

# Hallmark Care Homes (SW19) Limited

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### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Hallmark Care Homes (SW19) Limited (also known, and referred to throughout this report, as Kew House) is a care home providing personal and nursing care for 81 people at the time of the inspection in one adapted building. The service can support up to 81 people.

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

The provider had a comprehensive, evidence-based dementia strategy in place that governed all aspects of service design and delivery, as well as the work of staff at all levels. This strategy highlighted the importance of social engagement, communication, relationships and a sense of 'personhood' that resulted in positive outcomes for people and an enhanced quality of life.

The service ensured people, relatives and associated professionals were at the heart of assessment, care planning and care delivery. People received good, effective care and support from a highly skilled staff team. 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.

Staff, relatives and people told us about their experience of living and working in Kew House, and the strong relationships built between people, staff and relatives. People were treated with dignity and respect.

People had access to a wide range of activities which enabled them to live fulfilled and active lives. There were numerous examples of staff's endeavour to provide meaningful experiences and lasting happy memories. There were examples where staff had gone the extra mile to ensure people were able to fulfil their wishes. The provider had invested in technology to support people and this had proved beneficial both in terms of well-being outcomes and engagement during family visits.

The registered manager was proactive in ensuring they had a visible presence within the home and operated an open-door policy ensuring that any low-level concerns were dealt with promptly, preventing escalation. Staff were praised and encouraged to develop their skills and qualifications and flourished under a transparent and enabling culture.

The service was well-led by a management team whose determination and drive was to deliver an outstanding service, leading by example, fully committed to quality and placing people at the heart of everything they did. The whole home approach was evident and enabled staff to develop skills transferrable to other roles/duties within the service and a clear sense of teamwork. The provider had systems in place to monitor and improve the quality of the service including high quality communications sharing good practice and achievement across the organisation.

People received a service that was safe, were protected from abuse and avoidable harm. Staff received

training and were confident about raising concerns if needed. Accidents and incidents were recorded with managerial oversight to identify any emerging patterns to prevent recurrence. People were supported by a sufficient, dedicated and consistent staff team who knew them well. Medicines were managed and administered safely. Measures were in place to prevent and control the spread of infection.

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:

The last rating for this service was good (published 25 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our Safe findings below.

Good 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding 

# Hallmark Care Homes (SW19) Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, a specialist advisor, an assistant inspector 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. The specialist advisor was a nurse.

#### Service and service type

Hallmark Care Homes (SW19) Limited (referred to throughout the report as Kew House) is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and care provided, and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced on the first day. We informed the provider we would be returning for the second day of the inspection.

#### What we did before the inspection

We reviewed information we held about the service and reviewed notifications about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with registered manager, deputy manager, regional director, housekeeping manager, hospitality manager, customer relations manager, business manager, lifestyle manager, chef, and staff within their teams. We spoke with eight members of the care staff, a nurse, clinical lead, team leader and a visiting pharmacist who was carrying out an audit. We also spoke with 15 people who lived at Kew House and 10 relatives.

We carried out observations at various times during the inspection, including engaging with people at lunch and spending time in communal areas.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and records relating to activities and opportunities at the home.

# 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 rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. The robust assessment and care planning system assisted in safeguarding the people living in the service and allowed for positive risk taking.
- People and relatives were positive about their feelings of safety and security at the home. One person told us, "I trust the staff and rely on them, there's always someone about and you can speak to them". Another person said, "It has never crossed my mind that I might get hurt".
- Staff received training about safeguarding people from abuse and whistle-blowing (reporting to external agencies), and demonstrated a clear understanding of their responsibilities in this area.
- Staff spoke passionately about having no hesitation in reporting incidents of abuse and knew they would be listened to. They told us, "We are all responsible, together. What one staff does reflects on us all", and "People who are vulnerable need us to speak up for them".

