

Hallmark Care Homes (Rugby) Limited

Anya Court

Inspection report

286 Dunchurch Road
Rugby
Warwickshire
CV22 6JA

Tel: 01788851525
Website: www.hallmarkcarehomes.co.uk

Date of inspection visit:
03 May 2017
04 May 2017

Date of publication:
02 June 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Anya Court is divided into three separate floors and provides personal and nursing care for up to 70 older people, including people living with dementia. There were 52 people living at Anya Court when we inspected the service.

This inspection visit took place on the 3 and 4 May 2017 and was unannounced. At the last inspection in May 2015 the service was rated Good. At this inspection we found the service remained Good.

A requirement of the service's registration is that they have a registered manager. 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 and associated Regulations about how the service is run. There was not a registered manager in post at the time of our inspection. The previous registered manager had left the service in February 2017. The provider had appointed an interim manager to manage the service whilst a new registered manager was recruited. A new manager had been appointed in March 2017 and was in their new role when we inspected the service. They had already started their application process to apply for their registration with CQC. We refer to the new manager as the manager in the body of this report.

There were enough staff available to safeguard the health, safety and welfare of people. Staff were given induction and training so they had the skills required to meet the needs of people living at the home. People were protected against the risk of abuse as the provider took appropriate steps to recruit staff of good character, and staff knew how to protect people from harm.

The manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Decisions were made in people's 'best interests' where they could not make decisions for themselves.

Care staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People made their own choices about who visited them at the home. This helped people maintain personal relationships with people in their community.

People were provided with food and drink that met their health needs and their preferences. People were supported to access healthcare professionals to maintain their health and wellbeing.

People were offered opportunities to take part in interests and hobbies that met their individual needs.

People knew how to give feedback to the management team, or make a complaint if they needed to. Quality assurance procedures identified where the service needed to make improvements, and where issues had been identified the manager and provider took action to continuously improve the service.

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 Good.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-led.

Anya Court

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 was 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.

We inspected the service on 3 and 4 May 2017. The first day of our inspection was unannounced. The inspection was undertaken by two inspectors, an expert-by-experience and a specialist advisor. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in nursing care.

Before our inspection visit we asked the provider to send to us a Provider's Information Return (PIR). This document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. We found the information contained in the PIR reflected the service.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract services, and monitor the care and support the service provides.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support being delivered in communal areas of the home on each unit.

During our inspection visit we spoke with thirteen people living at the home and six people's relatives. We also received written feedback from one person's relative and a volunteer who worked at the home.

We spoke with three members of care staff, one senior care worker, two nurses, an administrator and a housekeeper. We also spoke with several members of the management team including the manager, the

interim manager, the provider's quality assurance manager, the executive chef, the maintenance manager, the clinical lead, the learning and development manager, the lifestyles team leader and the hospitality manager.

We looked at a range of records about people's care including five care files, daily records, medicines records and charts. This was to assess whether people's care delivery matched their records. We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service.

We looked at personnel files to check that suitable recruitment procedures were in place, and that staff received supervision and appraisals to continue their professional development.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

All the people we spoke with told us they felt safe at the home. Comments included; "I feel perfectly safe, because it's enclosed and there are plenty of staff around", "I do feel safe, there are all sorts of things to press if you are in trouble" and, "I'm safe as houses, I've never felt unsafe, you can talk to any of the staff if you are worried about anything."

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding people. Staff were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse. Staff told us they were comfortable with raising any concerns they had with the manager, and were confident any concerns would be investigated and responded to.

People were protected from the risk of abuse because the provider checked the character and suitability of staff prior to them working at the home. For example, criminal record checks, identification checks and references were sought before care staff were employed to support people.

The manager had identified potential risks relating to each person who used the service, and plans had been devised to protect people from harm. Risk assessments were detailed, up to date, and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing.

People told us there were enough staff available to support them safely. A typical comment was, "I think there are enough staff on duty, I also feel they know what they are doing."

We saw the support offered to people in the communal areas of the home. We saw there were adequate numbers of staff available at all times to care for people safely and meet people's care needs promptly. Staff confirmed there were enough staff on each shift, including at night, to care for people safely.

Staff who administered medication were trained to administer medicines safely. People were given their regularly prescribed medicine at the right time of day. One person told us, "I do get my medication on time and I can ask for pain relief if I need it." Medicines were stored safely in each person's room. There were plans in place to instruct staff on how to administer medicines prescribed on an 'as required' (PRN) basis to protect people from receiving too little, or too much medicine.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection visit. A typical comment was; "I do think the staff know what they are doing." People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The provider had processes to ensure staff had the training they needed to support them in providing effective care for people. New staff completed an induction to ensure they understood their role and responsibilities. The induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. The induction was based on the minimum standards for care workers, and provided staff with a certificate to recognise their skills and abilities. Staff told us in addition to completing the induction programme, they had a probationary period to check they had the right skills and attitudes to support people effectively. One staff member commented, "The training and induction was superb." Staff told us the manager encouraged them to keep their training and skills up to date. The manager maintained a record of staff training, so they could identify when staff needed to refresh their skills.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The manager had a good understanding of the legislation. Mental capacity assessments were completed when people could not make decisions for themselves. Staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. Where people could not make decisions for themselves, records confirmed important decisions had been made in their 'best interests' in consultation with people who were important to them and health professionals. The manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Where people required a DoLS application to be made, the manager had made the appropriate applications to the local authority in accordance with the legislation.

