

# Hollycoombe Healthcare Ltd

## Kevlin House

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service:

Kevlin House is a care home that provides care for up to 15 older people, some of whom may be living with dementia. At the time of our inspection 14 people were receiving care. The service is in one adapted building.

### People's experience of using this service:

People at Kevlin House received outstanding care and support by a staff team that were committed, passionate and knowledgeable. Staff provided people's care in a very person-centred way. Staff were creative in helping people to express their views and people were consulted about all aspects of their care and support.

People felt safe at the service and were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised and people received their medicines at the right times. There were enough staff to ensure people's needs were met safely in a way that suited them. People received care from staff who were well trained and well supported. Staff worked well together and with external care professionals to ensure people received the care and support they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider's policies and systems supported this practice. Staff respected people's views and people were fully involved in making decisions about their care and support.

Staff were genuinely interested in, and found out about, people's interests and supported them to maintain or rekindle these. They knew people well and were skilled at engaging them in activities they enjoyed, including trips out. Staff encouraged and promoted positive relationships between people living at the service. They encouraged people to maintain existing relationships and invited relatives to attend frequent social events at the service.

Staff were caring, compassionate and empowering which reflected the provider's values of person centred care. Staff treated people with the utmost respect and had embedded privacy and dignity into their working practice. There was a strong recognition that people were individuals. Staff spoke passionately about providing people with excellent, person-centred care. Staff showed real empathy for people. They were skilled at recognising when people were feeling vulnerable and needed reassurance.

The provider and registered manager were experienced, skilled leaders who were committed to involving people, relatives, staff and other stakeholders in the development of the service. Audits, quality monitoring checks and action plans helped drive forward further improvements in the service. The success of the care provided at Kevlin House was recognised by external care professionals at the Norfolk Care Awards over the last three years.

Rating at last inspection: Good (report published 31 August 2016).

Why we inspected: This was a planned, unannounced inspection, based on the previous rating.

Follow up: We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remains effective.

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-led findings below.

# Kevlin House

## 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:

- One inspector carried out this inspection.

Service and service type:

- Kevlin House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Nursing care is not provided at Kevlin House.
- 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:

- This unannounced inspection took place on 16 January 2019.

What we did:

- Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider completed a Provider Information Return (PIR) in March 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked for feedback from the commissioners of people's care, representatives from the local authority and Healthwatch Norfolk. We used all this information to assist with planning the inspection but took into account that the information in the PIR was 10 months old.
- During our inspection visit on 16 January 2019, we spoke with six people who used the service and four

relatives. We also spoke with the provider's representative (referred to in this report as 'the provider'), the registered manager, a senior care worker, a care worker, a cook and a visiting healthcare professional. We looked at five people's care records. We also looked at other records in relation to the management of the service. These included staff training records, complaints and compliments records, and records relating to the systems for monitoring the quality of the service.

- After our inspection, between 16 and 27 January, we received feedback via email from three external social care professionals.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service continued to safeguard people because there were processes in place to minimise the risk of avoidable harm. One person told us, "Yes, I do [feel safe] actually." They said this was because of, "How the staff look after you and keep an eye on you. They know how I am." Another person said this was because staff, "Always make sure I'm OK."
- Staff had received training in protecting people from abuse and knew who to contact if they had any concerns, both within the provider's organisation and external agencies. All staff were confident that the manager would take seriously any concerns they raised. The registered manager had referred concerns appropriately to external agencies such as the local authority and CQC.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks to people who used the service.
- People had individual risk assessments and care plans which had been reviewed and updated. Identified risks included assisting people to move, choking, falls, and poor skin integrity.
- Staff were aware of the measures used to support people with these risks. For example, assisting people to move regularly and the guidance on safe moving and handling techniques.
- Two relatives told us staff had recognised when their family member's mobility was deteriorating. They said staff had ensured their family members received the appropriate support to keep them safe, but as mobile as possible.
- Appropriate arrangements were in place to ensure people would receive appropriate support in the event of an emergency, such as a fire. This included each person having a personal emergency evacuation plan (PEEP). These were detailed and included information such as the distances people could walk and that, for example, the noise of the fire alarm may cause confusion.
- Staff had been trained to use appropriate equipment to assist in any evacuation, including the evacuation sledges.

