Black Swan International Limited

Chiswick 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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 30 October 2018 and was unannounced.

Chiswick House provides residential care for up to 26 people, some of whom may be living with dementia. People in care homes receive accommodation and 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. At the time of the inspection there were 22 people living in the home. Chiswick House is a large Victorian property with a modern extension and people benefit from communal areas and a garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service, like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about the service is run.

At the last inspection, in February 2016, the service was rated as Good. At this inspection we found the service was Outstanding. The reasons for this are:

There were effective systems in place to assess and manage any potential risks identified. Staff understood fully the significance of health and safety management.

Medication was stored, administered and recorded safely and people received their medicines as prescribed.

Staff were recruited appropriately and there were always sufficient members of staff available to ensure people were kept safe.

The service delivered very effective care. The service worked in partnership with other health professionals to ensure a person-centred and preventative approach. Very good outcomes were achieved.

Staff were encouraged to undertake comprehensive and advanced training to cater for the needs of people in the home.

People's nutritional and hydration needs were met particularly well.

People's needs were assessed holistically.

The service had a solid understanding of its responsibilities regarding the Mental Capacity Act (MCA) 2005 and had followed best practice in respect of assessing capacity and arriving at decisions where capacity was lacking.

Staff showed exceptionally kind, compassionate and caring qualities. They were consistently attentive and went the extra mile to meet people's needs.

Staff demonstrated a genuine desire to ensure people were comfortable, stimulated and content. They treated people with the utmost respect and ensured their dignity was maintained.

Staff made every effort to ensure communication was facilitated and that people's choices were recognised. Staff maximised people's independence.

The service's approach to person-centred planning ensured that people's needs were met and the support they received was personalised to suit their views and beliefs.

The service provided a wide array of activities and events that people could engage with. The service strove to ensure people's individual wishes were met and created the circumstances for people to live a fulfilling and enriched life.

The service provided personalised care to people and their relatives when people reached the end of their life.

The service demonstrated outstanding management and leadership which created a caring, inclusive and respectful culture. Staff were fully aware of their responsibilities. They felt valued, supported and empowered to deliver high quality care.

The service was exceptionally inclusive and responsive to feedback and suggestions. It was always keen to listen, learn and improve. The quality management framework was of a very high standard.

The service actively embraced opportunities to work with external agencies to enhance its provision of care.

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 was safe.

The service fully understood safeguarding procedures.

There was robust risk management in place to keep people safe.

Medication storage, administration and recording followed best practice

Staff were recruited safely and there were appropriate numbers of staff available at all times.

Infection control was maintained.

Is the service effective?

Good

The service was effective.

The service delivered effective, holistic care.

Staff training and development was good.

People's nutritional and hydration needs were managed very well.

The service worked well with other healthcare professionals.

The service had a solid understanding of its responsibilities regarding the Mental Capacity Act (MCA) 2005

Is the service caring?

Outstanding

The service was outstandingly caring.

Staff were exceptionally kind, compassionate and caring.

Staff were very respectful of people's privacy, dignity and independence

Staff supported people to raise any concerns.

Is the service responsive?

Good

The service was responsive

The service's approach to person-centred planning ensured the support people received was personalised to suit their views and beliefs.

The service provided a wide array of activities and events that people could engage with.

The service provided personalised care to people and their relatives when people reached the end of their life.

Is the service well-led?

Outstanding ☆

The service was outstandingly well led

The service demonstrated outstanding management and leadership.

The service had a very effective quality assurance framework in place.

The service was exceptionally inclusive and responsive to feedback and suggestions.

The service constantly sought to improve.

The service actively embraced opportunities to work with external agencies to enhance its provision of care.

Chiswick House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 October 2018 and was unannounced. The inspection team comprised two CQC inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed information we held about the service. This included statutory notifications that the provider had sent in the last twelve months. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also contacted the local authority safeguarding team and the local authority quality assurance team for their views on the service.

During our inspection, we spoke with ten people who used the service and thirteen visiting relatives. Two additional relatives provided written feedback. We also spoke with one healthcare professional and a visiting activity provider. Furthermore, we spoke with the managing director, the regional manager, the registered manager, two care staff members, one of whom was the deputy manager, the cook and the person responsible for maintenance. We observed the care and support being provided to the people who used the service, which included the support provided over lunch time and activity sessions.

We viewed the care records and medicines records for three people who used the service. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, training records, health and safety documents, quality monitoring audits and minutes from meetings held.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt secure living at Chiswick House. As an example, one person told us, "I'm absolutely safe here."

The staff we spoke with had received training to identify and report safeguarding concerns. A staff member told us, "You feel confident you could report bad practice to [registered manager]." The service had policies on safeguarding and people using the service were provided with safeguarding information in the 'Residents Guide' pack.

