Hallmark Care Homes (Tunbridge Wells) Limited

Chamberlain Court

Inspection report

77 Mount Ephraim
Tunbridge Wells
Kent
TN4 8BS

Tel: 01892618773
Website: wwwhallmarkcarehomes.co.uk

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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?	Good

Summary of findings

Overall summary

We inspected the service on 11 and 12 July 2018. The inspection was unannounced. This was our first inspection since the service was registered on 19 July 2017.

Chamberlain Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Chamberlain Court is registered to provide accommodation, nursing and personal care for 72 older people and younger adults who live with dementia and/or who have physical or sensory adaptive needs. There were 38 people living in the service at the time of our inspection visit. The accommodation was provided on three floors. On the ground floor 22 people could live in Balmoral Community. On the first floor 27 people could live in Sandringham Community and Kensington Community on the second floor could accommodate 23 people.

The service was run by a company who was the registered provider. During the inspection visit the company was represented by two of their senior managers who were the care quality governance and compliance director and one of the regional directors. There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

People were safeguarded from situations in which they may experience abuse including financial mistreatment. People received safe care and treatment and they had been helped to avoid preventable accidents while their freedom was respected. Medicines were managed safely. There were enough nurses and care staff on duty and background checks had been completed before new staff had been appointed. Suitable arrangements were in place to prevent and control infection. Lessons had been learned when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included respecting people's citizenship rights under the Equality Act 2010. People were supported to eat and drink enough to have a balanced diet. Suitable steps had been taken to ensure that people received coordinated care when they used or moved between different services. People had been supported to access any healthcare services they needed. The accommodation was exceptionally well designed, adapted and decorated and met people's needs and expectations.

People were supported to have maximum choice and control of their lives. In addition, the registered

persons had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible.

People were treated with kindness and they were given emotional support when needed. They had also been helped to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was managed in the right way and kept private.

People received person-centred care that promoted their independence. This included them having information presented to them in an accessible way. People were offered a range of innovative opportunities to pursue their hobbies and interests. The registered persons and care staff recognised the importance of promoting equality and diversity. This included appropriately supporting people if they adopted gay, lesbian, bisexual, transgender and intersex life-course identities. Suitable arrangements were in place to resolve complaints in order to improve the quality of care. People were supported at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager and the registered persons had made the necessary arrangements to ensure that regulatory requirements were met. People who lived in the service, their relatives and members of staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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 were safeguarded from the risk of abuse.

People received safe care and treatment

Medicines were safely managed in line with national guidelines.

There were enough nurses and care staff on duty to promptly give people all of the care they needed.

Background checks had been completed before new nurses and care staff were appointed.

People were protected by the prevention and control of infection.

Lessons had been learned when things had gone wrong.

Is the service effective?

Good

The service was effective.

Care was delivered in line with national guidance and care staff had received training and support.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access ongoing healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

The accommodation was exceptionally well designed, adapted and decorated and met people's needs and wishes.

Is the service caring?

Good

The service was caring.

People received person-centred care and were treated with kindness and respect.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were promoted.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People were supported to pursue their hobbies and interests.

Equality and diversity were promoted including supporting people to meet their spiritual needs and to follow life-course identity choices.

Suitable provision had been made to listen and respond to people's concerns and complaints in order to improve the quality of care.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well led.

There was a registered manager and the registered persons had ensured that care staff understood their responsibilities so that risks and regulatory requirements were met.

There were systems and processes to monitor the quality of the service and to consult with people about its development.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Chamberlain 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 persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 11 and 12 July 2018 and the inspection was unannounced. The inspection team consisted of three inspectors.

During the inspection we spoke with 12 people who lived in the service and with three relatives. We also spoke with five care staff and three senior care staff one of whom was the dementia care lead. In addition to this we spoke with two nurses, two lifestyle leads (activities managers), one of the chefs, a housekeeper, the maintenance manager and the customer relations manager. We met with the deputy manager who was also the clinical services manager, registered manager, care quality governance and compliance director and a regional director. We observed care that was provided in communal areas on each of the floors and looked at the care records for eight people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we 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 speak with us.