Staffing and recruitment

- The provider employed enough staff to make sure staff could meet people's assessed needs. This included sufficient staff to enable them to offer flexible support to people, which met daily changes to individuals' needs and preferences. One person told us, "At night [staff] say, 'Just pull the cord.' They come quickly."
- The registered manager followed robust procedures to ensure new staff were suitable to work at the service. Staff confirmed they had to wait for the registered manager to receive all the required satisfactory checks before starting work at the service.

Using medicines safely

- People told us they received their prescribed medicines safely and on time and that staff offered them pain relief when they needed it. One person told us that they applied a prescribed cream to their body, but that staff "sort out" the rest of their medicines. They said, "[Staff] bring them to me. They stay and make sure I have them."
- Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines.
- Audits were regularly carried out to check medicines were being managed in accordance with good practice.

#### Preventing and controlling infection

- The service was clean and tidy and staff knew how to prevent the spread of infection.
- Staff had received training and promoted infection prevention and control procedures.
- A relative told us the service was, "Always clean... The bedding is always clean, there are nice duvets. The place doesn't smell."
- The registered manager ensured there was enough personal protective equipment available and that staff used this when they supported people with personal care.

#### Learning lessons when things go wrong

- Staff knew how to record accidents and incidents.
- The registered manager responded appropriately to these and took any necessary actions. For example, people's falls were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs before they started using the service. This ensured that staff would be able to meet people's needs effectively.
- The registered manager told us, "We need to be quite careful ... We need to make sure we can meet their needs."
- People and relatives praised staff for the care they, or their family members received, and said staff understood and met their needs. One person told us, "The staff are very nice." A relative said, "The care is marvellous, so good."

Staff support: induction, training, skills and experience

- Staff had received the training they needed so they could do their jobs well.
- People, relatives and external care professionals said staff were well trained. One person described staff as "Very capable." A care professional told us, "The staff are really well trained and competent, more importantly, [they are] confident in their abilities. Senior staff know which members of the team need a little more support, they are not left alone until they are satisfied."
- Staff members had received additional training in their areas of interest and about people's specific needs, for example, diabetes awareness and oral hygiene.
- Staff members received regular individual supervision and annual appraisal so they could discuss their performance and development needs with their line manager.
- Staff felt well supported and were very happy working at the service.

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

- People were supported to eat and drink enough and maintain a balanced diet.
- People made positive comments about the food. One person said, "The food is good." Another person told us the food was, "Excellent. I've always liked it. I get plenty." A third person said, "If it's something for lunch I don't like [the cook] will make me something else."
- People were frequently offered hot and cold drinks and snacks between meals including biscuits and fruit. Jugs of cold drinks were available in the lounge for people to help themselves.
- Visitors and staff ate their meals with people which helped to make mealtimes a social event.
- Staff had assessed people's risk of not eating and drinking and knew when people needed support with this.
- The cook took time to ensure the homemade food was well presented and tempting. They told us, "We separate each food and make it look presentable. I always ask, 'what can I do to make it look better?'"

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

- A relative told us, "Staff work very well as a team. Whenever I come in they just fit into place. They are very supportive of each other." We saw staff working well as a team to support a person who became anxious and distressed. Staff calmly took over from each other providing support to the person until they had calmed.
- Staff worked effectively with external organisations such as local authorities, GP's and community nursing teams. This helped to ensure people received effective care that met their needs.
- A healthcare professional said, "[Staff] act on our directions, [for example] skin care routine. It's all written down and they follow up on it."

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

- People were supported to access health care appointments. One person told us, "They are good at getting the doctor to come out if you're not well." A relative said their family member's "medical needs are attended to."
- A healthcare professional told us, "[The staff] are very good. If they see any issues they're very prompt in acting on what they see."
- Records showed staff had supported people to access external healthcare professionals including dentists, opticians and speech and language therapists (SALT).

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

- The layout of the communal areas created a homely atmosphere.
- A relative told us the provider had done "a tremendous amount of work" on the service in terms of decoration and refurbishment. They said, "It all makes such a difference. It's comfortable and hygienic."
- Staff had arranged furniture in the lounges in a way that promoted conversation and interaction.
- People and relatives told us the garden in particular had been improved, with a flat path around the lawn and growbags on raisers, making gardening easily accessible.
- People told us they enjoyed using the garden and summerhouse, and watching the birds and chickens.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training and had a good understanding of the ways in which this legislation related to their everyday work.
- They gave people choices in as many aspects of their lives as possible and asked consent before providing care and support to the person.
- A staff member told us, "Everyone should be treated as if they have capacity unless proven otherwise but we always give the choice."
- Staff had assessed people's capacity to make decisions, and best interest decisions were made with the involvement of appropriate people such as relatives, external care professionals and staff.
- The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