The service took people's health and safety seriously and managed potential risks effectively. The service carried out individual assessments to establish whether a person was at risk of avoidable harm. If a risk to their safety, such as falling or choking was identified, risk control measures were discussed and agreed with the person and their relative(s). People's care files contained clear and detailed information about the actions needed to mitigate any identified risk.

We saw that staff's management of risk promoted people's independence wherever possible. For example, one person's care record stated, '[Person] wishes to have a shower on their own', '[Person] is aware of the risk and able to take the risk.' and '[Person] will call the bell if they need assistance.' Positive risk-taking was evident in a second person's care record we looked at, this recorded that '[Person] has full capacity to decide if going out on their own or accompanied. If going out on their own, [person] will use their wheel trolley or just a walking stick.'

Clear care plans were in place for each identified risk and this ensured staff knew how to keep that person safe and well. We observed this in practice as we saw staff managing risks and meeting individual needs. For example, whilst supporting one person, staff took their time and gave clear instruction to the person and to each other. Their moving and handling technique was safe and supportive. This helped reduce the person's anxiety and ensured their safety.

The service learnt and acted if things went wrong. For example, following people's feedback about response times to call bells and through discussion with staff to understand what the pressures were, improvements occurred very quickly. A new call system was subsequently purchased to further enhance the service and provide a clearer analysis of call data. People we spoke with during the inspection said they were satisfied with the time taken to answer call bells.
People told us "They come as quick as they can. It's the same at night as in the day" and "At Christmas I rang the bell at four in the morning and Father Christmas came to help me "(one of the care assistants had been dressed as Father Christmas on Christmas Eve).

An accident and incident log was in use and any unforeseen events or incidents were promptly responded to. Staff were made aware of such issues through shift handovers and through regular, open communication within the team.

Risks associated with the premises and equipment were regularly monitored and managed Maintenance, servicing and equipment inspections by appropriate agencies took place and all certificates and assessments were up to date. The service undertook its own environmental and premises risk assessments. There was a thorough programme of regular checks, including water temperature testing, external and internal premises inspections and a monthly workplace health and safety assessment. A health and safety workplace report was produced monthly. Daily walk arounds helped ensure that any concerns with the premises were quickly identified. Any issues relating to the premises or equipment, which could impact on safety, were promptly addressed. The maintenance member of staff told us, "People do care about things here. If I mention anything here, it will be actioned" The design and layout of the service promoted people's safety. The home was well-lit with well-maintained flooring and an effective alarm call system. The fire procedures were clearly displayed and personal evacuation plans supported the safe management of people in the event of an emergency. The home looked clean and tidy and staff ensured good infection control by wearing aprons and gloves when appropriate. There was an infection control champion and staff received relevant training.

There was a robust staff recruitment process in place. The registered manager undertook appropriate checks with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. A staffing needs assessment was completed regularly according to people's needs. As non-care staff received the same training as care staff, they provided cover if needed and there was minimal reliance on agency workers. The service employed a registered manager, deputy manager, senior staff and care staff. Care staff worked a 12-hour shift with a handover before and after their shift. The staff rotas showed staffing levels were maintained across the day and staff told us that the out-of-hours on call system was very effective. During our inspection staff were consistently visible in communal areas and attentive to people's needs and wishes. A staff member told us, "I feel there are enough staff to give people individualised care." People using the service shared this view. The deputy manager told us, "We make sure the floor is covered if a resident has to go to appointment or wants to go out – either [the activity co-ordinator] takes them or someone will come in on their day off."

The service promoted the safe administration of medicines. Each person's profile record included their photograph for easy identification, clear details about their medication and any allergies were highlighted in red. The records also indicated what support the person needed to take their medicine safely. There were clear protocols for administering medication on request and detailed recording of the time and purpose of administration of this type of medicine.

Medication Administration Records (MARs) were completed properly, ensuring that people received their medication as intended by the prescriber. Stock levels of medicines were correct and medicines were appropriately labelled and stored. Regular temperature checks were taken to ensure that medicines were stored within safe parameters.

We spoke to the GP who visited the home and they complemented the service on its "very careful medicine management." There was a dedicated medication champion and staff who administered medicines were suitably trained and competence assessed. We saw safe administration and recording by staff during the lunchtime medication round. People told us they were happy with the way they received their medicines. One person told us "[Care assistant] makes sure I get my medications and they'll get me a doctor if I want one"

People administered their own medicines if they wished and had been assessed as able to do so safely. One person had consented for staff to administer their tablets but they were responsible for their creams and

sprays. Any medicines held by the person in their own room were locked away safely when not in use.

The service regularly reviewed the effectiveness of medications in collaboration with the local GP surgery, people and their relatives.

Good

Is the service effective?

Our findings

The service was effective in delivering person-centre care. It achieved outcomes which often exceeded expectations and in some cases, were life-changing. Staff showed a high level of commitment to people's needs.

