

Hallmark Care Homes (Leigh-On-Sea) Limited

Admiral Court

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

At our last inspection in April 2016 we found the service to have a lack of managerial oversight and leadership within the service as a whole. The provider sent us an action plan on how they would address concerns that had been highlighted at this inspection. We also met with the management team of the service to discuss the service's compliance history.

The service did not have a registered manager in place at the time of our inspection. The regional management team informed that recruitment to the post was currently underway. The provider advised that they were not going to rush this process, as they wanted to get the right person for the service. In the interim the service had a project manager who was very experienced in working within the sector and they would be working at Admiral Court until a new manager was appointed and settled into the service.

The project manager informed they had been in the home for a few months and since coming in they had reviewed processes that had been in place and looked at improvements that could be made without making too many changes that could be disruptive to the day to day running of the service. For example, previous manager had made changes to how the home was staffed and staff's days off and annual leave request was being managed. This meant several of the staff were working three of four long days before having a day off. The project manager reviewed this process as to ensure all staff were getting time off work and the home was staffed at all times of the day and week.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The project manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by regulation

People benefited from a staff team that felt supported by the management team. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The project manager told us that their aim was to support both the people and their family to ensure they felt at home and happy living at the service. The project manager added that they held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of 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 was safe.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely. People were supported by sufficient staff to meet their needs.

Staff knew how to recognise and report abuse. There were systems in place to manage risk for the safety of people living and working in the service.

Medication was managed and stored safely.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

The service was not consistently Well Led.

This was due to the service not meeting the registered manager's condition as set out in the Health and Social Care Act 2008 as part of our regulatory function.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives; feedback was used to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Requires Improvement 

Admiral 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 registered manager 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 the 5, 6 and 7 June 2017 and was unannounced. This inspection was undertaken by two inspectors on the 5 June 2017 and on the 6 and 7 June 2017 we were accompanied by another inspector.

Before the inspection, we reviewed the information we held about the service including previous reports and notifications and action plans sent in by the provider and regional management team. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law. We used this information to plan what areas we were going to focus on during our inspection.

Some people were unable to communicate with us verbally so as to tell us about the quality of the service provided and how staff cared for them. We therefore used observations, speaking with staff, relatives and reviewing care records to help us assess how people's care needs were being met. We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the recruitment and support records for five members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records relating to the premises. We also spoke to seven people, eight relatives, the regional clinical manager, project manager and 10 staff members.

Is the service safe?

Our findings

At our last inspection in April 2016, we had concerns about the amount of staff available to meet people's needs; we also received an action plan from the provider on how improvements would be made. At this inspection, we found that improvements had been made and management team were continuously reviewing the levels.

People living in the service told us they felt safe. One person told us, "The care staff and the management team always make sure I am safe and regularly check on me through the day and will ask if I am okay." One relative told us, "When visiting I always see staff checking on people throughout the day to ensure they are safe. This gives me reassurance that my relative is safe in the home."

Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. Staff felt assured that the management team would act appropriately in the event of any future concerns. One member of staff stated, "If we are not sure of anything we always speak to one of the seniors or management team and they will tell and show us how to support people to remain safe." Records showed that where issues or concerns had been reported, these had been addressed appropriately and in a timely manner by the management team. We found that all staff had attended safeguarding training with the local authority and an internal training provider.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and the local authority. There were 'Hello Avnish' posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about how to contact the Managing Director to discuss any concerns they may have. This was provided in an appropriate format to ensure that people understood what abuse was and how they would be protected.

People were cared for in a safe environment. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management plans implemented.