# Is the service caring?

## Our findings

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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- Without exception, people and relatives made positive comments about the care they received from staff. These included, "The [staff] are so lovely. I admire them for that. They are just lovely. We don't worry about [my family member] at all because we know they're well looked after." And, "The staff are excellent. They look after [my family member] very well. Nothing is too much trouble."
- An independent website showed four reviews since our last inspection. All the comments were very positive and the average score was 4.9 out of 5. Comments included, 'I have always been extremely impressed and happy with the level of care [my family member] received from a great team of carers.' Another relative described the care and attention their family member received as 'amazing' and wrote that since moving to the service their relative's, 'transformation has been wonderful. [My family member] has Alzheimer's and the understanding of her condition is top notch!' ● Staff were caring, compassionate and empowering which reflected the provider's values of person centred care. Staff knew people exceptionally well. They talked about the "little things" that were important to people, such as whether people liked to wear deodorant, perfume, and makeup and how they supported people with this.
- All staff told us they would be happy for a family member to be cared for by the service. One staff member said, "The care standards here are amazing. It's because we treat everyone as family."
- An external care professional described the care as what, "I would wish for myself, with a fine quality of life in homely, unassuming surroundings."
- Relatives told us they found the service very caring. One relative told us it was the "finishing touches, like flowers on the table, pictures on the on walls" that made such a difference. Another relative told us, "They've got knockers like their own front doors and pictures...[Staff] talked to [my family member] and have put things up she likes, a glass of sherry, and fish and chips because the family had a fish and chip shop."
- Staff showed real empathy for people. A relative told us, "Staff know how to encourage people, what to do and what to say that they can relate to and understand." We saw this when one person they become anxious and upset, standing still and blocking a doorway. Staff responded by speaking calmly with the person, offering their hand, and then encouraging the person to sing along with them. The person then started dancing with the staff member and moved, allowing people to use the doorway.
- People also gained comfort from the animals that lived at the service. Some people told us they liked to handle the guinea pigs with staff support and we saw this during the inspection. Staff carefully supported people who had limited communication and motor skills to pet and cuddle the guinea pigs. One person's face 'lit up' smiling when we mentioned the guinea pigs. Another person told us, "I love those guinea pigs, they're superb!" A relative said that in addition to the animals that lived at the home, people enjoyed pets as therapy (PAT) dogs visiting. They told us, "It's all therapeutic. [People] look forward to it."

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

- There was a strong emphasis on involving people in making decisions about the service and their daily lives. People told us that staff listened to them. Staff explained they had time to spend with people "one-to-one". They said, "[People] tell us things. We've the time to sit and listen."
- People were fully involved with decisions about their care. One person told us, "You can get up whenever you like. Just say you want to go to bed and they go up with you." We saw staff asking another person if they would like support with doing exercises and asking where they wanted to do them. They waited for the person's response and offered options. A person told us, "You live normally, you're not challenged with everything you do. You ask, they show you. They are casual. It's a relaxed, very nice place. They always make sure I'm OK."
- Staff recognised that people needed to feel in control of their lives. An external care professional told us staff did this by enabling people to, "Decide for themselves, in however small a way, not be governed by set rules, regulations or routines." They told us this meant, "Things are done a little differently" and gave examples of meals provided outside of the set times, and people not always being dressed in a way we would see as "appropriate".
- Advocacy services were available for people who were unable to make decisions about their care and support. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.
- Staff were skilled at supporting people's relatives to understand the changes in their family member's behaviours, wishes and emotions. One relative told us, "[Staff] are ever so understanding... takes us a while to get our heads round it... they appreciate it's not easy for us. [Staff have] made it easier for us and been reassuring." An external care professional said staff were good at explaining to relatives with family members living with dementia that they, "Go with what the person wants first, it is important to accept the person with for who they are at that moment." Relatives said staff, "Keep me in the loop" and, "Give me an update straight away" about their family members.
- Relatives told us that staff encouraged them to visit. Staff told them about planned events, such as entertainment and parties and invited them to attend. One relative said staff, "Always advised us of entertainment. They give us leaflets so we know what's happening." Relatives said they felt welcomed and comfortable at the service. One relative said, "Someone comes and speaks to you as soon as you come in." They went to tell us how comfortable their family member's young relatives were visiting. They told us, "They love to come here."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with the utmost respect and had embedded privacy and dignity into their working practice. One person said, "[Staff] do treat me with respect." An external care professional told us about the, "Warm but respectful interactions" between staff and people. They told us this resulted in, "The obvious confidence and ease [that] created a very positive impression" of the service.
- Staff were skilled at encouraging people to take on responsibilities and feel valued. One person told us how they had missed having, "Responsibility for things" and explained staff recognised this. They told us, "I fed [the chickens] this morning. Hens are ideal to start with, they don't take an awful lot of looking after." They went to explain how they had advised staff and others about keeping the hens healthy. They clearly felt proud that they were able to share useful knowledge with staff and other people.
- An external care professional told us they had seen how caring staff were. They said "Staff understand that it is a smile, laughter and a comforting touch that connects with a person experiencing dementia. They understand how they need to join people in their 'own bubble' rather than trying to enforce reality upon them."
- We saw many respectful interactions between staff and people. Staff gave people time to respond and checked if they were unsure of what the person was communicating. An external care professional said,