The staff worked very well with external health agencies to provide joined-up care and achieve the best possible outcome for people. We heard how one person with a two-month life expectancy moved into Chiswick House over a year ago. The registered manager told us that the person's social worker initially felt the person needed to be cared for in a nursing home. However, the service chose to meet the wishes of the person and enabled them to be cared for at Chiswick House. The service worked extensively with a team of health care professionals and ensured a suitable profile bed, which met the person's individual needs, was provided. Staff also worked with external agencies to design a suitable trolley/ chair, so the individual could be moved comfortably and safely. Staff told us that this device enabled the person to spend time outside of their bedroom and that they had recently been able to enjoy activities inside and outside the home. The registered manager told us the person's social worker had commented that the improvement in the person's health and quality of life since moving into Chiswick House had been amazing.

People's needs were holistically assessed. Care records clearly evidenced that the service quickly referred people to other healthcare services to help manage any new, existing or emerging risks such as the risk of falls or the risks of developing pressure ulcers. People were transferred between services with excellent records, which detailed their personal and care needs. People had access to health care services as required. The GP who visited the service regularly told us, "It is a really excellent home, very well managed. They make good use of 111 too." The service worked closely with the local doctors to establish a weekly ward round, often with the same doctor to enable continuity of care. One person told us, "[carer] makes sure I get my medications and they will get me the doctor if I want one".

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. The service invested in and valued its staff team. Training was delivered around the needs of current residents and in some cases the format of the training was innovative. For example, dementia training had been delivered as a virtual dementia tour. This enabled staff to experience the impact of the condition and have a better understanding of how the condition progresses. The dementia training was extended to relatives as well, to help them better understand how their family member felt, This demonstrated an inclusive approach to planning and delivery of training. The service worked with the district nurse team to enable staff to care for a person using a slow release medication. This included staff undertaking specialist training to equip them with the necessary skills to administer the medicines and care for this person properly. Had the service not taken these steps, the person would have had to move into a nursing care facility.

Staff were all up to date with their training and benefitted from monthly refresher guidance documents, which they were asked to read. The service had champions in medication, infection control, activities and entertainment, dementia awareness, equality and diversity, confidence in continence and dignity. These

staff received enhanced training to educate other members of staff with their specialism and disseminate good practice.

There was a robust induction programme. Staff records documented that they received regular supervision either on a one to one or group supervision. Supervisions included observations of practice around specific tasks particularly manual handling and administering medicines. They also included observations of care and feedback from people using the service about how the staff was performing. One member of care staff told us, "[registered manager] is really supportive. If I ever had a problem they would listen to me. They would listen to any ideas I have too and we have staff meetings once a week"

The service went to great lengths to encourage people to maintain their nutritional intake and remain well-hydrated.

We heard how the service supported people to understand and discuss the benefit of eating and drinking regularly. Staff and people using the service attended a workshop at a care provider forum to learn about the importance of hydration. The benefits of good nutrition and hydration was also discussed during resident meetings. We were told by the cook that people using the service and staff discussed and designed a four- week, seasonal and balanced menu which would include people's favourite meals.

The service promoted opportunities for people to engage with food-related activities. For example, staff sought to increase people's interest in drinks during the hot weather by helping them to make their preferred juices from fruits. They also encouraged people to trial different straws and participate in a tasting session of new juices and cordials. People were also encouraged to engage in tasks such as setting the table or serving food.

To further support people to maintain their intake of food and drinks, if people wanted something else other than the menu options, the home would accommodate their wishes. A relative told us, "[Family member] is very fussy about what they eat and loves pancakes, which they make for them. They want them to eat and give [them] food they will eat." A staff member told us, "We try to meet their needs as best we can whilst recognising the need for healthy eating." One person told us, "I'm a vegetarian and they make sure I get the right meals I want."

The service also supported people to eat and drink enough by adopting a person-centred approach to when people ate. The registered manager told us about one person who liked to have their breakfast late, preferred sandwiches at lunchtime and their hot meal in the evening, as opposed to at lunchtime when it would be served to others using the service. They told us people could have their food when and where they wanted. They also told us that the kitchen was always open, even in the night if someone wanted something then. There was a drinks machine, open bar and snacks, including finger foods, situated around the home which people could help themselves to at any time.

Furthermore, following suggestions from the people using the service, they recently enjoyed recipes from their past, helping them to reminisce whilst sampling diverse culinary dishes. Last year foods from around the world were made each month, to celebrate culture and diversity.

People had a range of health care needs which staff anticipated and planned for. People's weights were monitored regularly and those identified at risk were referred to specialist practitioners such as dietitians or speech and language therapists. Staff were vigilant in their monitoring of individuals identified at risk of malnutrition or dehydration. A relative told us, "A few months ago they picked up that my [relative] had lost a bit of weight, contacted me and kept me informed. They kept an eye on it and they have put on weight

since." To prevent unplanned weight loss staff added additional calories to people's food where necessary, such as full fat milk, cream and milkshakes.