We saw a breakfast meal and lunchtime meal during our inspection visit. The dining rooms were calm. Tables were laid with cutlery, flowers and table clothes and provided a pleasant environment where people could enjoy their meal with friends and relations. The mealtimes were a sociable experience for people, who chatted together. People were offered a range of drinks when they sat down to eat their meal, including hot drinks.

Staff supported people who needed assistance with drinking or eating patiently, and made sure people had the specialised equipment they needed, without being prompted. This helped people to maintain their independence, and demonstrated staff knew people well. People were shown visual choices of two plated meals to help them decide what they would like to eat. Comments such as, "Mmm, smells good" and, "Looks delicious" were made by people. Some people chose to have a bit of both choices and others had second helpings.

Kitchen staff knew people's specialist dietary needs and ensured they were given meals which met those needs. For example, some people were on a soft food diet, were vegetarian or required a reduced sugar diet. Information on people's dietary needs was kept up to date in their care records, and included people's likes and dislikes. The chef told us, "We try to stimulate people's senses with different smells and textures." They explained taste testing sessions took place each week for people to try new foods. If any of the dishes proved popular, they were added to the menu. In addition, kitchen staff experimented with making food, such as pureed meals, look attractive to stimulate people's appetite. For example, we saw pictures of when kitchen staff had spent time making pureed canapés and cup-cakes which looked identical to the non-pureed option. One person who tested the food said, "It made me feel special because staff took the time to do this."

Staff and people told us the provider worked in partnership with other health and social care professionals to support people. Care records included a section to record when people were visited, or attended visits, with healthcare professionals. For example, people were able to see their GP, dietician, chiropodist and dentist when required. Staff made referrals to health professionals in a timely way. One relative told us, "When [Name] injured their hand, they took them to hospital and brought them home. They kept me informed and dealt with the situation really well."

The manager told us the doctor visited the home each week to see people, but also came when they were required. One person told us, "You can see the doctor you just let the staff know." We found changes were made to people's care following advice from medical professionals.

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff and each other, as at our previous inspection. The rating continues to be Good.

People and their relatives told us staff treated them with respect and kindness. One person said, "Most certainly the staff treat me with respect and dignity, they always ask how I would like things done and chat to me throughout the task." A relative said, "This is a fantastic place, first class. The staff are tremendous how they deal with the different residents with different needs."

Throughout the day we saw several examples of staff altering their approach, voice and position to effectively engage with people, demonstrating staff had a good knowledge and understanding of individuals and their needs. Staff told us they were happy working at the home.

Staff promoted people's independence and only offered support when people needed it. For example, one person was walking around using a walking frame. A member of staff noticed they were walking slowly and asked them if they wanted to use their wheelchair. The person replied, "No thank you I am capable today." The staff member responded, "Okay, you know best."

All the staff we spoke with showed concern for people's wellbeing. One staff member said, "If someone has been under the weather, as soon as I arrive here I pop up to make sure they are okay. I am really fond of everyone here."

People told us they could choose how to spend their time, and staff supported them to make everyday decisions. The home had a number of communal areas where people could spend their time. This included lounge areas, dining rooms, a cafe, cinema, a celebration room, therapy room, hairdressers, and outside garden and patio areas. Some people spent their time in the communal areas, and other people chose to stay in their room. One person told us, "I am very satisfied with my room. I have my own things around me."

People told us their dignity and privacy was respected by staff. Staff knocked on people's doors before entering, and announced themselves when they entered people's rooms. The provider offered people a choice of a single room, or people could share their room with a spouse or loved one. This meant people were offered a choice about how they lived their lives. There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished.

People made choices about who visited them at the home. One person commented, "Staff are very good, friendly and kind, my visitors are always made welcome." We saw people and their visitors helping themselves to drinks and snacks throughout our visit, and using the facilities on offer. This helped people maintain links with family and friends.

People were able to access a range of different services offered in the home, which supported them to maintain their independence. We saw that each unit in the home had a utility and kitchen area. These areas

had 'open' access, and people could make their own snacks and drinks and do their own laundry if they wished.

Staff we spoke with knew people's preferred name, and spoke of people in respectful and positive ways.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during our previous inspection visit. The rating continues to be Good.

People and their relatives were involved in planning their own care, which meant people's personal backgrounds, their preferences and interests were discussed with them and recorded on their care records. Staff we spoke with had a good understanding of people's needs and choices, from reading care records and also interacting with people. One relative said, "We are involved in [Name's] care planning and reviews of care, the staff always keep us informed if anything happens or there are any changes."