"Staff take time to understand the meaning behind [people's] words and actions and respond to the feelings of what the person is trying to say and not challenge or correct them. Instead [staff] listen, and go with where the communication is guiding them. They see all behaviours as a way of trying to communicate."

- People's care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet, and their preference for the gender of the carers that supported them. The registered manager told us how they had researched online, and had spent time with a person's relative, to help them and staff understand how best to respect a person's religious beliefs. The registered manager told us, "It can be quite offensive to get it wrong. We followed their lead." Staff explained how they used this information to ensure they respected the person's beliefs during celebrations in the service.

# Is the service responsive?

## Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was very responsive to people's needs as individuals. People were central to the care planning process at all times. Staff took time to get to know people so they knew how people liked to be supported. Staff completed a pre-admission assessment before each person stayed at the service. Health and social care professionals, relatives and friends were involved in the admission and assessment process to ensure the service could meet people's needs
- A care professional said, "People are treated as individuals with differing needs which is clearly reflected in their care plans." Care plans were regularly reviewed as staff got to know people. This provided staff with up to date information on people.
- Staff used various ways to communicate with people, taking into account accessible information standards such as pictures, large print, or writing a simple phrase.
- Staff developed quality of life observations tool to monitor people's wellbeing. This included looking at behaviour, mood and sleep. Staff discussed their findings with each other and relatives, including the person where possible, on things the home did well and what could be improved. For example, what had triggered a negative behaviour and what had worked well to calm the person. Staff delivered care in a thoughtful, innovative and person-centred way.
- People's care records included a 'Life history'. One person had a song book "memory album" to help staff prompt meaningful conversation with them. A staff member said, "It's so nice to have [their] personal history to talk about." They told us how initially a person was isolating themselves, but that they were "getting more involved now". They put this down to the relationship staff had built with the person through the conversations they had with the person, recognising and encouraging the persons "great love of animals" and introducing them to the animals at the home.
- Staff were aware of people's natural sleep patterns. The focus of the service was on ensuring people had plenty to keep them occupied and not dozing because they were bored. However, staff also understood when people needed to rest. A relative told us, "They recognise that often after lunch [my family member] needs a sleep in bed for an hour and then [they are] OK. They recognise that and ask [my family member] if [they] want to go to bed." The relative explained the person then got up refreshed, and able to enjoy the rest of their day.
- A care professional said they had found staff were, "Passionate about creating positive outcomes for people and encouraging them to continue with the things they have always done and still like to do, for example hobbies, being part of the community, and socialising." There were no 'activity' staff at Kevlin House because all staff were involved in engagement and stimulation that was individualised to each person's needs.
- Staff were genuinely interested in, and found out about, people's interests and supported them to maintain or rekindle these. One person told us, "The sort of thing they do here are not the things I like to do.

That's why they're getting the greenhouse." The registered manager had previously ordered this, and it arrived during our inspection visit. The person told us they had, "Been out of [horticulture] such a long time. It'll take time for me to get back into it," but said they were excited and looking forward to this.