There were mixed views from people, relatives and staff on whether the service operated with sufficient staff to meet people's assessed needs. One relative informed us, "In some areas of the home you will always see a good presence of staff, however when you come to the first floor it takes a while to track down a member of staff, but I put this down to the first floor being more dependent than downstairs." Another person told us, "There is always care staff around to look after us and we never have to wait long if I need help." Our observations on the first floor during the inspection evidenced that at busy periods of the day i.e. in the morning and at meal times, it could be hard to find a member of staff. However outside of the busy periods we observed all staff spending time with people in their rooms having conversations and watching or listen to music. We also observed the lifestyles lead, taking some of the people out of the home for a walk. At mealtime, for example during lunch there was at least two members of staff in each of the four dining rooms

we visited, with other staff visiting people in their rooms to support them with meal provision. Staff rotas we reviewed evidenced that the service had assessed and tried to ensure that there was enough staff to meet the needs of people. When discussed with the management team during feedback they informed that the service was continually reviewing staffing levels as to ensure there was enough staff at all times in the morning.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 20 people's Electronic Medication Administration Records (EMARs) and found them all correctly completed with no unexplained gaps or omissions. We observed staff doing the medication round. Staff explained to people what medication they were being given and then observed them as they took it. Staff involved in the administration of medication had received appropriate training and competency checks in order for them to safely support people with their medications.

People were being cared for in a safe and clean environment and there were no unpleasant odours anywhere in the home. We observed that all staff promptly cleaned areas after every use.

Is the service effective?

Our findings

At the last inspection in April 2016 we noted that most staff had received training to carry out their role. Although staff training records showed and staff told us that they had received suitable training to meet the needs of the people they supported, this was not always embedded in their everyday practice. After our inspection in 2016, the provider sent us an action plan on how they would ensure that all staff new and current would undertake necessary training.

At this inspection we found staff at all levels to have good knowledge and the skills they needed to provide good quality care to people using the service. One relative informed us, "I have found staff to have the knowledge on how to best meet people's diverse needs and how to care for my relative and I can speak to them about my relative's care needs at any time." A relative added, "We have found staff to be very knowledgeable about our relative's needs and also the needs of other people in the home."

Staff told us they had attended mandatory training since the last inspection and that they would be attending yearly refresher courses, which would be arranged and monitored by the regional management team. This would ensure staff understood their role and could care for people safely. Looking through staff's training folders it was evident that all staff had attended all the mandatory training since the last inspection. Staff training was provided internally and through the local authority. Staff were also encouraged to do additional training and development to continually develop their skills. We observed staff assisting people to transfer and this was all done in accordance to people's care plans and with appropriate use of manual handling techniques.

We found new members of staff and the project manager had undergone robust inductions to ensure they had a good understanding of their roles and could care for people safely. A newly employed member of staff told us that before commencing employment they had attended the service for a full day to complete an induction programme, which had helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting and this would be an ongoing exercise. Staff informed us that they had also gone through a period of being observed by an experienced member of staff. The project manager and senior care staff gave staff feedback to ensure the level of care they were delivering met the needs of the people they were supporting. The service was aware of the new Skills for Care 'Care Certificate' and how this should be applied and would continue to work with staff through the Skills for Care workbook; records reviewed confirmed this.

Staff informed us they were given an opportunity to sit down with the members of the regional management team to discuss any issues they may have on a one to one basis. Staff confirmed that supervision was always about staff and looked at ways in which staff could develop and best support the people they cared for. Staff informed us that they had regular team meetings with the management team and that all staff were given the opportunity to speak out on any issues that may affect them at work.

Staff (lifestyles team) informed the provider had encouraged all staff to come up with ideas to help the

improvement of the service. For example, identify activities that were more meaningful to people living in the service. Staff felt supported by the management team and could speak to them at any time, which was evident during our inspection. We reviewed the monthly meetings folder and found the service was holding meetings with staff, people and relatives on a regular basis.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The 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 were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings. The service had assessed everyone's ability to make an informed decision and appropriate measures had been put in place to support people with day-to-day decision-making.

People said they had enough food and choice about what they liked to eat. Throughout our inspection, we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supporting people to make themselves a drink. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. People's body language showed they were happy with the mealtime experience and the food they had been served. Where required, staff supported people to eat at their own pace. The food was cooked using fresh produce. At lunch time we observed staff giving people a choice of two freshly cooked meals. Staff informed if the people don't want what's on the menu we can ask the staff to prepare a preferred meal. A printed menu had also been made available in all the communal areas for people to access and read. People had the choice to change their meal preference at any time during the day.