People we spoke with were all very happy with the range and taste of the food saying, "The food is exceptional." and "The food is excellent." Meal time audits were actively used, demonstrating the service's commitment to continuous improvement.

The home was very welcoming and the environment lent itself to peoples' needs. There were lots of personal touches including framed pictures, mirrors and memories created by people using the service. The design and layout of both the dining areas and lounge space were changed in response to resident surveys. The communal areas were divided, which meant people could choose where to sit. To enable relatives to make their own drinks a coffee machine was purchased for the communal areas. This had a very positive effect and also enabled staff to spend more time with the people using the service. On the request of people and their relatives, there was a recently designated games room with an activity notice board. People and relatives chose the colour scheme of the room and some even participated in decorating it. They were asked by the home for their views on what should be included in the games room and it was equipped as they wanted. Bedrooms were bright, airy, well laid-out and personalised. The service offered well laid out grounds with a patio, summer house and outside seating. There were no steps to the outside which meant it was accessible to people using the service.

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. The authorisation procedures for this in care homes and hospitals are 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 authority and were being met.

The service acted in accordance with the principles of the MCA. The principles of the MCA are that staff should assume people have capacity to make their own decisions and where they were not able to, there should be clear processes to ensure decisions were made lawfully in a person's best interest. Care plans detailed contact information for people who would be involved in decision making on behalf of the person where it was appropriate to do so. Most people had consented to all aspects of their care and to the use of their personal information and how it might be used. We some in some people's care records that mental capacity assessments had been undertaken appropriately. There were best interests decision forms, which clearly stated the purpose and remit of the decision and confirmed the person's right to refuse the agreed action. DoLS applications has been made appropriately and we routinely observed staff seeking people's consent before providing care.

Outstanding ☆

Is the service caring?

Our findings

At our last inspection of this service in February 2016 we rated this key question as good, during this inspection we found that the service had made significant improvement in this area and is now rated as outstanding.

People and their relatives couldn't speak highly enough about the consistently kind and compassionate care. One relative told us, "The home exudes a warmth, compassion and you immediately feel welcome." They compared the home to an extended family making comments like, "It feels like a real home/ family." and "They treat you like you are part of the family." A person using the service stated, "It's lovely here. I'm very comfortable and I'm very happy," and another said "I'm very comfortable here. The staff are very nice and are always approachable." Another relative told us "The residents appear happy and content; the atmosphere being calm and relaxed".

The managing director told us it was the peoples' home and the staff were their guests who were working in their living space. The culture in the home reflected this attitude. The staff were highly motivated and passionate about what they do. The registered manager spoke with genuine affection about the people living in the service and their warmth and caring, compassionate nature was immediately obvious. A relative told us, "My wife and I had been searching for a suitable home …. Within two minutes of meeting the manager, I instinctively knew the search was over!" The registered manager told us, "The most important thing is that residents come first. I put myself in other people shoes and think about what I would want. I think about everyone's needs."

Relatives praised the staff's care and kindness. One relative told us, "The relationship between staff and residents is so lovely and caring. I've never heard a raised voice here even when people are being difficult. They are really kind." They went on to say that staff were consistently attentive to and in tune with people's needs. They said, "The staff are very quick to pick up when [my relative] needs something." Staff had time for people, they were patient and very understanding. A relatively new member of staff told us, "Everyone here is welcoming and kind". Another member of staff told us, 'It's very person-centred and homely". Everyone we spoke with, including relatives, referred to the service as an extended family where staff cared for each other and cared for the people they were supporting.

We observed occasions where members of staff greeted people with genuine pleasure. People were all very happy with the staff saying things like, "They are very kind and cheerful." And "They are very friendly and helpful and they have a sense of humour." There was lots of laughter and it was clear all staff regularly engaged people in meaningful ways, which helped enhance their experiences. The maintenance person told us, "They [management] encourage me to talk to residents. Some are interested in what I'm doing so I talk to them about the checks I am doing". People told us "They (staff) were very pleasant and kind," and "The people here are very friendly and kind." We observed this as we saw the cook embrace individuals whilst saying goodbye as they went off shift. It was clear that the service continuously treated people with affection and that people were happy with this. One relative told us, "The staff are excellent" and, "We would like to extend our heartfelt thanks to the home for looking after our family member so well". Another said, "I see

[my relative] receiving this great care every day".

Staff demonstrated a very good understanding of people and a genuine interest in them. Speaking of their relative who had been in the home for several years, a visitor said, "[My relative's] carers are lovely. [They] are not very receptive, but the staff understand and are respectful. They are interested in them as a person; they see beyond their grey hair." A relative of a person living with dementia said "I can't fault them [relative] is very happy here. They are very friendly, funny and caring and they are sensitive to the difficulties she has. They do like her and they get her".

