

Gem Corporations Limited

Hallmark Healthcare

Service Limited

Inspection report

Central House, 1 Ballards Lane
Finchley Central
London
N3 1LQ

Tel: 07903413347
Website: www.hhcs.uk

Date of inspection visit:
14 July 2023
27 July 2023

Date of publication:
30 August 2023

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

About the service

Hallmark Healthcare Services Ltd is a domiciliary care service providing personal care in people's own homes. At the time of our inspection there were 4 people using the service. The service was supporting older people. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

We found some shortfalls with how the registered managers and provider assessed some aspects of the quality of the service provided. For example, in risk assessments, medicine prompting, care planning to assist people with their interests and social life, and care visit monitoring. But these issues did not have a negative impact on people, it had the potential to, so the registered managers will need to make improvements in these areas moving forward.

We made a recommendation to improve the management of medicines when staff were being asked to remind people to take their medicines.

People told us they felt safe and were happy with the care staff and the registered managers who supported them. One person told us, "I don't know what we would do without [name of member of staff] it works so well." Another person said, "They [staff] are so polite." A person's relative told us, "[Name of relative] is happy so I'm happy."

People received regular care visits at times they had chosen. They saw regular staff who they were introduced to by another member of staff before they started visiting them.

There was enough staff to support people. Staff said they felt supported and listened to. The registered managers monitored staff practice to check people were being supported safely and were happy with their care.

Staff raised concerns about people's health needs to them directly and the managers. They also sign posted people and their relatives to resources which they thought would help them.

People and their relatives said staff and the registered managers were kind and polite. They also said staff were respectful towards them and their homes.

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. But improvements were needed to ensure consent was always sought directly with those who had capacity rather than seek this from their relatives.

There was a positive open culture amongst the staff team and the registered managers.

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

This service was registered with us on 15 February 2022, and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Hallmark Healthcare Service Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there were 2 registered managers in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service was small and we

wanted to be sure a member of the management team would be available to support us with the inspection. Inspection activity started on 14 July 2023 and ended on 27 July 2023.

What we did before the inspection

We spoke with the local authority to gain their views of 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 also reviewed the information we hold about the service on our system.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls with the registered managers, we telephoned people who used the service but only 1 person was able to speak with us over the phone. We spoke with 3 people's relatives and 3 members of staff. We reviewed 3 people's risk assessments, care plans, reviews in full. Daily notes for 2 people and three people's consent to care documents. Staff recruitment checks were completed for 2 members of staff. Training records, staff rotas and monitoring data of care visits, quality monitoring audits, and emergency plans were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good knowledge of what potential abuse could look like. They were clear any concerns needed to be reported to the registered managers.
- The registered managers had a thorough knowledge of their responsibilities to respond to concerns.

Assessing risk, safety monitoring and management

- People told us they felt safe with the staff who supported them.
- People and their relatives also felt confident and safe with the registered managers.
- Environmental risk assessments were in place and there was a process to respond to accidents and incidents if these happened.
- People had risk assessments in place which identified the risks which they faced. However, these needed developing further to fully explore these risks and document clear instructions to staff about what they needed to do to promote people's safety. For example, for people who were at risk of falling and needed equipment to support them and those at risk of choking. We spoke with the registered managers about this who agreed and said they would work on this issue now.

Staffing and recruitment

- People and their relatives told us they received care visits at times they wanted, and they saw regular staff who they had got to know.
- All appropriate recruitment checks were fully completed to promote people's safety with staff.

Using medicines safely

- Staff were not directly administering people their medicines.
- However, some people were being reminded to take their medicines. The process and plans when staff were doing this needed improving to promote people's safety to ensure this support was consistent, documented, and there was a clear plan for staff to follow to meet this need. The registered managers agreed with our findings and said they would resolve this issue.

We made a recommendation to risk assess this and seek best practice guidance in relation to prompting people to take their medicines.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. The registered managers had

made plans to respond to an outbreak of COVID-19.

- Staff had completed training in infection prevention and control, and they ensured they maintained good standards of hygiene including for food preparation and personal care.