- Staff supported people to attend various clubs and forums where people discussed and pursued specific interests. For example, a gardening club where people had grown plants, and cookery club where people had discussed recipes, baked, and decorated cakes. One person told us, "I baked some mince pies. I used to like baking at home. I was surprised I could do that here."
- Staff used activity sessions creatively as a way of promoting people's health and well-being. For example, they held smoothie making sessions, with people participating in the creating, making, and sampling of different flavoured smoothies. A staff member told us they hoped this would lead to increased nutritional intake for some people.
- Staff ensured that everyone living at Kevlin House was socially stimulated. A relative told us their family member was not able to communicate but that staff supported them to be in the lounge with other people. They told us this had caused their family member to be "more alert" and that that this gave the person opportunity to "take on board what's going on." They explained how staff tried to engage the person with a, "Gentle introduction, they touch [person] gently and speak. That's a nice touch." We later saw staff supporting this person to pet one of the guinea pigs.
- Several people told us how staff had supported them to take trips out. Some of these trips were short, such as to the local shops or garden centre for afternoon tea or to get plants for the garden. One person told us, "We walk out sometimes. You need the exercise. It keeps your brain active." Staff had also taken time to plan trips to ensure everyone would be able to participate if they wanted to. For example, arranging wheelchair access on a pleasure boat trip, and contacting ahead to places to eat to ensure people's dietary needs would be met. One relative said, "On these trips we do have fun. There's no way I can take [my family member] out on my own. But in a group, we can go. We can join in. It's a family atmosphere."
- Staff organised for a range of entertainers to visit the service. A relative told us staff, "Had a nice way" and were skilled at picking entertainers that would, "sing with [people] and involve them." We noted one person moved to an adjoining room while people sang along with a musician. They said they didn't want to join in, but the music led to them reminiscing about a friend who had a piano. They said, "It's nice to remember," showing they gained indirect pleasure from the music session.
- Staff supported people to celebrate events in the ways they preferred. Birthdays were celebrated in a number of ways. For one person this was a quiet day; another person celebrated with friends visiting; other people liked bunting, cake and candles and staff arrange for a brass band to play for another person.
- Staff spoke passionately about the importance of ensuring people continued to remain part of their own family and community regardless of whether they lived in a care home. Relatives told us how they were involved in the running of the home, organising and attending events. Relatives and friends could visit at any time and were welcomed by the staff team. Staff encouraged relatives to visit at mealtimes and share a meal with them and their family members.

#### End of life care and support

- Whenever possible, staff discussed end of life care with people and their relatives in advance, when they were well. A relative told us staff were sensitive and raised the matter in a, "Very tactful manner."
- Staff worked closely with external healthcare professionals, such as community nurses, to effectively meet people's needs at the end of their life.
- People's families had been involved in working with the staff at the service to ensure people's wishes were supported. One relative wrote, 'My [family member] passed peacefully away, tucked up in her bed at Kevlin House. [They were] given so much TLC (tender loving care) from the staff to ensure [their] final days and hours were as comfortable and pain-free as possible. For this, my family and I will be eternally grateful.'
- Staff recognised the importance of, and respected and supported people to engage in, their religious and

cultural preferences and wishes. For example, staff told us that they knew it was important for one person to hold their rosary, as they gained comfort from this. Staff were aware of the person's wish for a priest to visit in their final hours and had arranged for this to happen.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns about the service. One person told us, "Yes, I could tell several of the staff. I could tell them how I feel." They felt staff would take action to address any issues or concerns raised.
- The provider had a policy and procedure in place for dealing with any concerns or complaints. This was clearly displayed and available to people, their relatives and other visitors. The complaints file showed there had been one complaint in the last 12 months. This had been thoroughly investigated in line with the service's own policy and appropriate action had been taken. They had clearly recorded the outcome and gave feedback to the complainant.
- A suggestion box was prominently displayed inviting people to make suggestions on improving the service that they or their relative received.



# 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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's comments included how "wonderful" the staff were and that they "treat people very well".
- Relatives also praised the service. One relative told us, "Nothing is too much trouble" for the staff. Another said the staff, "do a sterling job." A third relative wrote thanking the staff, and said, 'You go to great lengths to ensure [people] are well cared for.'
- The registered manager told us, "A person centred approach is part of the culture" at Kevlin House and we found this to be the case with staff constantly adjusting the service to meet people's changing needs.
- A care professional praised the care provided at the service. They told us, "I truly believe that Kevlin House is the best care home that I have visited. They 'get it' ... The team treat people as people and understand dementia and what excellent care looks like."
- The registered manager was constantly looking for ways to further develop person-centred care at the service. For example, they were exploring and consulting on the possibility of training all staff to support people with their medicines. This would further increase the flexibility of the times people received their medicines and who supported them with this.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.