Staff knew people well and responded intuitively to their needs. For example, we heard one person say, "I don't have my hearing aid." A staff member immediately located it and they responded, "You put everything right for me." We saw staff at all levels sitting down to chat with people whilst they ate, offering support and companionship. Staff were aware of who needed assistance with their mobility and who needed support to change their position to prevent their skin becoming sore. We spoke with a friend of a person using the service who told us there had been some difficulty around the person taking their medicines. They said this had been overcome by staff knowing the person well, sticking clearly to their preferred routine and giving them the same response, when required.

We were told that the equality and diversity champion monitored staff interactions to ensure an inclusive approach was always taken. With input from relatives, they also helped to support a person using the service to have a better understanding of people from another culture.

On one of the noticeboards we saw a photo of one person in their wedding attire with a chauffeur and car in the driveway of Chiswick House. Next to this, a quote from the person was recorded which read "What a surprise – off to my granddaughter's wedding in a Morris Minor with a chauffeur." The event was personally significant and all arrangements had been made by the staff as they knew how much this meant to the person and their family.

Special and highly personal experiences for those using the service were celebrated and captured in a 'magic moments' file. The service had captured the moment that a person, who thought they were going to have to spend their remaining life in their bedroom, was taken outside. This provided the person with an uplifting memory of their life at Chiswick Home as well as the experience itself. Everyone's birthday was recognised and celebrated according to the person's wishes.

We were told that one member of staff at the service received an outstanding contribution award for their compassion to ensure a persons' end of life wishes were carried out as per their request. Staff demonstrated empathy and a desire to go the extra mile for people, for example, they arranged for a tribute band performance as a surprise for one person who had a short time to live and had a particular passion for this band.

We saw caring interactions, such as a member of staff encouraging a person to eat independently in a gentle reassuring manner. The staff member told us, "We try to encourage [person] to eat themself but we will always assist if need be. There will always be someone sitting next to them"

Staff demonstrated a real empathy and sensitivity for the people they cared for. For example, they followed very specific routines for people with a specific lifestyle preference, to meet their psychological needs. Care plans clearly documented strategies offering sensitive and respectful support and care, which the staff followed. We heard about another example, where a staff member was nominated by a person's relatives for their compassion, kindness and dedication. The staff member undertook additional training in wound

management at a level that prevented the person from having to leave the service as their needs were now able to be met at the home.

Staff demonstrated compassion in their approach to care. They worked with health care agencies to ensure that a person with some long standing mental health needs received treatment in the service, as opposed to in the community. This significantly reduced the person's anxiety and enhanced their wellbeing and general health.

Staff built open and trusting relationships with people. A staff member told us "I find it really unique here. Everything is open, in relationships with relatives as well". Relatives told us "They keep us involved" and "I've no concerns. If I had any I would talk to [registered manager] about it and they would attend to it right away. [Registered manager] doesn't want us to be unhappy"

The staff encouraged people to make their own choices and to be independent. A person told us, "They are very easy going, very kind people and you can do what you like." A member of staff said, "We always ask if people are ready to get up, what would they like for breakfast, what they would like to do." The service promoted independence and achieved good outcomes for people using the service. For example, a person who was admitted as immobile and with low self-esteem and receiving bed care was now independently mobile. Staff spoke of people who had regained their confidence and independence whilst at the service. They gave an example of a person who wanted to move back to their home and how staff were supporting them to do so. This included helping them to adapt to a reduction in their mobility and supporting them to retain and develop the skills necessary to manage living independently.
The equality and diversity champion monitored staff interactions to ensure that everyone received the attention they required. We saw a lady being gently helped with her stand aid. The staff member demonstrated patience and kindness, giving the individual the time and support they needed and offering thoughtful reassurance.

We observed respectful care which upheld people's dignity and helped ensure people were comfortable. Staff addressed people in an appropriate way, maintaining eye contact and they spoke to people at eye level. Where people used wheelchairs, staff transferred them into comfortable chairs through the day and ensured they had things to hand including drinks, a blanket if they required and pendent alarms. A person using the service said about the staff "They are very pleasant and kind". Staff enabled one person, who did not want to leave their room, to have their hair washed and styled in a special basin fitted in their room. The registered manager told us this person was very concerned about their hair and how they looked and that this arrangement had enhanced their sense of wellbeing. People who had difficulty holding a regular knife and fork had were able to use specially designed cutlery to eat their food. This removed their reliance on staff to assist them to eat and offered a dignified solution to their difficulties.

Staff had a clear understanding of personal boundaries and offered discreet and respectful care. They ensured that individuals' dignity and privacy was maintained. A staff member told us, "I always give people the option to clean parts of themselves that they want." We observed staff knocking on bedroom doors before entering and ensuring people could enjoy time in private with relatives or friends.

