Hallmark Supported Living Limited

Hallmark Supported Living

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This announced inspection took place over three days on 28 September and 2 and 19 October 2017. Hallmark Supported Living provides personal care support to people that have learning disabilities. People being supported by the service at the time of inspection had complex support needs, which impacted upon their ability to communicate. At the time of our inspection the service was supporting three people with the regulated activity of personal care.

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

Staff recruitment procedures needed to be strengthened to ensure that all necessary risk assessments had been completed as part of the staff selection process.

People were not able to communicate with us to tell us if they felt safe, however relatives told us that they felt that their family members were supported in a safe way. Our observations during the inspection confirmed this.

People were protected from harm arising from poor practice or abuse as there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

There were systems in place to manage medicines safely. Staff were trained in the safe administration of medicines and people had specific care plans relating to the provision of their medicines.

People received care from staff that were kind and friendly. People had meaningful interactions with staff and enjoyed being with staff. Staff had an in depth knowledge of people's communication needs and behaviours, which enabled them to respond to people appropriately. People received care at their own pace and were treated with dignity and respect. People were supported to participate in a range of activities and staff knew people well and understood the types of activities they enjoyed.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. Care plans were written in a person centred approach and detailed how people wished to be supported. Where possible people were involved in making decisions about their care.

People were actively involved in decisions about their care and support needs as much as they were able. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA2005) and applied their knowledge appropriately. There was a Mental Capacity policy and procedure for staff to follow to assess

whether people had the capacity to make decisions for themselves.

People received care from staff who had the appropriate skills and knowledge to meet their needs. All staff had undergone the provider's induction and mandatory training before working with people.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The provider and registered manager were visible and accessible to people, their relatives and staff; people had confidence in the way the service was run. There was a clear vision that was person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment procedures needed to be strengthened to ensure the suitability of staff to work at the service.

Staffing levels ensured that people's care and support needs were safely met.

People appeared comfortable and relaxed with staff. Staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received care from staff that had received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these.

People were supported to be involved in decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people and staff.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

Relatives of people using the service knew how to raise a concern or make a complaint and a system for managing complaints was in place.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and they were active and visible in the service.

The quality and safety of the service was effectively monitored and actions were completed in a timely manner.

Relatives of people using the service and staff were confident in the management of the service.

Hallmark Supported Living

Detailed findings

Background to this inspection

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

This inspection took place on 28 September and 2 and 19 October 2017. The inspection was announced and was undertaken by one inspector. The provider was given notice because the location provides care for people in their own homes; we needed to be sure that the registered manager and staff would be available to support the inspection.

Prior to the inspection the registered manager had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted 'Healthwatch' in Northamptonshire. Healthwatch is an independent consumer champion for people who use health and social care services.

During this inspection people were not able to communicate with us about their experiences of support from the service, but we were able to speak with two of their relatives on the telephone; we also visited two people at home. We visited the office location and spoke with the registered manager and spoke with a team manager, one team leader and three support workers on the telephone. Following the inspection visit, we received further positive feedback from relatives that we had spoken with during the inspection.

We looked at care records relating to two people. We looked at the quality monitoring arrangements for the service, three records in relation to staff recruitment, as well as records related to staff training, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

Staff recruitment processes needed to be strengthened and care taken to ensure that these consistently provided assurance that staff were of sufficiently good character to work in the service. Although criminal record checks were carried out before staff were allowed to work with people the provider had not consistently obtained two written references for all new members of staff. This was discussed with the registered manager, who explained that it had been difficult to obtain two written employment references for some staff. They recognised the risks involved and agreed to implement a risk assessment and procedure to clarify the action to be taken when references were not forthcoming for new staff. Although the provider took immediate action to rectify the issues identified by us at the time of inspection, their recruitment practice has not been embedded.

People were supported by a staff team who were committed to ensuring people were cared for safely. One person's relative said, "We would change nothing about the service provided to [Person's name], we know they are well looked after, we can go away and have a break and not worry about them as we know they're safe." We visited two people at home and observed that people were comfortable and relaxed with the staff supporting them.

Staff were knowledgeable about safeguarding and had a clear understanding of the signs of harm they would look for. Safeguarding policies and procedures were in place and information regarding local safeguarding procedures was accessible to staff. Staff were aware of these procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed abuse. One member of staff said, "I would report any concerns to management or CQC." The registered manager had responded promptly and appropriately to any allegations of abuse.

There were systems in place to ensure that people received their prescribed medicines safely. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration. Medicines administration records (MAR) were clear and detailed individual medicines care plans were in place for people. One person required a rescue medicine to be administered on an as required basis and staff had been provided with appropriate training to enable them to administer this appropriately and safely. The medicines policy covered receipt, storage, administration and disposal of medicines.