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

- The provider and registered manager were experienced, skilled leaders who were committed to involving people, relatives, staff and other stakeholders in the development of the service.
- The provider had embedded governance systems into the running of the service. There was a strong framework of accountability to monitor performance and risk, leading to improvements to the service. For example, changes had been made to the mealtime experience to improve people's experience. These included the introduction of crockery and placemats that were dementia friendly and changes to the furniture and décor so the whole room felt more homely.
- The registered manager had developed and was working through an action plan from feedback received and audits. This showed their commitment to continuous improvement at the service.

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

- Staff were creative in looking for ways to involve people in how the service ran. As well as general meetings where people could raise whatever topics they wanted, staff facilitated clubs and forums where specific

areas of the service were discussed.

- Some people participated in a gardening club. People's views influenced how the garden was designed and developed. This included level paths to access all areas, chickens, and more recently, the greenhouse in response to a person missing being outside during the colder months.
- Staff listened carefully to people's reminiscence and looked for opportunities to include experiences people had enjoyed and had fond memories of. For example, the food forums influenced the food served in the home and gave ideas for an afternoon baking activity.
- A care professional commented on how much influence people had over the way the service was run. They told us, "The [people] run this service not the staff, the staff are only there to facilitate and support people."
- Relatives told us that staff encouraged them to comment on how the service could be improved both verbally and through surveys. They told us, "They are always asking 'Is there anything we can improve?'"
- The registered manager chose not to hold relatives' meetings, but looked for ways to encourage relatives to provide continuous feedback. This included making sure people's relatives and friends were welcome to visit the service as often as they wished. Relatives told us they received information about all the events that were taking place at the service and that staff encouraged them to visit whenever they wanted.
- Staff told us the provider and registered manager asked for their views both informally and more formally through supervision, meetings and audits. One staff member told us, "They do checks and ask for our input." The cook told us they had felt encouraged to make suggestions on ways of improving the mealtime experience at the service that were currently being considered.
- Staff were very well supported by the provider, registered manager and each other. A staff member told us, "You know you can go to them with a problem and they'll help you sort it out. It's nice to know you've got that support." Staff were very motivated to provide excellent, person-centred care. They knew people very well and told us how much they enjoyed working at the service.

#### Continuous learning and improving care

- An external care professional told us, "I can't think of anything that needs to be improved – they seem to have an approach of continuous improvement, they are always looking for ways to improve what they do."
- There was a strong focus on learning and continuous improvement at the service. The registered manager was studying towards a master's degree (MSc) in Dementia Studies. The provider had supported five staff to achieve a level five qualification in health and social care and another staff member to complete a course to enable them to train other staff.
- An external care professional told us that the management team had a "creative and innovative" approach to staff learning in that staff are expected to research good practice and come up with ideas for improving the service and for teaching each other about a specialist area. This was being further developed with the launch of staff 'champion' roles over the summer. Areas included end of life, life enrichment, nutrition support, relationship centre care, well-being support, and physical well-being support champions.
- The success of the care provided at Kevlin House had been recognised by external care professionals at the Norfolk Care Awards over the last three years. In 2017 the team were awarded 'highly commended' and went on to win the award in 2018 under the Excellence in Dementia Care category. One staff member also won the Rising Star award 2018. In 2019 they were again shortlisted to the top three from over 200 candidates for awards in the categories Excellence in Dementia Care, and also Excellent Person-Centred Care and Support. This demonstrated the team's commitment to maintaining and further improving standards at the service.
- The team shared their success at the Norfolk Care Awards ceremony by streaming the event into the service. People, staff and relatives who were unable to attend the ceremony were able to share the experience of preparing for event and experience celebrations at a party at the service.
- The provider was a member of various organisations and shared the information they received with the

staff team to ensure they were aware of and following best practice. Organisations included the National Care Association and the National Activity Provider's Organisation.

#### Working in partnership with others

- The service worked in partnership with other agencies, particularly the local healthcare professionals, to provide care that met people's needs. A healthcare professional told us that staff were always very helpful and knowledgeable about people's needs, and were proactive at providing them with information.
- People gained a sense of well-being from being a part of the local community. Staff had good links with members of the local community. For example, the local gym provided exercise classes in the service for people to join in and improve their well-being. Links had also been created with a local primary school, and community centre. People were often supported to visit local shops and garden centre.
- Staff developed links with local religious leaders and groups to ensure people's spiritual needs were met.
- The provider looked for ways to raise awareness of dementia. For example, they were hosting a charity ball in aid of the Alzheimer's Society.
- The provider had a track record of being an excellent role model. They shared good practice ideas with other managers, speaking at conferences and had provided training on dementia care.