The service was extremely inclusive and involved family members and other members of the community to ensure people's experiences were enhanced and they continued to do things they enjoyed. Families were invited to participate in the daily life of the home and all spoke very highly of the service provided. A relative told us, "We can stay for tea or stay overnight if we want and I never feel that I can't come in." Another relative told us, "They welcome you when we visit and we are well looked after when we visit."

People communicated regularly with staff. We observed staff sitting down with people and asking how they were feeling. When asked how they would know if a relative's needs changed, one member of care staff told us "We talk to residents every day" The service also encouraged individuals to express their views about their care through quarterly resident meetings, resident working groups and initiatives such as the resident panel and an annual survey.

Everyone was assessed against the Accessible Information Standard. Specific communication needs were highlighted in care plans and staff adapted their communication to people's needs. For example, staff told us they used visual prompts in some cases, or in others they read information to people rather than asking them to read themselves. We saw staff communicating information clearly and in a way that people could understand. They were patient and very understanding, helping people so they could communicate at their pace. Some people had difficulty in engaging verbally due to dysphasia. We saw staff being patient and inclusive in their conversations and giving people time to respond.

Good

Is the service responsive?

Our findings

The service worked collaboratively with individuals and relatives to create and deliver their own very individualised care plan. People using the service received holistic care that met their health, social, cultural and emotional needs and preferences. It was clear from speaking with the registered manager that people's wishes and existing lifestyles were central to care planning and delivery. They told us "I promised to keep people's routines as much as I could" when creating care plans for people moving into the home.

Care plans detailed information about people's cultural preferences, values, beliefs interests, life experiences and background. These life 'stories' helped staff to fully understand people and to provide them with rounded care. The service showed a real desire to ensure people using the service led a contented life and received the best care possible. Comments we received from people and their relatives indicated this was achieved. A person told us "I'm very comfortable here" and the relative of a person living with dementia told us, "[family member] is very happy here" A member of staff told us "People feel good in the home, they don't want to leave".

The service responded to individual social and emotional needs extremely well. Activities and entertainment were routinely tailored to the wishes of those using the service. A member of staff told us "Everyone is treated individually as to what they feel is best for them. [Activities co-ordinator] will try to book activities to accommodate their interests." We were told how staff sought to meet people's individual aspirations and wishes. A 'residents' voice' noticeboard showed photographs of people undertaking activities that were of significance to them.

There was an extremely varied activity programme, planned in accordance with people's preferences. One relative said, "There's lots happening and always something going on for the residents" and a member of staff told us "they have entertainment and activities every day of the week. They also go out a lot." We were told how people regularly went out for example on visits to the seaside, the theatre, a local steam railway and the local garden centre for tea. People spoke about organised trips out and garden parties were held in the grounds of the home. A member of staff told us "Every Sunday or other Sunday someone comes in with prayer books. The activities co-ordinator and I took two (people) to the cathedral for lunch." The importance of this activity in meeting spiritual needs and a sense of wellbeing was highlighted by a relative who said, "Church is very important to [my relative] and they can get communion here."

Staff told us how they engaged with the local community. The service involved local organisations, educational establishments and charities in the care of people to help them stay connected. The 'Chiswick Community' provided people with an array of diverse experiences and opportunities to engage with different community groups and activity providers. The service had created meaningful relationships with schools, colleges, the University of East Anglia, churches, and a local garden centre to create opportunities for learning and recreational enjoyment. Photographs in the foyer showed school choirs at the home and people using the service attending an intergenerational sports day in the grounds of the cathedral.

Staff reported that at Christmas they had community groups in including regular church services and taking

people to church if they wished. They said staff dressed up as elves and they had a Father Christmas handing out presents to everyone. Families were welcome according to the wishes of the people using the service.

Staff told us that a radio broadcaster had made recordings of people's preferred music with people presenting and introducing their music choices. This was then made in to personal CDs for people to listen to and share with families. During our inspection, a local musician visited and created music in line with people's requests. We observed that this provided comfort to people. We saw people tapping and singing along to music, including people who had dysphasia and had lost some power of speech. Music provided an inclusive activity which we saw clear benefits for people participating. One person commented "I love the old songs."

Staff routinely ensured there was always sufficient activities for people to do to keep their minds active, to stimulate discussion and alleviate boredom. The activity coordinator, who was an activity and entertainment champion was highly motivated in using the resources available to them. We observed this individual encouraging those using the service to engage in a wide range of activities to promote their physical wellbeing and dexterity. One person told us "The activities coordinator is very good". People using the service made very positive comments about the range of activities. When asked what they particularly enjoyed, one person told us "We have cabarets." Another person told us "We have very good entertainment. I like the singing.". We heard from someone else "There are interesting activities. I like the arts and crafts particularly." Another person told us "I like the flower arranging" Another person we asked about their thoughts on the activities, said "I'm looking forward to knitting this afternoon". Therapeutic activities such as music, poetry, board games, flower arranging, painting, knitting and cookery were available. There was a recently designated games room in the home, which was equipped as people wanted. The relative told us that all members of staff including senior management interacted with people, sat and played cards with them or just chatted with them.