After the inspection visit we spoke by telephone with a further four relatives.

Good

Is the service safe?

Our findings

People told that they felt safe living in the service. One of them said, "As far as I'm concerned I'm lucky to be here as this place is new and top-notch." A person who had special communication needs smiled broadly when we used sign assisted language to ask them about their experience of living in the service. Relatives were also confident that their family members were safe living in the service. One of them said, "I never worry about my mother as the staff are very attentive, polite and helpful."

People were safeguarded from situations in which they may experience abuse. Records showed that nurses and care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. Examples of this included the service being fitted with a range of specialist hoists that were necessary to enable people to transfer safely. Another example was the accommodation being fitted with a passenger lift that gave step-free access around the accommodation. Other examples were hot water being temperature controlled and radiators being fitted with guards to reduce the risk of scalds and burns. The service was equipped with a modern fire safety system that was designed to enable a fire to be quickly detected and contained so that people could be moved to safety. Furthermore, people were receiving harm-free care. This included being supported in the right way to keep their skin healthy and being helped to avoid risks that were associated with particular healthcare conditions.

Nurses and care staff were able to promote positive outcomes for people if they became distressed. When this occurred nurses and care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not remember when they were next due to receive a visit from one of their relatives. The person was becoming anxious and loud in their manner. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. They gently reminded the person about when their relative usually visited by pointing to a calendar. This indicated that their relative usually called to the service at the weekend. The information reassured the person who became settled and relaxed.

Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. Medicines were only dispensed by staff who had been trained and who the clinical services manager had assessed to be competent in this role. There was writtten guidance giving nurses and care staff information about factors such as a person's allergies and any special instructions about using medicines received from doctors. We saw medicines being dispensed in the right way and records showed that people had been given the right medicines at the right times.

The registered persons had developed a management tool to establish how many nurses and care staff

needed to be on duty at each point of the day. Records showed that sufficient nurses and care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered persons. There was always at least one nurse on duty who was supported by a variable number of care staff. During our inspection visit we saw that there were enough nurses and care staff on duty because people promptly received all of the care and individual support they needed. People who lived in the service and most relatives considered that routinely there were enough nurses and care staff on duty.

Records also showed that a suitable number of other staff were deployed in the service. These members of staff included lifestyle leads (activities managers), housekeepers, the laundry manager, chefs and the maintenance manager.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. References had also been obtained from people who knew the applicants. These measures had helped to establish the applicants' previous good conduct and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. These included the registered persons assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. The accommodation had a fresh atmosphere throughout. Soft furnishings, beds and bed linen had been kept in a hygienic condition. Nurses and care staff recognised the importance of preventing cross infection. They wore clean uniforms and regularly washed their hands using anti-bacterial soap. They also used disposable gloves and tabards when assisting people with close personal care.

There were systems and processes to enable lessons to be learned and improvements made if things went wrong. This included the registered persons carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent the same things from happening again. When necessary advice had been obtained from healthcare professionals about how best to reduce the likelihood of people falling and being injured.

Good

Is the service effective?

Our findings

People told us that they were confident that the nurses and care staff knew what they were doing and had their best interests at heart. One of them remarked, "I get on very well with the nurses and the carers. They're all kind to me and so I don't mind asking if I need help." Another person remarked, "Even if the staff are very busy they'll get round to you as soon as possible and when they do they're not rushing. It's like you're the only person in the place." Relatives were also confident about this matter. One of them said, "The staff are very good because they understand my mother. I like knowing that there's a qualified nurse always on duty because my mother does have complicated healthcare needs and these have to be dealt with in the right way."

Robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the registered manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the registered persons carefully establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

New nurses and care staff had received introductory training before they provided people with care. In the case of care staff, this included completing the Care Certificate if the member of staff did not already have a recognised qualification. The Care Certificate is a nationally recognised system for ensuring that new care staff know how to care for people in the right way. Nurses and care staff had also received on-going refresher training to keep their knowledge and skills up to date. The subjects included how to safely assist people who experienced reduced mobility and how to support people to promote their continence. The nurses also received additional training to develop their clinical skills. Nurses and care staff had also received individual support from their line manager in regular supervision meetings. We found that nurses and care staff knew how to care for the people who lived in the service. This included helping people to manage healthcare conditions in the right way and supporting people to keep their skin healthy.