Staff told us they were confident they delivered the right care and support to people because they were kept up to date on changes in people's care needs daily. Staff explained how they handed over key information to staff coming on the next shift. We saw this was conducted verbally, and also a daily handover sheet was prepared. During the 'handover' information was shared about changes in people's health or care needs, or any special arrangements for the day. We were able to view the daily handover file and saw this was kept up to date so staff who missed the meeting could review the information.

A list of events was displayed on the noticeboard in the reception area, which showed a range of activities happened each day. Events included, exercises to music, board games, choir groups, art and crafts, singers and poetry groups. One relative said, "We receive emails highlighting the homes activities and the newsletter is very informative."

People told us they took part in events at the home which met their interests. One person said, "The activities are really good, I do join in, staff encourage you but never force you." Another person commented, "The staff play cards with me. You can go out as well, but you might need a staff member to go with you." One relative told us, "The garden is lovely, flat and wheelchair friendly so we spend a lot of time out there."

A lifestyles team were employed at the home which consisted of five assistants and 10 volunteers. Activities were provided for people seven days per week. This meant staff and volunteers had enough time to support people in group activities, but also support people with individual interests and hobbies. For example, one person enjoyed reading and loved history. A volunteer who was also interested in history visited the person so they could talk and read about history together. Another person's relative lived in France. The person was no longer able to write so a staff member sat with them to write their letters.

We saw some examples of where staff assisted people to take part in interests they enjoyed. For example, one person was dancing alone in the corridor to music playing on a radio. A staff member went up to the person, took their hand and they danced together. The person said, "Oh, I love it when you do that."

There was information about how to make a complaint or provide feedback about the service available in the reception area of the home. This information was also contained in the service user guide that each person received when they moved to the home. People and their relatives told us they knew how to raise

concerns with staff members or the manager if they needed to. The provider had a system in place to monitor complaints and to identify any trends and patterns, so that action could be taken to improve the service provided.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be well-led. The rating continues to be Good.

The previous registered manager had left the service early in 2017. This meant a registered manager was not in post at the time of our inspection visit. However, the organisation had appointed an interim manager to manage the service whilst a new registered manager was recruited. The recruitment had been successful, and a new manager had started work a month before our visit. Both the interim manager and new manager were working alongside to facilitate an effective handover of the management of the service. They were both available to speak with us on the day of our inspection visit. The newly appointed manager had already applied to become the registered manager at the home.

People told us there had been changes in the management team recently, but they still felt the service was well-led. People told us they could speak to a manager when they needed to, and their concerns would be responded to. One relative told us, "Yes, I think the home is well led. I attend the residents meetings and the newsletter tells you what is happening." Another relative said, "It is well run, they treat [Name] really well here."

The management team comprised a clinical care manager, hospitality manager, a customer relations manager, maintenance manager and a lifestyle manager who met daily. The management team ensured there was a management presence at the home seven days per week to offer people support. One health professional told us, "I am impressed with the management structure and support available."

The provider had identified its aims and values which they called a 'charter', and had communicated this to people who used the service and staff. We saw the 'charter' was clearly stated in the service user guide, and was also displayed on the provider's website. Staff and management team members discussed the charter at the start of each meeting to re-enforce their understanding of how care should be delivered to people each day. The 'charter' encompassed valuing people, respecting people, treating them with dignity, and providing excellent care. The provider aimed to provide person centred care, putting the person at the heart of what they did.

One relative told us about the ethos of care at Anya Court saying, "[Name] has settled in well and is very happy there. The quality of the accommodation is excellent, as is the caring nature of the care team. There is a friendliness and willingness to try and do whatever is best for the residents. The care team proactively deal with any issues that occur, but keep us fully informed."

People told us they had a say in how the home was run. This was through residents meetings, regular surveys and suggestions they made. One member of staff said, "Meetings are led by the residents for the residents. It ensures that people have a say in how the home is run." Following meetings people were updated through a regular newsletter. The latest newsletter introduced and welcomed the new manager. It also included an article about unlabelled clothing as it had been identified some clothing could not be returned to its owner because staff could not identify who it belonged to.

Staff told us they were supported in their role through regular supervision meetings, and observed practice. Regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements. They also enabled the manager to monitor the performance of staff, and discuss any areas for improvement. Staff confirmed, "We all have supervisions and appraisals to review our work. I guess it's a way managers check we are okay." Staff also told us they had frequent team meetings, where they could discuss how improvements might be made. One staff member said, "We are quite vocal; we will speak up to make improvements if they are needed."

The provider completed regular audits of different aspects of the service. This was to highlight any issues in the quality of the service, and to drive forward improvements. For example, quality audits were completed on a quarterly basis and individual audits were completed monthly in the areas of medicine administration, care records, and infection control procedures. Where audits had highlighted any areas of improvement, action plans were drawn up. All areas identified for improvement were submitted to the provider's board meetings who monitored progress against improvement the plans. This demonstrated the provider took action to continuously improve the service.