During our inspection, we observed people who were engaged in reminiscence activity that was related to their previous occupations, interests and life as it was. People were supported to live in the moment and continue to have aspirations and goals. We observed staff working with enthusiasm to promote people's sense of well-being. We saw different generations supporting each other and sharing life experiences. The home arranged for mothers and babies to spend time with people using the service on a regular basis and we observed mothers interacting with older people some of whom enjoyed interacting with the young babies. One person told us, "I love the children". This stimulated conversation and stimulated people's emotions. We were told that staff also regularly brought their children into the service, which many of the people using the service enjoyed. This also served to strengthen the bond which existed between staff and those living at Chiswick House.

For some, routine was important and other people valued their privacy and chose not to socialise. Staff respected people's choices but let people know what was happening so they could choose whether to join in. One friend of someone using the service said their friend never deviated from their routines but staff always gave them choice. The management team were trialling the use of virtual assistant technology, which let people ask questions and choose the music or radio station they wanted to listen to. It also enabled people to take part in quizzes or listen to other forms of entertainment. The use of this technology enabled people to select their entertainment if they could not leave their room.

The regular communication between staff ensured they knew of each person's current needs. Some care plans did not include very recent changes in people's needs but this was captured on the written handover sheets and communication book. Daily notes and monthly summaries demonstrated when a person's

needs had changed or there had been an increased risk due to a change in need. Care plans were reviewed regularly.

One relative told us how their concerns had been listened to in the past and said that their distress was acknowledged. They said their concerns had been addressed immediately and the service was extremely personalised. The service had a complaints procedure and staff regularly asked people and relatives for their feedback. We saw that no complaints had been made since the last inspection. People and their relatives told us they knew how to complain, and told us that the service was very responsive and the staff were very approachable. They said that they would have no concerns raising an issue and said things would be dealt with immediately. One person said, "I've no concerns. If I had any I would talk to [registered manager] about it and she would attend to it right away. She doesn't want us to be unhappy." Other relatives said, "They look after [relative] well. We have no concerns and would talk to [registered manager] if we had any," and "If there's a problem, they are always willing to address it". We saw many compliments and a responsive quality assurance system, which how any issues arising had been actioned.

The home had a robust end of life policy. The care files we viewed demonstrated that the service had involved those that used the service and their relatives in discussions around end of life care planning. People's wishes and preferences relating to their end of life care and funeral arrangements were clearly documented and very personalised. Records reflected people's medical, emotional, cultural and spiritual wishes.

Staff received end of life training to ensure they could effectively and holistically support people and their relatives at this difficult time.

One relative told us their family member had been admitted to hospital with a serious infection, leading to them being placed on end of life care. They said, "Since returning to the home [they have] progressed significantly with the active support of staff in the home and other healthcare professionals involved by the home. [Their] care here has been excellent."

Outstanding ☆

Is the service well-led?

Our findings

At our last inspection of this service in February 2016 we rated this key question as Good, during this inspection we found that the service had made significant improvement in this area and rated it as Outstanding.

A charter of rights for people in the service had been created based on human rights principles and these were central to the ethos at Chiswick House. Staff were committed to delivering outstanding personalised care and a culture of inclusivity, respect and compassion was embedded within the home. Managers and staff fully understood their roles and their shared responsibilities for ensuring people experienced the best possible quality of life. One person told us, "I like it here a lot. It's very well organised, there's a friendly atmosphere and there are interesting activities" Relatives told us, "It's very well run. The general standard is very high and nothing is too much trouble" and, "Last year we looked at eight other cares homes for [our relative], but thought that this was by far the best " and "It's very well run"

The service was driven by a desire at all levels to meet the needs of the those being cared for. The managing director and regional manager led by example. They knew everybody living and working in the home and the managing director told us, "The service was like one big family, with staffing working as a team to ensure that all residents independence was promoted and lives positively enriched." The sense of the home being like a family was echoed by others. A person using the service said "They (staff) treat you like you arere part of the family" and a relative told us, "it feels like a real home/family." The benefit of this was that people felt happy and contented, which helped their emotional and mental well-being. One person told us, "It's lovely here, I'm very comfortable and I'm very happy".

Care staff told us and we observed that there was no sense of hierarchy. Relatives told us they knew the senior management personally. One family member told us, "The regional, registered and duty managers work so hard with all their staff to unite and create a 'team', it is the residents who benefit…. and I see my [relative] receiving this great care every day." The managers fostered an open and supportive working culture. By encouraging and rewarding high performance, they created a team of enthusiastic and dedicated staff. The regional manager won the Norfolk Care Award for motivational leadership, having been nominated by the staff team. There was an established team of care, domestic and kitchen staff. A member of care staff told us they thought the care provided was seamless with all staff working as part of an integrated team. Staff told us how approachable the management team were at any time, day or night, and that they felt very well supported.