People told us that they enjoyed their meals. One of them remarked, "The food here can only be described as excellent." Another person said, "The dining rooms are like being in an up-market restaurant. The tablecloths are spotless, best quality cutlery and crockery and if you want you can have wine, sherry or beer with your meals." We found that people were being supported to eat and drink enough to maintain a balanced diet. The menu showed that there was a choice of dish served at each meal time. The meals that we saw served at lunchtime were attractively presented and the portions were a reasonable size. On each floor there was a café area where people could serve themselves with hot and cold drinks, biscuits and snacks.

Records showed that people had been offered the opportunity to have their body weight measured. This was so that any significant changes could be noted and referred to a healthcare professional. There were

also systems and processes in place to enable nurses and care staff to identify if a person needed to be referred to healthcare professionals because they were at risk of choking. This was so that nurses and care staff could receive advice about how best to support them including specially preparing their food and drinks so that they were easier to swallow.

Suitable arrangements were in place to ensure that people received effective and coordinated care when they were referred to or moved between services. These included there being arrangements for nurses and care staff to prepare written information for each person that was likely to be useful if they needed to be admitted to hospital. Another example of this was the registered persons offering to make arrangements for people to be accompanied to hospital appointments so that important information could be passed on to healthcare professionals.

People were supported to live healthier lives by receiving ongoing healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

Suitable provision had been made to ensure that people were fully protected by the safeguards contained in the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the legislation. The authorisation 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 legislation. When appropriate, suitable arrangements had been made to obtain people's consent to the care and treatment they received. This included the registered manager, nurses and care staff consulting with people who lived in the service, explaining information to them and seeking their informed consent. In addition to this, suitable arrangements had been made to respond appropriately when a person lacked mental capacity to make certain decisions. This included consulting with healthcare professionals and with relatives who knew the person well and so who could contribute to making decisions that were in their best interests.

The registered persons had correctly made the necessary applications for DoLS authorisations for a number of people who lived in the service. This was because they lacked mental capacity and in practice their freedom was being restricted in order to keep them safe.

The accommodation was exceptionally well designed and adapted and met people's needs and expectations. A relative told us that they were, 'Blown away with how much effort and money had been put into making the service like a five star hotel." There was sufficient communal space to enable people to move about in safety and comfort. Lounges, bathrooms and hallways were equipped and decorated to make them comfortable spaces. People had their own bedrooms that were laid out as bed sitting areas. Each bedroom had a private bathroom. The garden on the ground floor was easy to access with paths and well maintained flowerbeds. There was an aviary in the middle of the garden. There was also an elevated patio garden that could be directly accessed by people who lived on the upper floors.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "I like it here not just because the accommodation is so plush but also because the staff are who they are. From the start they made me feel welcome and special." We saw a person who had special communication needs holding hands with a member of care staff with whom they danced as they both made their way along a hallway. Relatives were also positive about this matter. One of them remarked, "When I've called to the service I've seen people being treated with courtesy and respect." Another relative remarked, "The first thing I noticed when I arrived at the service with my mother was how the staff spoke with us. They all automatically knelt down to speak with my mother at her level and I knew that I'd made the right decision."

The registered persons had provided the nurses and care staff with the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person who was resting in their bedroom. The member of staff chatted with them about the plants they could see in the garden. We heard the person reflecting on an earlier time in their life when they had been a keen gardener and the flowers they had most enjoyed growing.

People's privacy, dignity and independence were respected and promoted. The nurses and care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be secured when the rooms were in use. Nurses and care staff knocked and waited permission before going into bedrooms, toilets and bathrooms. They also covered people up as much as possible when giving close personal care so that it was provided in a discreet way.