Assessing risk, safety monitoring and management

- People were safe at Kew House as the provider had appropriate systems in place to assess and mitigate risks relating to people's support.
- Risk assessments were used in conjunction with care plans to enable people to continue doing what they previously enjoyed in a safe manner, and not merely used as a list of things to avoid. This had a significant impact on people's independence and their freedom of choice. For example, people who had previously enjoyed baking had risk assessments which actively looked at ways they could be supported to use the ovens and produce food to be shared in the home. Other people who previously enjoyed sewing and stitching had had risk assessments which enabled them to be properly supported in using scissors and needles. Other people were able to undertake gardening tasks unaccompanied. Risk assessments which considered people's mobility and motor controls (using hands and sight) were used to empower people rather than discourage them from doing what they wanted. People and their relatives were involved in decisions about how risks were managed, promoting choice, control and empowerment. A relative told us, "The risk assessment part, it is a live document, it needs regular updates. I was invited to the last review."
- Person-centred methods were used to ensure people's safety was always maintained while supporting people to exercise personal choice and be active. For example, for someone who was at risk of falling out of bed but who also did not like to have preventative rails at the bedside, the management team had purchased a bed which could be raised or lowered. The person had the bed lowered to floor height at night and a sensory mat and further soft mattress were put in place to protect the person further. Another person, too tall for a standard bed and with a resulting increased risk of pressure sores to the heels had a bespoke larger bed provided which reduced this risk significantly.

Staffing and recruitment

- There were enough staff at Kew House to ensure people were provided with timely, flexible and responsive support. When necessary, additional staff were rostered on to provide people with one-to-one support from staff, or to support people to attend activities or appointments. One person told us, "There's always staff around and there's constant awareness".
- The registered manager was proactive about staff recruitment and spoke passionately about how she oversaw recruitment to ensure staff appropriate for the culture of the service were appointed, which took into account people's interests, lifestyles and protected characteristics under the Equality Act. People were involved in the recruitment of staff through sitting on the recruitment panel and providing feedback on applicants' suitability for the role. Additionally, all required pre-employment checks were carried out, such as a Disclosure and Barring Service check and references sought.

#### Using medicines safely

- Medicines were well managed and administered safely by staff who were trained and assessed as competent to do so.
- Medicines records were accurate. The home used an electronic recording system for medicines that the registered manager told us had significantly reduced medicines errors. All records necessary for the administration of covert medication were in place, including details of mental capacity, signed pharmacist recommendation and signed GP notes. In keeping with a person-centred approach and respecting people's rights people who were able to, and who wished to do so, took control of their own medicines.
- Records showed that people received their medicines at the right time and as prescribed. Records of controlled drugs showed that these were regularly checked, were accurate and suitable equipment and procedures were in place for their disposal when required. Any changes to people's prescribed medicines were discussed with the person and/or their relative and representative. This ensured that treatment decisions were person-focused and reflected the person's preference, wishes or best interests. An independent audit was undertaken by the pharmacist on the day of inspection and was scored highly, with some minor actions for the home.

#### Preventing and controlling infection

- The home was visibly clean and tidy. Cleanliness was supervised by a dedicated housekeeping team led by an experienced manager. We observed staff undertaking cleaning duties diligently, but always putting people's needs first. For example, if someone did not want their room to be cleaned at the time, or if people were busy using a communal area, this was respected.
- Personal protective equipment (gloves and aprons) was available in plentiful supply and we observed this to be used correctly.
- The home's clinical lead ensured that staff were aware of the actions to take to prevent and control the spread of infection and regular audits were carried out. Measures were in place for the prevention of infection through pressure sores, such as Waterlow assessments (updated monthly), air mattresses and pressure cushions. People's care plans showed that skin integrity was monitored and that early preventative action was taken. We noted that two people's pressure-relieving mattresses were set at incorrect levels to protect their skin integrity. We raised this with the registered manager who told us that the design of the mattresses meant the controls were easily knocked by staff, so they had implemented a programme of checks to reset the controls when this occurred. The mattresses were also due to be replaced with newer models with an improved design. We will check their progress at our next comprehensive inspection of the service.

#### Learning lessons when things go wrong

- Learning from incidents and accidents was shared and acted upon to prevent future harm. All accidents, incidents and errors including falls were reviewed via reports, discussion and action plans to learn from the

incident and improve.

## 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 rated as requires improvement . At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

At the previous inspection we found that the processes in place to ensure staff were supported and supervised were not consistently adhered to. At this inspection we found that staff supervision and support had vastly improved. Supervision was regular, recorded, included both individual conversations and observed practice and was valued by staff.