People had an allocated team of staff in order to provide them with effective continuation of care and there were enough staff to keep people safe and enable them to take part in activities. Staff deployment was directed by the needs of the people using the service, for example where people required staff on a two to one basis this was consistently provided. There was an on call system in place to deal with any unplanned staff absences and managers were on hand to cover shifts if no other cover was available.

People had detailed plans of care in place to provide guidance to staff in mitigating known risks to people's safety. The staff we spoke with were knowledgeable about the steps that they should take when supporting people to maintain their safety. For example staff described the specific risks that they needed to be aware

of with regards to people's physical abilities and the way in which they adapted their support to mitigate any risks. One member of staff said "Falls are a very big risk for the person I support, equipment is in place and staffing is adjusted to minimise the risk of them falling whilst making sure they get to do the things they want to do." People had individual risk assessments that were cross referenced to their care plans and their representative told us that the content of these had been shared with them. The care plans guided staff how to support people to take part in the activities they enjoyed in a safe way and covered all aspects of their lives; for example personal safety, behaviour and their environment. People had personal evacuation plans in place to inform staff how to support them safely in an emergency.

Good

Is the service effective?

Our findings

People received support from staff that had undergone a period of induction which enabled them to acquire the skills and knowledge they required to provide appropriate care. Staff did not work with people on their own until they had completed the provider's mandatory training and had completed sufficient shadow shifts to ensure that they felt confident to undertake the role. All staff undertook training based on the Care Certificate, which includes mandatory training such as equality and diversity and person centred support. The Care Certificate is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People were supported by staff that had received training to meet their specific needs. For example where people were diagnosed with epilepsy, the provider ensured that staff with the relevant training were deployed to provide their support. One member of staff said, "The training I've had has given me confidence to support [Person's name] properly. I understand the risks and know what to do." There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff were supported to carry out their roles through regular supervision and were able to gain support and advice from the team manager's and the registered manager as necessary. Supervision meetings were used to discuss staff support needs and training requirements. Staff told us that they were happy with the level of support available to them. One member of staff said, "I have had supervision regularly, it's with the team manager or registered manager; it's helpful to talk through how things are going."

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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.

The provider and staff were aware of their responsibilities under the MCA code of practice. People's care plans contained assessments of their capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. Staff asked people for their consent when supporting them and people were involved in decisions about the way their support was delivered.

People were supported to have sufficient food and drink. People's needs with regards to eating and drinking were regularly assessed and plans of care were in place to mitigate identified risks. Staff were aware of people's nutritional needs and followed the advice of health care professionals when supporting people with eating and drinking. For example one person required a modified diet and staff ensured that they were provided with a choice of food that was the appropriate consistency.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. People's relatives told us that staff promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on instructions. One person's relative said, "[Person's name] is prone to chest infections, staff monitor them closely for this and any sign they are unwell they get an appointment with the GP." People were also supported with routine appointments with health and social care professionals, for example epilepsy specialist, optician and speech and language therapy. Staff prepared for review meetings with health care professionals by preparing a detailed overview of the information they required. For example graph presentations, which provided an overview of seizures or falls that people had experienced.

Good

Is the service caring?

Our findings

People were cared for by a team of staff who knew them well and who had an in-depth understanding of their care and support needs. Relationships between people and the staff team were warm and caring. People's relatives felt that staff supported their family members in a positive way. One person's relative said, "[Person's name] has a really good care team, they are really attentive. Friends have even rung me when they have seen [Person's Name] out with staff to say how attentive and kind they are."

Staff were employed specifically to meet individual people's needs and worked on a consistent basis with them. One person's relative said, "[Person's name] has their own small team of carers and they look after them very well." We saw that staff were very caring and supportive and that staff were committed to looking after people in an individualised way. One member of staff said, "It's very individualised how [Person's name] is supported, we know them very well and they benefit from having their own living space."

Staff supported people in a positive, person centred way and involved them as much as possible in day to day choices and arrangements. Staff knew about people's life histories and the people and things that were important to them; One person's relative said, "The staff support [Person's name] to visit [family members] regularly and that's really important to them." Another person's relative told us, "The staff always send us photos when [Person's name] has been out and about, it's lovely to see what they've been doing."

Staff had a good understanding of people's communication needs and understood the significance of different words, and behaviours. Staff listened to and observed people to understand what they wanted. Staff supported one person to choose food and drink by using pictures and photos of food they like and encouraging them to choose. Staff had worked with the speech and language therapist to support another person with their communication, using pictures as a reference when the person was having difficulty making a choice. They were working with the person to improve their ability to verbalise their choices, using pictures as a prompt.

There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff. This information had been developed over time as staff had observed and monitored people's responses to different situations and activities. The registered manager was aware of the importance of advocacy for people who required support with making choices and decision making. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). They were aware of how to access advocacy services on behalf of people and this information was available to staff working with people.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. One member of staff said, "We keep written information private and would never talk about the person with people who don't need to know."