Nurses and care staff were considerate and we saw that the customer relations manager had made a special effort to welcome people when they first moved into the service. This was done so that the experience was positive and not too daunting. The arrangements included asking family members to bring in items of a person's own furniture so that their family member had something familiar in their bedroom when they first arrived. Furthermore, records showed that the nurses and care staff had asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night and whether they wanted to have their bedroom door closed or left ajar.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most of them had family, friends or solicitors who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. We also noted that the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

People told us that they could speak with relatives and meet with health and social care professionals in

private if this was their wish. Records also showed that nurses and care staff had assisted people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was managed in the right way and kept private. Written records which contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People told us that the nurses and care staff provided them with all of the assistance they needed. One of them said, "These days I need a lot of help but that's fine with the nurses and care staff. They know me and what help I need and it's no bother for them." Relatives were also positive in their comments with one of them remarking, "Whenever I call to see my mother she is neatly dressed as she has always been and well in herself. I can see how well she is cared for."

People received personalised care that was responsive to their needs. This included their right to have information presented to them in an accessible manner. Records showed that nurses and care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included responding to their physical adaptive needs, supporting them to maintain their personal hygiene and helping them to manage healthcare conditions.

People were offered a range of innovative opportunities to pursue their hobbies and interests and to enjoy taking part in a range of social activities. There were three lifestyle leads who were present in the service on each week-day. They organised small group activities such as gentle exercises, quizzes, artwork and baking in each of the communities. They also supported people to enjoy individual activities such as looking through family photographs, reading and spending time in the gardens. People were also being helped to be out and about in the local community visiting places of interest. Records showed that a number of entertainers called to the service to play music. All in all there was a lively and engaged atmosphere in the service that promoted people's wellbeing.

Nurses and care staff understood the importance of promoting equality and diversity. People could meet their spiritual needs by attending a religious ceremony if they wished to do so. The registered manager, nurses and care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

There were robust arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. These included informing people in an accessible way about their right to make a complaint and how to go about it. There was also a procedure for the registered manager and care quality, governance and compliance director to follow to ensure that complainants were kept informed about how their concerns were being addressed. Records showed that the registered persons had not received any formal complaints since the service was registered.

The registered persons had made suitable provision to support people at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people, their relatives and the community leader to establish how best to support a person when they approached the end of their life. A

part of this involved clarifying each person's wishes about the medical care they wanted to receive and about how they wished their life to be celebrated.

Good

Is the service well-led?

Our findings

People considered the service to be well run. One of them told us, "I do indeed think that this place is very well run. It's a big place to manage but it seems to be organised and the staff know what they're doing." Most relatives were also complimentary about the management of the service. One of them remarked, "I have no concerns at all about the management of the service. The manager is often around and she's friendly and always willing to listen."

There was a registered manager in post and the registered persons had promoted a person-centred culture that had resulted in the service complying with regulatory requirements. Records showed that the registered persons had correctly told us about significant events that had occurred in the service. This is important so that we can promptly check that people are being kept safe. The registered manager told us that they would immediately display the quality ratings we have given the service as a result of this inspection. This is necessary so that everyone knows how well the service is meeting people's needs for care.

There were systems and processes to help care staff to be clear about their responsibilities. This included there being a nurse who was in charge of each shift. Arrangements had also been made for a senior member of the leadership team to be on call during out of office hours to give advice and assistance to care staff should it be needed. Nurses, care staff and ancillary staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This helped to ensure that nurses and care staff were suitably supported to care for people in the right way. Furthermore, care staff had been provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

Nurses and care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The registered persons had made suitable arrangements to enable the service to learn, innovate and ensure its sustainability. They had regularly completed quality checks to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed.

People who lived in the service and their relatives had been invited to make suggestions about how the service could be improved. We saw that action had been taken to act upon any feedback that had been received. An example of this was changes that had been made to the menu so that it better reflected people's changing preferences.

The service worked in partnership with other agencies to enable people to receive 'joined-up' or integrated

care. This included subscribing to a number of nationally recognised schemes that are designed to promote and develop new ways of supporting people who live with dementia. In pursuit of this the service had established a 'home improvement team' formed of the dementia care lead, one of the lifestyle leads and various staff from other departments. Records showed that the team was focusing upon devising, implementing and evaluating new ways of supporting the people concerned. An example of this was changes that had been made to the calendar of social activities. These changes had been made based upon an assessment of how much each person had enjoyed and been engaged by the activities they had been offered.