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

- The service provided exceptional support that met people's needs and preferences. This was particularly the case for people living with dementia.
- The provider had a company-wide 'Together dementia strategy' in place, based on the principles of Dementia Care Mapping developed by the University of Bradford. The Together dementia strategy guided the structure of the service, the work of staff at all levels and resulted in improved outcomes and quality of life for people. One person told us, "It's the little things that count - everyone, from the senior carers to the cleaners are smart, professional and cheerful." Kew House also participated in the 'Managing Agitation and Raising Quality of Life' (MARQUE) project led by University College London.
- The provider had developed and used the 'Thomas Tool', a tool to measure social engagement for people with dementia. Where people were assessed as being at high risk of social isolation, every member of the staff team worked to support the person to increase their social engagement and reduce isolation, in ways that were meaningful for the person. For example, one person living with dementia became agitated every weekday close to 3pm, as they were worried they would not be able to collect their (now adult) children from school. Staff supported the person's adult children to make a video which they played when the person became agitated, which immediately reduced the person's distress. Overall incidents of agitation and distress significantly reduced for this person as a result of the measures put in place by staff. Staff told us the Thomas Tool was updated monthly.
- Staff had very detailed information about people's physical, mental health and well-being needs due to a very thorough needs assessment process when the person was first referred to the service. Staff were matched extremely well to people enabling a swift connection and person-centred care to be delivered from the beginning. For example, one person was formerly an art therapist, and a staff member connected with them and supported them to create cushions for their grandchildren's birthdays. This ensured the person maintained an active part of their family's life and continued to enjoy needlework and stitching. Other members of staff who enjoyed gardening were matched with people with the same interests.
- Care plans were written from the perspective of the person and included clear guidance for staff about their previous employment, their interests and how they wished to be supported throughout the day. The service had appointed one staff member a 'dementia coordinator', who oversaw the work of the 'dementia

champion' in each unit. The dementia champions observed people and recommended specific strategies for staff to support them in ways that reduced their distress. One relative told us, "With patience and through consultation with us and observation, the staff have got to know my relative well." Recognised assessment tools were used for the care and management of people's needs such as skin integrity, falls, nutrition and hydration, and oral care. The registered manager consistently researched best practice guidance and had a collaborative approach in supporting people to achieve good outcomes.

- The staff were sensitive and updated notes on hand held tablets discreetly which preserved people's dignity and privacy. Staff told us the care planning tool helped in conversation and had improved people's awareness of, and involvement in, the home. One staff member told us, "It is fantastic. It helps in handovers, and in allocating different tasks to the right people – for example in taking people to appointments, or in reminding someone who loves music that there is music happening." Another staff member said, "I think the way we work with people joins up what is in their care plan with what is actually happening in the home and it helps people feel more involved and knowledgeable about what is going on."

Adapting service design, decoration to meet people's needs

- The service premises were specially designed and decorated to enhance people's quality of life. People were able to move around the service premises freely and use the varied communal spaces as they wished. One person said, "Kew House has a great atmosphere and we chose it because it is full of life and warmth".
- Very careful thought had gone into ensuring that people with dementia were able to find their way around the premises as independently as possible. Different areas of the service premises were colour-coded according to their use, and clear pictorial signs and objects of reference were handily placed to support people to find their way. For example, potted plants and garden tools were placed near a door to a patio where people could garden.
- Other objects were freely placed around the service to stimulate people's senses and act as conversation-starters to provide opportunities for people to engage with each other, with visitors and with staff. These included reminiscence flash cards with pictures and memory prompts, textured areas that people could feel and wool bobbins that people could wind. One person told us, "It is a very friendly, positive environment."
- Areas of the building had been specifically designed to meet people's needs. One room had been designated a 'private dining room' for people wishing for private space to eat with their visitors, and for people who found the larger dining rooms too stimulating which resulted in their becoming agitated or distressed. A room on the first floor had been designated 'The Emporium', recreating a 1940s village shop, and in which clothes were provided so people could dress the part if they felt moved to. There was a kitchen on the ground floor people could freely use for cooking and baking for themselves. There was a cafe area at the entrance of the building that was very well-used by various groups throughout the days of our inspection, allowing people and their visitors free and unrestricted access to snacks and drinks. A relative told us, "We knew from the moment we entered the bright, buzzing reception/café area that this was the home we'd been looking for."
- People's rooms were individual and had distinct and personalised signage to indicate who lived there, and to assist people to find their rooms. When people's needs changed and they moved from one unit within the service to another offering more support, staff took photos and recreated their room within the new unit to minimise confusion and improve the person's orientation.