Learning lessons when things go wrong

- The registered managers took on board the issues we found at this inspection and told us how they would correct these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff spoke well of the support they received from the registered managers. One member of staff told us, "They [managers] always have a listening ear."
- Staff told us how their inductions had prepared them for their role. This included shadowing staff and meeting the people they would be supporting.
- The registered managers also showed us the induction checklist which included supporting staff from overseas to navigate the local area.
- Staff received training in areas of their work and completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered managers showed us how they test staff knowledge and practice through spot checks on staff. They talked us through the areas they discussed with staff at their regular supervisions with staff.

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

- For the people staff supported to eat and drink staff recorded what they had prepared for these people.
- Regular drinks and snacks were also documented by staff.

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

- People and their relatives told us staff had advised them to contact their GPs when they identified potential health issues. One person's relative told us, "[Name of member of staff] recommended some equipment, we hadn't thought about it, they told us to speak with our GP so we did." They went on to tell us how the equipment had made a positive difference for their relative.
- We were told by people and their relatives they were confident staff would contact their GP on their behalf if they were unable to.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered managers told us about how they had spoken with funding health authorities when they believed more support was needed for some people.
- People had assessments and care plans in place to identify the risks they faced and explained to staff how to meet these needs.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were being asked to consent to their care and to share their information to health and social care professionals when there was a need to.
- We found in 1 instance a person's consent to care had not been obtained in line with the principles of the MCA. The registered managers told us they would address this issue.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring towards them. One person said, "Oh yes they [staff] are very friendly, I am very happy with them." A person's relative told us, "The carers [staff] are so kind." A further person's relative also told us, "The ladies [staff] are very nice."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their homes and treated them with respect. One person said, "I always get female staff, that's what I want." A person's relative told us, "The carers are thoughtful as they go about our home."
- Staff explained to us how they promoted people's privacy when they were assisting them with personal care.
- Staff also had a good understanding of how important people's independence was to them. They explained what they did to promote and support this for individuals.

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

- The registered managers regularly asked people what their views were of the staff who visited them. These were documented in spot check records.
- People told us how they had been involved in creating their care plans and arranging when staff would visit and for how long they would stay with them. One person said, "I had a risk assessment, and it was all explained to me."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they received care visits at times they wanted and from staff they knew. One relative said, "We see regular faces, never have a carer we don't recognise."
- People and staff told us before a new person started to receive care from Hallmark Healthcare Services or when there was a change in the rota of staff a shadow shift took place, so the new member of staff was briefed about the person's needs, and they were introduced to the person.
- Staff were directed by what individuals wanted them to do.
- People were aware of their care plans, and they had signed to agree with these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were explored and clarified by the registered managers at their initial assessments.
- Staff were guided how to communicate with individuals.

End of life care and support

- Plans to support a person at this part of their life had been completed with the person to include their wishes and requests.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- When this was being commissioned there was a lack of evidence to support this was being provided.
- Staff told us they chatted to people and helped them to follow their interests to make life enjoyable. One person's relative said, "I hear them [their relative and member of staff] chatting when I'm doing the washing up."
- However, this was not being captured in people's daily notes, reviews, and care planning. We spoke with the registered managers about this who said they would address this issue moving forward.

Improving care quality in response to complaints or concerns

- There was a complaints process in place. No complaints had been received.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- We found some issues which related to the registered managers quality monitoring processes and assessments of some aspects of the care provided.
- There were some shortfalls in risk assessments, care planning, prompting people always gave formal consent themselves, assessing staff's training was effective, monitoring of staff visiting times and medicine management in relation to prompting people's medicines.
- Records also did not show how staff were supporting people with their emotional wellbeing.
- Alongside this, registered managers had implemented a person centred culture ensuring people received the care they wanted.
- The registered managers were open to our findings and feedback during the inspection. People and staff felt confident to raise issues if there was a need to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered managers had a good understanding of the importance of this approach when something was to go wrong. They spoke of the importance of sharing this with other organisations such as us and the local authority when appropriate to do so.
- Registered managers had worked with professionals when people needed this to happen.

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

- Registered managers were involving people to seek their views of the care they received and were working with people and staff to have an open culture. The staff felt the managers appreciated their feedback.