

Hallmark Care Homes (SW19) Limited

Kew House Care Home

Inspection report

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London
SW19 4EL

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Kew House is a residential care home that can provide nursing and personal care for up to 81 people in one adapted building. At the time of our inspection 69 older people were living at the care home, including people with residential and nursing care needs, and people living with dementia.

People's experience of using this service

People living in the care home and relatives were positive about the standard of care provided at Kew House.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were kept safe, and were confident any concerns they raised would be listened to. Staff understood how to safeguard people. People were cared for and supported by staff who knew how to manage risks people might face. The premises were kept hygienically clean, and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. The service was adequately staffed by people whose suitability and fitness to work at the care home had been thoroughly assessed.

People living at the care home, their relatives and staff working there were all complimentary about the way the service was managed, and how approachable the staff in-charge all were. The provider promoted an open and inclusive culture which sought the views of people living at the care home, their relatives, community health and social care professionals and staff working there. The provider worked in close partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at last inspection and update

The last rating for this service was outstanding (published 18 December 2019).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide an outstanding rated service to people.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains outstanding. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kew House at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kew House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

Kew 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.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought

feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service about their experience of the care provided. We also spoke with the deputy manager, 3 nurses, 11 care staff, including a senior care worker, a business administrator, a domestic/cleaner, and 2 catering staff, including the chef.

Records we looked at included 9 people's electronic risk management plans and multiple mental capacity assessments and Deprivation of Liberty Safeguards (DoLS), multiple electronic medicines records, and 6 staff files in relation to their recruitment.

We used the Short Observational Framework for Inspection (SOFI) during the serving of lunch on the first and second floors. SOFI is a way of observing care to help us understand the experience of people who could not verbally communicate with us.

We also observed how staff interacted with people living in the care home more generally.

Following the inspection visit we requested some documents electronically. These included quality assurance checks, and records relating to the running of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People told us they felt safe and well cared for at the service. A person said, "Yes I think I do feel safe here." Another commented, "I love it here. I feel quite safe."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place. Whistleblowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training as part of their induction. Staff knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm. A member of staff told us, "I've had safeguarding training and I know if I ever saw anyone being abused at the home I would report it to the managers straight away." Another member of staff added, "I've never seen abuse happen here, but I'm confident if I did see it and talked to the nurses and managers in charge they would tell the police, the local authority and the CQC, as I know they must."
- The registered manager and senior nursing staff understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring.
- The provider had safeguarding systems in place. Staff received training and knew what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety was monitored.
- People had up to date care plans that contained detailed person-centred risk assessments and management plans to help staff keep people safe. These plans covered every aspect of people's lives including for example, mobility and risk of falls, nutrition, skin integrity, and COVID-19 and infection control.
- Risk assessments and management plans were regularly reviewed and updated as people's needs and risks they faced changed.
- Staff had a good understanding of identified risks people might face and the action they needed to take to prevent or safely manage those risks. This included staff being aware of the action to take to minimise risks associated with people choking whilst eating and drinking. They also made sure people could safely move independently around the home and were aware that people who were bed bound ran a higher risk of developing pressure sores.
- The home had an experienced staff team who were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. For example, staff were aware of the signs to look out for and the action they needed to take to minimise the risk of people with mobility needs and falling. Staff told us they had received all the training they needed to prevent falls and

pressure wounds, for example.

- The service ensured the building was safe and well maintained through regular health and safety checks. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- There were enough staff to meet people's needs. During our inspection, staffing levels matched the rota and enabled people's needs to be met safely. Staff were visibly present, providing people with the appropriate care and support they needed. For example, we observed staff were always quick to respond to people's requests for assistance or to answer their queries. We also saw 1 to 1 staffing was in place throughout our inspection for a person who was designated this support.
- People told us that the home had enough staff to meet their care and support needs. A community health care professional told us, "The home always appears to be suitably staffed whenever I visit, which is at least weekly."
- The registered manager told us the care home remained well-staffed and currently they did not have any nursing or care staff vacancies.
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider carried out thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staffs identity, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The care home followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.
- The care home no longer insists all staff and visitors to the home must wear appropriate personal protective equipment (PPE) to reflect the governments relatively new risk based approach to wearing PPE.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us, and we saw that the care home, looked and smelt hygienically clean.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider continued to access COVID-19 testing for people living and working in the care home when they showed signs and symptoms of COVID-19.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands and using hand gel.