Staff support: induction, training, skills and experience

- People benefitted from a service in which staff received excellent training and support to perform their roles effectively. The provider had designed a tool to assess applicants' knowledge and understanding of dementia when they were first recruited, and provided additional training to enhance knowledge and skills in this area when necessary. This was used for staff in all aspects of the service, in line with the provider's Together dementia strategy.

- Relatives told us they appreciated this level of person-centred care throughout the staff team, their comments included, "There seems to be a very good team spirit amongst all the staff", and "The housekeeping team, maintenance team, carers, management and all other staff, work really well together".
- Staff received a thorough induction, and were well-supported to provide effective person-centred care and extend their skills. Their comments included, "I have worked at Kew House for almost seven years now and I truly love my job", "Kew House has supported me to gain my Level 3 qualification in Health and Social Care, supported me through various training courses, and have enabled me to be the person that I am today", "In supervision I can raise any issue and we have learning objectives", and "I have one-to-one every month and find it really supportive".
- People and their relatives were involved in designing and delivering staff training. One person told us with great pride about how they had facilitated fire safety training for staff.

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

- Meals were an enjoyable and dignified experience for people. This was because of the remarkable attention by the hospitality team who ensured that everything from the layout of the dining room to the presentation of the meal was as people wanted it. Staff were extremely attentive and supportive throughout. Support was offered in a gentle, discreet and effective manner with clear emphasis on meeting everyone's nutritional needs and creating a social and enjoyable experience.
- The chef was knowledgeable about everyone's taste and offered dishes based on what people suggested in surveys and conversations. Choices based on ethical and religious preferences were respected. Pureed food was formed to resemble the original items.
- People and their relatives were very complimentary about the meals. One person told us, "The food is always good, it's cooked on site, it's fresh and there are two choices for each course." A relative said, "[my relative] is encouraged to eat but they are not under pressure, and you can also have drinks and snacks throughout the day."
- For people with more complex, health related needs, the partnership working between the care staff and chef was excellent and ensured people had nutritious meals based on assessment of needs. For example, some people were at risk of choking and had been referred to the Speech and Language Team (SALT), where recommendations had been made and adhered to by the chef. Other people had been assessed by visiting professionals and recommendations made for the use of special utensils like volume control cups and spoons which maintained people's dignity and promoted independence. All of these were in people's care plans and communicated clearly to kitchen staff.

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

- The service had developed excellent partnership links with the local GP practices and other health and social care services. We saw evidence of regular reviews with GPs and psychiatrists in accordance with NICE guidelines.
- The registered manager had been proactive in participating in an initiative with Merton and Wandsworth Clinical Commissioning Group (CCG) to launch the Red Bag Scheme, an initiative that enabled people in care homes to enter and be discharged from hospital more quickly and easily, and which eased the pressure on hospital beds. In addition, the home supported the CCG with trialling new lifting equipment designed to reduce the amount of emergency calls requesting support for people who have fallen. This had proved very successful and resulted in people not having to suffer the anxiety and disruption of being taken to hospital.
- Another distinctive initiative was the introduction of "Fresh 15", which was implemented to ensure that every person living in the home got at least 15 minutes of real fresh air every day. This ensured access to fresh air, physical contact with staff, physical movement and making use of different areas of the home for every person. Even for people who were bedfast, this initiative was applied, where the window would be

opened with a staff member giving attention to the person.

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 with appropriate legal authority. 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.

- The home provided first-rate support to people through the establishment of dementia champions and membership of the Merton Dementia Action Alliance. This enabled people to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. Policies and systems in the service supported people because they were based on best practice.
- The registered manager was extremely confident in her role and understood the principles of MCA. They worked proactively and engaged with external stakeholders to ensure that outcomes for people who lacked capacity were positive. Clear audit trails of conversations between the person, relatives and external professionals. All records and authorisations relating to MCA and DoLS were in place for those who required them, and the home had a clear schedule for any updates or renewed authorisations. Staff consistently sought consent appropriately from people, to promote choice and independence.

