-hand side.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and complaints received were logged, investigated and responded to in line with the policy. Most were addressed on the same day of receipt.
- People said they would be comfortable raising a complaint or a concern. We heard from people, "I'd talk to somebody" and, "I'd talk to the manager."
- We read a number of compliments received by the service. This included, 'Very much appreciated the independence, privacy and respect Mum was accorded by you all', 'Dad's care is superb and you have always been so kind to us during this time' and, 'The attention and care she received enabled her to settle down and enjoy five more years amongst you. She couldn't have been in better hands'.

End of life care and support

- People's end of life wishes were recorded. One person wished classical music playing in their room.
- The deputy manager told us, "We have met with most of the families now to complete people's end of life care plans as well as their social and life history."

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 our last inspection, under the previous provider operator, we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant senior management was consistent. Leaders and the culture they created supported 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 provider operator had given assurances to the registered manager to make improvements to internal furnishings but had failed to do this. At our last inspection, we found some carpet in communal areas and in a couple of people's bedrooms had malodours which could not be removed with cleaning. The registered manager had tried hard to resolve this issue with the previous provider operator and subsequently this provider operator since then. They told us moppable flooring had been agreed by their line manager, but the provider operator had rejected the requested for funding, which had left them feeling frustrated.
- On a more positive note, the provider operator had introduced a new electronic care planning system which made tracking information easier, installed wi-fi in all areas of the service, refurbished two rooms and replaced some windows as well as replacing flooring in the main lounge. Other changes included replacing people's foam mattresses (found at our last inspection to be in a poor state)and training housekeeping staff to check the integrity of these mattresses when carrying out deep cleans of people's rooms.
- The registered and deputy manager assumed their roles with confidence. They had good management oversight of the service as well as the staff team. Every day, daily communications or handover meetings were held with a range of staff to ensure that information was shared and actions dealt with promptly.
- The provider carried out quality reviews of the service with the last one completed in June 2022. This had identified some shortfalls which we read had been addressed. The provider had noted at this review, 'positive atmosphere (in the service)' and 'manager capable'.
- Internal audits were also completed by management to include infection control, medicines, diabetes and choking, falls, catering and people's rooms.

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

- People and relatives were happy with the service Kettlewell House provided them. They told us, "You can please yourself" and, "I think it's lovely", "I just got the sense that mum would be very happy here. The staff are lovely as are the grounds. Nothing has been too much trouble" and, "I cannot express how grateful and relieved we are with the care given to her."
- Without exception everyone singled out the management team (registered and deputy manager). People said, "She (registered manager) comes in, walks through and makes sure everything's alright. She's good" and, "You see her and she comes around to us." Relatives told us, "My overall experience of Kettlewell House has been very positive. There are several reasons for this, but the main one is the manager", "I have nothing but praise for [registered manager] and [deputy manager] and the rest of the staff" and, "The manager sets a

first-rate example to all her team in providing very good care, always being cheerful and ready to listen. I have full confidence that my husband is receiving the best care possible."

- A strong and knowledgeable managerial presence meant staff were able to follow experienced role models and work together as a team to provide a safe and quality service for those receiving support. Staff told us, "She is (the manager) lovely, very helpful, anything you're worried about you can speak to her", "We all communicate very well, so if there are any changes everyone knows at the beginning of the next shift" and, "We all help each other, it doesn't matter what our job title, we all join in all jobs."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong.
- The registered manager understood their responsibilities as we saw letters of apology when care had not gone as planned.

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

- People and relatives said they had the opportunity to air their views. We were told, "If you've got anything to say, you can say it. You can talk to the staff if you want to anytime."
- Resident and relative meetings were held so people could feel involved in the running of the service. There was a range of topics discussed at these meetings.
- In turn staff met on a regular basis. This was through daily handovers, clinical meetings or inter-departmental meetings. Staff said, "We have supervision every month. That's the best time to speak up if we have any problems, or suggest a change and I feel listened to" and, "We are listened to. We all speak out at our morning meetings."

Continuous learning and improving care

- The registered manager was proud to tell us they did not use any agency staff and they were currently fully staffed. They told us they had introduced a new role of nurse assistance to work between the nurse and care staff.
- They reported improvements to the food, telling us, "The food is very, very good. Everything is cooked from scratch." We heard from the registered manager that a server had been trained to record what was left on people's plates, to help ensure people were receiving the foods they liked and the menu could be planned appropriately.

Working in partnership with others

- There were a range of external agencies and professionals that management worked with. This included the community mental health team, pharmacist (who carried out 6-monthly reviews of medicines), the falls clinic, dietician, podiatrist and the domiciliary dentist.
- The registered and deputy manager had regular virtual calls with a Surrey infection prevention control lead and there were close links with the North West Surrey integrated care partnership.