People's dignity and right to privacy was protected by staff. Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to

these in a person centred way. For example they told us how they used positive language to encourage people to maintain their independence.

Good

Is the service responsive?

Our findings

The provider met and assessed people's needs before they received a personal care service. This enabled them to understand people's individual support needs and determine whether the service could meet these. Assessments and care plans were then devised to assist staff to provide care and support that would meet people's needs and expectations.

Care and support was planned and delivered in line with people's individual preferences, choices and needs. One person's relative said, "The staff know [Person's name] so well, their behaviour can be unpredictable but staff understand them and can usually pre-empt any problems." Detailed person centred care plans were up to date, reviewed as needed and contained information about people and their preferences. They covered areas such as people's individual preferred routines, diet and nutrition and communication needs. People received care that corresponded to their care plans and staff were able to describe how they followed these in practice. For example one member of staff described in detail how one person experienced regular seizures, they emphasised the importance of staff supporting the person in a consistent way.

Where people were not able to be involved in planning their care, their representative had been consulted on their behalf. People's relatives told us that they had been involved in producing people's plans of care and that regular reviews were held to ensure that the information was up to date. One person's relative said, "We've been involved in all aspects of [Person's name's] care plan and have a review every couple of months. But it depends on how they are and if a review is needed sooner it is arranged." Relatives were contacted promptly if staff had concerns about the wellbeing of a person.

Staff with the appropriate experiential knowledge to meet people's individual needs were allocated to provide their care. Staff adapted their approach to best suit the person they were providing care to and used objects of reference to support people to make choices. Staff described how it was important to have an in depth knowledge of people's routines and to be consistent, as changes could confuse people, causing anxiety and impacting on their behaviour. People's care was co-ordinated by team managers that knew them well as they also provided direct care and support and carried out supervisions and audits at people's homes.

People were supported to go on holidays and day trips and take part in a number of social activities that they enjoyed. One person's relative said, "[Person's name] does so many different things, they have a fulfilled life." Staff encouraged people to do the activities that they chose and were knowledgeable about people's preferences and choices. One member of staff said, "[Person's name] has lots of options, there is a plan of activities, but also its whatever they want to do on the day." Activities were combined to provide people with a therapeutic mix that met both their support and leisure needs. For example, all people supported by Hallmark Supported Living attended regular Hydro Therapy sessions.

People's relatives said that they knew who to speak to if they were unhappy with any aspect of the service. Comments and feedback about the service had been listened to and acted on promptly by the provider.

One person's relative said, "We're very happy, but we know any little niggles we can just meet up with [Registered Manager] and they will be resolved." A complaints procedure was available for people who used the service explaining how they could make a complaint and staff knew how to respond to complaints. The provider had regular contact with people who used the service and responded promptly to any concerns that were raised so that they did not escalate.

Good

Is the service well-led?

Our findings

People were not able to speak with us about their experiences of care and support so we asked their relatives about their views of the service. Relatives said that they were happy with how the service was managed and the service that people received. One person's relative said, "[Registered Manager] is very accessible and we are very happy with how [Person's name's] support is provided."

The provider had a process in place to gather feedback from people and their relatives and met with them regularly to gather their views of the service being provided. Service user meetings were held individually and facilitated using communication aids by staff that knew people well. The meetings were recorded and people were asked about their experiences of the service, whether they were happy with how staff supported them and whether there were things they wanted to change. The records of these meetings were monitored by the registered manager and action taken in response to people's feedback when required.

The registered manager demonstrated an awareness of their responsibilities for the way in which the service was run on a day-to-day basis and for the quality of care provided for people using the service. Staff were confident in the managerial oversight and leadership of the management team and found them to be approachable and friendly. They told us that they felt able to approach the registered manager and team managers for support, advice and guidance about all aspects of their work. One member of staff said, "We can always go to [Registered Manager] or [Team Manager] if we are unsure about something or need extra support."

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. One member of staff said, "We aim to provide the very best care that we can for our clients, we have high standards." Staff were provided with up to date guidance on people's care and support needs and were focussed on ensuring each person's needs were met. The culture within the service focussed on supporting people's health and well- being in a way that enabled them to be as independent as possible. Staff were familiar with the philosophy of the service and the part they played in delivering the service to people.

Staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive culture, with discussions about staff supervision, documentation and people's support needs. The provider had recently undertaken an anonymous survey with staff and was currently collating the feedback.

Quality assurance processes were in place and overseen by the provider and registered manager. Quality assurance audits considered key areas of the service such as care documentation, medicines and people's finances. We observed that where shortfalls were identified action was taken and that improvements were monitored closely by the provider.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such

as safeguarding people and mental capacity. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company.