# 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 rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The home provided excellent support to people in helping them maintain their privacy, dignity and independence. This was accomplished through attention to detail of the small, personal issues of a person's life, which the staff knew would have a significant impact on people's sense of worth.
- Staff supported people to be as independent as they could be. As part of the Together dementia strategy, each person who lived at the home had a job to perform each day such as folding and putting away laundry, cleaning, or setting the table for meals. This enhanced people's sense of self-worth and improved their quality of life. One person was supported by staff to learn how to measure their own blood pressure, in order to take their own medicines safely without staff support. Staff also supported people in their chosen hobbies and ensured the environment made independent access possible to gardens, art, games, books and the café area. People were encouraged to go out with friends and visitors with no restrictions other than that the home was informed if they were going out.
- People and relatives provided examples of what made them feel valued as individuals. One relative told us, "The staff helped to make each day enjoyable for [my relative] with the little things that mattered to them, such as putting their TV onto a channel to watch their favourite programmes, a cup of tea made the way they liked it and popping in to chat to them." Other examples from people included, "They always greet [my relative] by their first name with a friendly wave and a smile and treat him with dignity and respect", and "They know how I like my coffee and which biscuits are my favourite".
- On Valentine's Day, every person was given a rose with a message attached that read: "You are loved", and on Mother's Day each lady, whether a mum or not, was given a daffodil.

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

- People were cared for by staff who treated them with excellent care and attention. One person told us, "The staff have kind, gentle and measured voices and they never shout". Throughout the inspection we observed staff being attentive to people's needs, regardless of the role of the staff member. For example, we saw housekeeping staff reassure someone in distress and it was clear that the housekeeping staff knew the person well enough to know how best to reassure them. Once the person was reassured the housekeeping staff immediately alerted a care staff. This sense of teamwork resulted in an environment which was extremely caring and compassionate. A visitor told us, "I've visited friends in several other homes – this one, by comparison, is really very good indeed. It's impressive and I think due to the staff."
- People and relatives were united in their positive view of the caring aspect of the home. Comments included, "The care is compassionate, it's delivered with dignity – and a welcome element of humour and I believe that comes from the top" and "I find the staff caring and considerate. The minute I appear, I feel the

staff are there for my friend and me."

- The registered manager had developed strong links to ensure people were a valued part of the local community. This was evident in many well attended events. For example, links with the local parish church meant that services and concerts were attended. There were various inter-generational activities with local school and nurseries visiting the home and people visiting the schools. There was the National Citizenship Service (NCS) which visited the home every summer to support activities within the home, and an "Enrichment Programme" with two local secondary schools visiting every Thursday afternoon to spend time getting to know people and joining in with activities. This enriched people's lives as it gave them a wider network of contacts rather than only the staff of the home, engendered a sense of community and engaged them with people from a different generation.
- Staff supported people to maintain their connection with previous employment, through supporting people to visit places they were employed as well as inviting relevant guests such as the fire service. Staff also worked alongside people as they developed new hobbies in gardening or participating in music. Other people invited staff to join in and participate in existing hobbies such as baking or new card games. In all of these there was a demonstrable equal and adult relationship which emphasised people's independence and dignity.
- This approach was also reflected in the admirable way the home supported people who had protected characteristics under the Equality Act, where, regardless of their race, religion or sexual orientation, people were supported with compassion and sensitivity to pursue their preferred lifestyle. For example, people who identified as LGBT were supported to maintain relationships and contact with loved ones in both practical terms with regard visiting, and emotional support. This ensured that people retained their dignity and sense of who they were.

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

- People were supported to express their views and make decisions about their care, regardless of their ability to communicate verbally.
- Staff used creative and inclusive ways to gather information from people who otherwise would have had limited input to their care planning. For example, to learn about people's values and interests time was spent with each person, photos were used and discussions with relatives took place to corroborate how a person wanted to be supported.
- The home used technology in a creative and useful way to ensure people could express their views, had contact with family and so that family could be involved in discussions about people's care. For example, staff supported a person, who could no longer communicate verbally due to their dementia, to type their views in an email to the registered manager. Video calling was also used to contact relatives abroad and the home went the extra mile to accommodate people living in different time zones. One relative wrote to the home saying, "I cannot tell you how much this link means to me and, of course to Mum. It makes us seem much closer to each other." Another relative wrote, "I cannot thank you enough for setting up the [video calling] opportunity for Mum. I so enjoyed seeing her looking hale and hearty and it was great to have [staff] beside her to repeat things that she had not heard me say."
- People and their relatives confirmed they were included and involved in care planning and reviews. They also told us that they were encouraged to participate in meetings which discussed home life. One person told us, "I would have no hesitation in recommending people to move to Kew House and I take great pride in my home and my surroundings and love telling everyone that visits just how great our home is."