The registered manager provided excellent leadership, showing compassion and a real desire to maximise people's wellbeing. They said, "I am passionate about what I do and try to put myself in other people's shoes. I try to think of everyone. I go to see all my residents in the morning, every day." The benefit of this was that all the people in the home knew the registered manager and they could respond immediately to any existing or emerging issues. One relative told us, "The manager takes a very personal, hands on approach to the care of the residents and their families. My own [relative] had a number of 'challenging' needs but the registered manager and her team never gave up and always sought different ways to assist

her in her care."

Staff were supported with their personal and professional development and there were established systems to reward and encourage positive practice, for example there was an employee of the month award and the company also recognised outstanding contributions. A staff member received an outstanding contribution award for their compassion shown when ensuring a person's end of life wishes were carried out as per their request. The service captured positive practice and good interactions between people or/and staff and these were recorded as 'Magic Moments'. Staff also had opportunities to reflect on their practices and share information. The registered manager carried out observation of practice which helped staff to develop and learn in a positive, no-blame culture. The service also ensured people living in the service contributed to staff appraisals

There was a strong organisational commitment to ensuring inclusion in the workforce. The service showed sensitivity in managing potential racial or gender difficulties and staff were treated equally and with respect. A member of staff was supported to become an equality and diversity champion. Their role was to monitor staff behaviours and support people to overcome any difficulties relating to individual characteristics such as race or disability.

Staff told us they could easily speak with managers who were open to and interested by new suggestions and ideas. Staff were actively encouraged to contribute ideas to shape the service through staff meetings, staff surveys and daily open communication with the management team. Staff were empowered to care in a way that they would care for their own family. They were encouraged to hold group meetings without members of the management team and to think creatively. An example of a member of staff following this direction from management was given. We were told the cook spoke with everyone to discuss and develop the menu. They took the creative approach of cooking example dishes as part of the discussions. This developed into people helping to cook their favourite dishes and producing recipe cards for the cook. The benefit of this was that people using the service contributed to the creation of dishes they enjoyed.

Individuals living at the home and their relatives had many opportunities to be involved. One relative praised the service for this and spoke about "..the inclusive approach to the family and friends of residents at Chiswick House, of giving everyone a voice." The organisation issued their own surveys to people using the service twice a year and to families once a year. The results were collated and any resulting actions displayed.

The service worked creatively to empower people living in the home to influence the care they received. For example, there were various mechanisms for people to express their views on the people who looked after them. The service's recruitment process included a 'resident recruitment panel'. This panel interviewed appointable candidates for the registered and deputy manager positions and their views determined the candidates selected. This ensured that the people living in the service had confidence that their care would be managed by someone they had previously met and liked.

The service also actively sought feedback from people about staff performance. The feedback was used to inform any areas of good practice or to highlight if any areas of performance needed to be addressed. The involvement of people in this way showed them that their views mattered and that they had some control over the way they were looked after.

People also contributed to the creation of a staff pledge, which contained a list of values, behaviours and actions such as how individual care should be delivered. All members of staff were obliged to sign up to the pledge. This was a further example of the service empowering people in the home to have some control over

the style of care they received. It offered reassurance that new members of staff would care according to the wishes of those using the service.

A working group comprising people using the service and relatives was created for the design and decoration of areas in the home, for example the new games room which the group planned and participated in decorating.

Relatives and people who use the service were included in training and discussions to help them decide how they wanted care to be delivered. For example, relatives joined staff in the virtual dementia training and people were actively involved in discussions about nutrition and hydration.

Although there was very little that anyone we spoke with felt needed improving, they all said any issues arising would be promptly addressed. In the past a hotel style laundry service was effectively developed to improve the efficiency and accuracy of the laundry service.

We saw excellent governance in practice. Internal audits demonstrated that the service benefitted from a robust and effective quality assurance mechanism, which ensured continual service improvement. Listening, learning and improving was central to the way the service functioned. Information was readily available, easy to follow and actions required to address any issues arising were promptly addressed. The service was compliant with regulatory and legislative requirements.

The desire to strengthen and further improve was evident from the partnership working with external organisations. A research team at the local University held learning workshops, which people using the service were encouraged to participate in. This provided intellectual stimulation and enabled them to actively contribute to ideas for how people living in a care home could input into future research projects. The service demonstrated its commitment to diversity and inclusivity by developing links with charities and colleges to enable apprenticeships or work experience for those who may have difficulty entering into paid employment. The service attended NHS East Coast community healthcare lead provider meetings and council lead provider meetings held by Norfolk and Suffolk Care Support Limited. It worked with the NEL commissioning support unit to help reduce unnecessary medication for people and the managing director was a member of The Institution of Occupational Safety and Health (IOSH), a professional health and safety membership organisation.