People's healthcare needs were well managed. People told us they were supported to have access to a range of healthcare professionals and services such as, GP and district nurse. One relative told us, "The service always makes sure that my relative has support from the tissue viability nurse and have worked with the nurse to accommodate changes to my relative's care needs."

Is the service caring?

Our findings

The service provided a caring environment to the people using the service and those visiting. One relative informed us, "The care delivered in the service was very good." The relative went on to say, "Staff are very compassionate, friendly and appeared to have a good knowledge of the people they are caring for."

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service. People and relatives we spoke to informed that the care provided in the home was very good and all the staff and the registered manager were very caring and always looked at doing what is best for all of them. A relative informed us, "Every time I visit there is always a good atmosphere. The staff seem to enjoy being at work and appear to be enjoying supporting people to meet their needs, this gives me the reassurance that my relative is in the right place."

People and their relatives were actively involved in making decisions about their care and support. One relative told the service had involved them and their family in the care planning of the person to ensure that the transition from home to the service would run smoothly and the person would settle in the service. Another relative informed us, "We are regularly invited to care review meetings. In addition, staff and the regional clinical manager will contact us if there has been a change in the person's needs."

The regional clinical manager informed us that they used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected. Staff said this helped them to assist people to maintain their independence and showed that people were being well cared for by staff who were well supported in undertaking their role. Staff respected people's privacy by only accessing their rooms after consulting people.

People's independence was promoted by a staff team that knew them well. We noted that people were smartly dressed. Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well presented was an important part of their supporting role. People and their relatives informed us that staff always spoke to them in a dignified and respectful manner and always gave them time when assisting them with any of the care needs. One relative added, "We have looked at several homes around the area, and I have to say our observations of how staff communicated with people was a major winning factor."

Is the service responsive?

Our findings

At our last inspection in April 2016 we had concerns about person centred care and people's involvement in their care delivery and activities. The provider sent us an action plan after the inspection on how they would ensure that everyone using the service would engage in meaningful activities. At this inspection we found that improvements had been made. The service was able to evidence how people cared for in their bedrooms were being supported to participate in meaningful social activities.

People's care and support needs were well understood by the staff, relatives and people receiving support. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The service's management team held conversations with other health professionals, people and relatives to plan and discuss people's care before the service commenced as to ensure the service can meet the needs of the person. They regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours and any changes were communicated with the person and social services. Care plans were regularly reviewed as and when required.

One staff member informed us that since the last inspection the management team had spent time with all staff going through people's care plans and ensuring that staff clearly understood the people they were caring for. Staff also informed us that they discussed people's progress throughout handover at every shift; this ensured all staff are updated on the changes in people's health and wellbeing at all times. On the second day of our inspection, we attended staff handover and this confirmed the above.

The service also encouraged people to access activities in the community. The lifestyles lead expressed that staff continued to encourage and support people to develop and sustain their aspirations. One person told us, "At least every month a few of us go to the local shops or garden centre for a coffee and some shopping. We really do have a good time and we always look forward to our outings". The lifestyles lead told us, "Since the last inspection we have looked at how we can best ensure that everyone living in the service was involved in activities within the service. It was evident from the inspection that people in their rooms were not always being engaged, we now visit people in their rooms throughout the day to make sure they neither have music or film from a past time playing in the background." They added, "We also encouraging care staff to have meaningful conversations with people when support them with personal care or meal provision." We are try to do something different every month and I always hold meetings with the residents so we can

plan ahead." The lifestyles lead also informed that due to the upcoming elections we had arranged for some of the residents to go and support the local polling station as this was something they had done in the past. Records we reviewed confirmed this.

On the day of our inspection, we observed the lifestyles lead taking out people for a walk, and for those who remind behind staff had been encouraged by the lead to support people to participate in arts and craft. The lead had also arranged for children from a local nursery to come in and sing for people using the service. In another room, we observed one person watching motor racing with staff and the person appeared to be enjoying themselves as they cheered on the racing drivers.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the management team. Records we reviewed confirmed this.

Is the service well-led?

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