# 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 rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The Together dementia strategy guided the managers and staff of Kew House at all levels to provide personalised care that met people's needs and preferences. This strategy encouraged investment in technology and innovation to support people. For example, there was a "Tovertafel" (Magic Table) designed specifically for people living with dementia, to stimulate both physical and cognitive activity and encourage social interaction. People using the table were laughing and joyful. We observed one person with advanced dementia, who was otherwise generally unresponsive to staff and other people around them, laughing, vocalising and physically responding to the stimulation provided by the table. The registered manager told us, and records confirmed, that use of the table had resulted in three people regaining their previously lost ability to speak in sentences.
- The completely person-centred care provided by all staff of the home resulted in enhanced quality of life for people. Staff told us of one person who had severe muscular constriction when they moved in, which resulted in them frequently banging their head while walking around the home. The dementia champion for the unit of the home in which they lived observed the person and provided recommendations for all staff working with them, which resulted in a one-to-one programme of sensory stimulation and exercises. After several months of the dedicated programme, we observed that the person was now able to move around without hurting themselves, had started to speak again and once again enjoyed activities their condition had prevented them from participating in, such as going to church.
- The provider had invested in an electronic care planning and recording system that allowed staff more time to spend with people while also ensuring that records of care delivered were updated in real time and accurate. Each staff member carried a tablet computer they used to access the system, and we saw that this allowed staff to transition seamlessly from recording a person's fluid intake to supporting the person to look up information on a topic of interest on the internet. The electronic system also provided staff with alerts to ensure that people's immediate needs were met. For example, if a person had not eaten enough food, a warning sounded and all staff were obliged to offer food and support the person to eat.

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.

- The service met the requirements of the Accessible Information Standard, which all staff were aware of

and worked within.

- The registered manager and staff responded very well to people's communication needs. Everyone who was living with an impairment, disability or sensory loss had this clearly stated in their care plan which was easily accessible. Information was printed in larger fonts, the staff made sure that hearing aid batteries were changed regularly as needed and referrals to audiologists were made as necessary. Some people were supported to purchase mobile phones with very large numbers and the staff set the phones to have large fonts for ease of use. People with visual impairments were escorted to appointments for ease of access.
- The staff made sure televisions had the subtitle functions on for people who could read but had hearing impairments. People who liked to read but whose eyesight was impaired had access to audiobooks. People who liked to view their photographs had electronic albums at appropriate heights in order that they could view moving pictures without them having to bend to lift an album.

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

- Kew House provided an extremely wide range of in-house and community activities enabling people to live fulfilled lives. These had been carefully considered to match the interests and occupations that people had prior to moving into the home. One person told us, "The home has a lovely atmosphere and there is always something here for me too. I have been allowed to pursue my lifelong passion which is baking, and I love to still be able to bake my famous sausage rolls for all of my friends here." Often, this meant going the "extra mile" at times, which made a significant contribution to people's quality of life. One example of this was of someone who had been a lifelong bridge player and who was finding it increasingly difficult to access the community bridge club they had been a member of for years. The home offered to host the club at Kew House, which meant the person could maintain their relationships with friends and the community they have always been a part of. This had expanded to become open to other people living at the home.
- The care and attention to stimulation and activities had a significant impact in reassuring families and friends about their loved ones' care. People and relatives were extremely complimentary about the range and quality of activities and stimulation at the home. One relative said, "The activities program is extensive, inclusive, imaginative and delivered with real attention to detail, enthusiasm and care." Another relative told us, "If I asked [my relative] about an activity they had enjoyed he couldn't tell me what had happened but there was a broad grin on their face as they remembered it." This design of the home, together with distinctive initiatives enabled those living with dementia to participate fully in the life of the home. Additionally, the provider was a keen proponent of "John's Campaign", which allowed the relatives of people living with dementia to visit the service at any time to encourage social stimulation.
- Meeting people's personalised needs and minimising social isolation was expertly managed by the lifestyle manager and her team. Through their work they were able to ensure that the social aspect of people's care was carried out as a "whole home" approach, involving all staff, ensuring risk assessments were accurate and proportional and matching the right staff to the task. This included trips out, in-house activities such as music and art, games and exercises and individual wishes, such as someone who wished to go paddling in the sea. Support was provided after careful consideration of risk and appropriate plans put in place.
- Other areas of excellent practice included working in partnership with external groups, such as an art therapy group called "Creative Minds" which worked with people to produce some impressive pieces and resulted in an art gallery display area of the home that was opened by the deputy mayor. One person very proudly showed us the art work they had created. The home also collaborated in a music therapy research project with University College London (UCL) in a project identifying whether music can help residents living with dementia relearn new words and songs.