Visiting Care Homes

- The home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely as they were prescribed.
- Medicines were safely administered, appropriately stored, disposed of, and regularly audited by the care home's managers and nursing staff, and externally by community pharmacists. The provider now used an electronic medicines system which ensured medicines records were kept up to date. We found no recording errors or omissions on any e-medicines records we looked at.

- Managers and staff all told us the electronic medicine's monitoring system automatically flagged when errors occurred and had helped reduce the risk of medicines errors occurring in the nursing home.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. If appropriate, people were encouraged and supported to administer their own medicines.
- People told us staff made sure they took their prescribed medicines as and when they should.
- Staff authorised to manage medicines in the home were clear about their responsibilities in relation to the safe management of medicines. These staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by managers and senior nursing staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence.
- Any safeguarding concerns and complaints were reviewed, analysed, and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at. This was shared and discussed with staff during team meetings and handovers.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was still consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Following a period of changing management, the current registered manager and her team clearly provided stable and effective leadership to the home. Comments we received supported this. For example, people living at the care home and their relatives all spoke positively about the way service was now managed. A person told us, "The care home is very well run. The management has got much better and is very good at sorting things out immediately." A relative added, "The manager [Registered] has built a real family atmosphere and I consider the team an extension of my family. The current [registered] manager is excellent and very pro-active"
- Staff also spoke positively about the way the service was managed. A member of staff said, "The manager [registered] is lovely. She's always talking to us and is very approachable. This is a great place to work." Another member of staff added, "The homes manager [registered] is so nice. I think she has brought a lot of stability to the home. We now have a much better team spirit and work really well together, despite us having so many new staff working here."
- It was clear from the feedback we received from people that the management team recognised the importance of learning lessons and continuous improvement to ensure they maintained high-quality, person-centred, and safe care for people.
- The registered manager, deputy manager and heads of department met each morning to discuss changes made to people's packages of care and do a walkabout tour of the premises to observe staff working practices.
- The quality and safety of the service people received was routinely monitored by managers and staff at both a provider and service level by carrying out regular audits and checks, and obtaining stakeholder feedback. The quality assurance systems were digital and contained key performance indicators (KPI) that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. KPI's included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- The outcome of these audits and feedback from stakeholders were routinely analysed to identify issues, learn lessons, and develop action plans to improve the service they provided people.
- Managers and staff understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.
- We saw the service's previous CQC inspection report, which was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People received personalised and safe care from staff. The majority of people using the service were positive about the care and support they received from staff. A person told us, "I have no problem with the way things are organised here." Another person added, "I would absolutely recommend it."
- Staff demonstrated good person-centred awareness of people's individual care needs and interacted with them both in a respectful and considerate way. We observed multiple instances where staff interacted warmly and positively with people by using their knowledge of their individual needs and preferences. For example, staff knew which hot drinks people preferred to have.
- People's electronic care plans were routinely reviewed and updated, were person-centred and contained detailed information about individual's unique strengths, likes and dislikes.
- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people, organisations and shared outcomes with people, their relatives, and the staff team. People and their relatives were told if things went wrong with their care and support and provided with an apology. A relative told us, "The manager [Registered] has always got time to chat and to put minds at rest." Another relative added, "Communication has been a problem in the past but recently my emails have been promptly acknowledged and answered and the administrative changes which the manager [Registered] and her team have introduced are working."

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular individual and group meetings with peoples designated keyworker, relatives and other people using the service, care plan reviews and satisfaction surveys.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group supervision and work performance appraisal meetings with their line managers. Staff told us they received all the up to date training, guidance and support they needed from their line managers and fellow co-workers. A member of staff told us, "I've done lots of online e-learning, ongoing assessments of my competency to manage things like medicines and mental capacity safely and regularly have 1 to1 supervision meetings with my manager."

Working in partnership with others

- The provider worked in partnership with various community health and social care professionals and external agencies, including local authorities, the local GP surgery, and tissue viability nurses.
- Managers and staff told us they regularly consulted with these external health and social bodies and professionals, welcomed their views and advice, and shared best practice ideas with their staff. A community healthcare professional told us, "I have no negative feedback regarding the care at Kew House. I find they work hard to provide best care to the residents. They have an excellent relationship with the GP service." Another external health care professionals added, "I have found the staff very friendly and helpful. They are keen to hear my assessment of the residents and help implement any recommendations I give."