Improving care quality in response to complaints or concerns

- The registered manager was particularly open and proactive regarding any complaints. In the previous 12 months four complaints had been made under the home's formal complaints procedure. The complaints centred round items going missing.
- In addition to resolving the complaints with people within the home's deadline period, the registered manager also used these incidents to improve the service. A new "settling in" checklist was created to complete an inventory. Issues were discussed openly at meetings with people and relatives and advice and guidance on handling valued items was given. Photographs of valuable property were now taken and the home's moving in letter to people was amended so that people and their relatives could receive the best advice and help about their property. One issue where the home's central finance department was not taking payment on time, causing disruption to some people, was swiftly raised and the issue was resolved.
- The home's complaints procedure was visible to all visitors. The registered manager carried out six-weekly reviews, and held regular people meetings, where updates and feedback on any issue was given.
- The manner with which complaints and concerns were treated seriously, openly and resolved swiftly resulted in people and their families feeling secure and confident that their concerns would be listened to. People and relatives were extremely positive about the way any concerns were responded to. One person told us, "Complain? I may have, perhaps about my room not being as tidy as could be. But if I have any worries it is all sorted immediately." Another person said, "I've never needed to complain, but if I saw anything amiss, I'd do that."

#### End of life care and support

- The staff team were trained in end-of-life care and supported by a nurse. They could identify people on the end-of-of life pathway in a timely manner and, with the support of their GP, specific end of life care plans were implemented. These were prepared with full involvement of the person and their families. Pain assessments were carried out and equipment and medicines administered appropriately. Specific initiatives had been introduced by the service to improve people's quality of life when receiving palliative care, such as placing a bread machine in the person's bedroom so the smell of baking bread stimulated their appetite. This resulted in people gaining weight while on palliative care.
- Relatives and staff teams were also supported. People at the end of their life were cared for according to their cultural, religious and personal wishes. People and families were provided with privacy and dignity.
- The home had a positive relationship with St Raphael's hospice which had provided the home with palliative care support, end-of-life medicines and syringe drivers when required.
- The home had ensured it recorded people's wishes with regard to attempting resuscitation (DNAR), advance decisions to refuse treatment (ADRT), advanced care plans and had shared appropriate details with the GP.
- Relatives were extremely positive about the palliative care at the home. One person said, "[My relative] was happier at Kew House after moving there for the last 10 months of his life than he has been in many years. We valued the cheerful atmosphere, the quality of staff, care and activities, as well as the respect and dignity given to all residents. It meant a lot to me and our family to see him happy and comfortable for the end stage of his life."

## 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 rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service was excellently led by a management team who were passionate about delivering an outstanding service, leading by example, fully committed to quality and placing people at the heart of everything they did. The registered manager told us their aim for the service was to deliver "high quality, relationship-centred care – always with a smile" and the foundation for their approach was empathy for the person receiving support, and empathy for their family and loved ones. This approach guided the implementation of the provider's company-wide Together dementia strategy at Kew House, resulting in an empowering, open and inclusive culture at the home.
- Some people who lived at Kew House had previously been excluded from other services due to their behaviours, and the impact of these on other residents and staff. The consistent, friendly and person-centred support provided by the staff of Kew House resulted in these behaviours diminishing and people's quality of life improving. For example, one person had been excluded from several services before moving into Kew House. Their family wouldn't visit the person when they first moved into the home, as the family were often subject to verbal and physical abuse from the person (who was living with advanced dementia). A dedicated programme of kind and consistent responses to the person's behaviours, coupled with support for the family to better understand their relative's communication, resulted in the family now visiting frequently without fear. This in turn resulted in the person being noted as smiling more, having an improved appetite and participating in activities where previously they were completely isolated.
- People, relatives, visitors and staff were unanimous in their praise of the culture of the home and the atmosphere of caring and friendliness that it presented. The registered manager was clearly a visible presence in the home, which people and their relatives told us made a difference. A person told us, "Leadership sets a culture. The manager is out and about in the home a lot and there's a similar culture throughout this place", while another person said, "I enjoy living here, it suits me, and I can do what I want". People had very positive things to say about staff at every level and not just at senior level. Everyone from hospitality hosts, care staff, domestic staff and administrative staff were often mentioned by people as they looked to give examples of how they felt about the staff in the home.
- The provider and registered manager promoted a culture that developed and valued staff, with several reward-based initiatives, such as employee of the month award, gift vouchers for outstanding practice and nominations in annual carers' awards. One of these initiatives, known as 'Golden Nuggets', was specifically designed to encourage staff to find out, record and share with other staff details about a person's life and dreams to prompt communication and engagement with people. The home was entered for the third consecutive year in Merton's Best Business awards and was runner up in 2018. The home was also awarded

'The Extra Mile' title at the Merton Best Business Awards, for "passion for going the extra mile and forming relationships with the local community" and was nominated again this year.

- Staff of Kew House were often asked by the provider to provide training and guidance to other homes within the registered provider's portfolio in order to promote good practice and develop continuous learning. For example, the hospitality manager was regularly chosen by the registered provider as a leading example and had trained many of the other homes' housekeeping teams.

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

- The service used creative ways to assist people to communicate and engage with the running of the service. The relationship-centred approach that was integral to the Together dementia strategy resulted in people and their relatives feeling empowered to speak their minds and effectively contribute to how the service was run. People and their relatives told us they felt equal partners in their care. One person said, "They always speak to the residents. I don't have one bad thing to say", while a relative told us, "As a family, we have power of attorney and we are consulted. They ensure the whole place is well-run".

- The registered manager went to great lengths to ensure that people and their relatives felt included and involved in decisions about running the home. People and relatives were part of recruitment and induction for new staff, and acted as trainers for existing staff. Formal residents' and relatives' meetings were carefully arranged on rotating days of the week and for each floor of the home, at various times of the day and evening so that everyone had an opportunity to attend a meeting that was convenient for them.

Additionally, the registered manager held a weekly surgery during which anyone could approach her in confidence with concerns or suggestions. Annual quality surveys of all aspects of care delivery were distributed to people, their relatives and visiting professionals, with the results collated and analysed and improvements made.

- We saw minutes of meetings and survey reports demonstrating that the registered manager was open and transparent about issues relating to the home. We saw that people's views had been recorded and that reports of action taken were provided at the following meeting. For example, the service had introduced new colour uniforms, as well as changed the size and colour of staff name badges, after people living with dementia told the registered manager these were hard to tell apart. Other changes introduced as a result of feedback were improvements to laundry, renovation of the building and information about latest research in dementia care.

- Another initiative that people's relatives told us they appreciated was the appointment of a 'family dementia champion', a relative who was supported by the service to provide training and support to relatives of people living with dementia at Kew House. Additionally, each year the staff offered local unpaid carers a special day of "complimentary pampering" which included a haircut, a manicure and hearing tests. The registered manager described this as one way of showing the community's unpaid carers that they were appreciated and to offer them a well-deserved break.

- The registered manager had developed excellent links with external agencies ensuring successful partnership working and actively supporting staff to attend additional training. For example, sessions delivered by the Dignity in Care team, Merton Seniors Forum, local Dementia Alliance, Speech and Language Therapy team, and hospice nurses.

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

- Managers and staff at all levels were clear about their roles. The team worked together exceptionally well and provided a stable and consistent philosophy of care and an open but disciplined structure. This in turn enabled staff to work together as a team, each clearly understanding their specific role but able to support

each other and able to see how each person's role influenced the "whole home" approach.

- Feedback about the management team was highly positive. A care worker told us, "All the managers want the best for the residents and for staff", while another said, "[The registered manager] is amazing. She is very caring and listen to our views."
- There was a robust and extensive quality assurance system in place to monitor and improve the quality of the service. This included detailed audits carried out by the registered manager, staff and the provider. Action plans were drawn up which clearly identified any issues highlighted, timeframes for completion and person responsible. We saw that actions identified had been carried out. There were also quality audits carried out by external professionals such as pharmacists and Dignity in Care auditors from the London Borough of Merton. All these audits produced extremely high scores and positive feedback. Kew House had also received an 'Orchid award' from the provider for how they had implemented the Together dementia strategy resulting in improved quality of life for people living with dementia.
- The registered manager was clear about the legal responsibilities in line with their registration with the CQC. They were open and transparent when accidents or incidents occurred.