Hallmark Care Homes (Rugby) Limited

Anya 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?	Good

Overall summary

We inspected Anya Court on 6 May 2015 as an unannounced inspection. This was the first time the service had been inspected.

Anya Court is divided into three separate floors and provides personal and nursing care for up to 70 older people, including people living with dementia. There were 23 people living at Anya Court when we inspected the service.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was not a registered manager in post at the time of our inspection. The previous registered manager had left in March 2015. The provider had appointed a general manager to manage the service whilst a new registered manager was recruited. Recruitment was taking place in a timely way. The general manager is referred to as 'the manager' in the body of this report.

Summary of findings

There were enough staff available to safeguard the health, safety and welfare of people. Staff were given induction and training so they had the skills required to meet the needs of people living at the home.

People were protected against the risk of abuse as the provider took appropriate steps to recruit staff of good character, and staff knew how to protect people from harm. The provider had appropriate policies and procedures so staff understood how to report allegations of abuse.

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

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

Care staff treated people with respect and dignity, and supported people to maintain their privacy and independence.

People made choices about who visited them at the home. This helped people maintain personal relationships with people in their community. People were supported to take part in interests and hobbies that met their preference.

People knew how to make a complaint if they needed to. Complaints were fully investigated and analysed so that the provider could learn from them.

People who used the service and their relatives were given the opportunity to share their views on how the service was run. Quality assurance procedures identified where the service needed to make improvements, and where issues had been identified the manager took action to continuously improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe living at the home. There were enough staff available to protect people from harm. People were protected from the risk of abuse, as staff knew how to safeguard people from abuse. The provider recruited suitable staff to support people. Medicines were administered safely.

Good

Is the service effective?
The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected; decisions were made in their 'best interests' in consultation with health professionals.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and kindness. Staff knew people well, and respected people's privacy and dignity. Staff supported people to maintain their independence.

Good

Is the service responsive?
The service was responsive.

People were supported to take part in interests and hobbies that met their preference. People were able to raise complaints and provide feedback about the service. Complaints were analysed to identify any trends and patterns, so that action could be taken to make improvements.

Good

Is the service well-led?
The service was well led.

The manager was accessible to people who used the service, their relatives, and members of staff. People were asked for their feedback on how the service could be improved. Quality assurance procedures identified areas where the service could improve, and the manager took action to enhance the service.

Good

Anya Court

Detailed findings

Background to this inspection

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

This inspection took place on 6 May 2015 and was unannounced. The inspection was conducted by two inspectors.

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

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who lived at the home, five relatives, seven members of care staff, the chef, the general manager and the deputy manager at the home.

We looked at a range of records about people's care including seven care files. This was to assess whether the information needed and the care offered to each person was available.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service.

We looked at personnel files for three members of staff to check that suitable recruitment procedures were in operation, and that staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at the home. One person told us, "I like it here." Another person told us, "Staff are marvellous, I feel safe in the home." One relative told us, "We don't have to worry about the care at all."

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding and whistleblowing. Staff were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse. Staff told us they were comfortable with raising any concerns they had with the manager, and were confident that they would be protected by the manager under whistleblowing procedures. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. They kept us informed with the outcome of the referral and actions they had taken. The provider took appropriate action to protect people.

Staff told us and the records confirmed suitable recruitment procedures were in place which included checks into the character of staff and volunteers before they started working at the home. This was to ensure they were safe to work with people.

The manager had identified potential risks relating to each person who used the service, and plans had been devised to protect people from harm. Risk assessments were detailed, up to date, and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person was at risk of increased difficulty with breathing. There were plans for staff to follow to check the person was sitting up in bed to assist their breathing. This was to ensure the risk to their health was minimised.

Risk assessments were in place to manage risks within the home. These assessments detailed risks such as fire and flood which could affect the running of the service. Emergency plans were in place to manage the identified risks, for example, what action staff needed to take in the event of a fire. There were clear instructions for staff to follow, so that the disruption to people's care and support was minimised.

Most of the people we spoke with, and their relatives told us there were enough staff available to care for people safely. However, one person told us, "There are not enough staff at night, on one occasion I needed to wait more than half an hour for assistance." They added, "The day staff come straight away." Staff we spoke with told us there were enough staff on each shift, including nights, to care for people safely. One member of staff told us, "We work together and help each other to get things done, it's teamwork. Everyone pulls their weight." Another member of staff said, "There are enough staff on the shift, but we could do with more staff numbers, as sometimes we need to work more hours than we want." We asked staff whether the numbers of staff was impacting on the care people received, they told us it was not. One member of staff told us, "The way we treat the residents is good. The lack of staff numbers is not impacting on residents at all." We observed the support offered to people in the communal areas of the home. We saw there were adequate numbers of staff available at all times to care for people safely and meet people's care needs.

We asked the manager how staff numbers were determined in the home. The manager told us assessments of people's needs and abilities were used to create a dependencies score. For example, the more assistance a person needed with dressing and eating, the higher their dependency score. The manager explained the dependency scores were used to determine the numbers of care staff required at the home to care for people effectively and safely. The dependency tool showed there were enough staff employed on each shift to meet people's needs. The manager also conducted audits of how long staff took to answer call bells, to make sure people were receiving care in a timely manner. The manager was confident there were enough staff available to meet people's needs safely. The manager had identified a number of vacancies within the home. The manager explained the numbers of permanent staff needed to be increased to offer more flexibility in staff rotas. A recruitment campaign was underway, and we saw interviews were taking place on the day of our inspection.

We observed a medicine administration round. Staff who administered medication were trained to administer medicines safely. People were given their regularly prescribed medicine at the right time of day. Medicines were stored safely. There was a protocol in place for

Good

Is the service safe?

administering medicines prescribed on an 'as required' (PRN) basis to protect people from receiving too little, or too much medicine. People received their prescribed medicines safely.

Good

Is the service effective?

Our findings

We spent time with people during the lunchtime period. People enjoyed the food on offer. One person told us, "The food's nice." Another person said, "I really like the homemade soup." A third person told us, "The food is excellent, I've put on weight since coming here." The kitchen catered for people with specialist diets, for example, offering a choice of gluten free and dairy free food, or food for people on a 'soft' diet. People were provided with a menu, and ordered their food at each mealtime. People were also shown a selection of food so they could visually see what they wanted to eat. Staff told us, "Meals are prepared to order."

People were offered drinks and snacks throughout the day, which helped people maintain their health. Staff offered people a range of drinks, such as tea, water and milk. Staff waited for a response from people regarding their preference before preparing their drink. Staff supported people who needed assistance with drinking or eating, and made sure people had the specialised equipment they needed, without being prompted. This helped people to maintain their independence, and demonstrated staff knew people well.

Some people ate their meal in the dining room, and other people ate in their room. Staff encouraged people to eat at their own pace and waited for clear signals that people had finished their main meal before offering them dessert. Staff spent time with people encouraging them to eat. Where people needed to receive a specific amount of food or fluid to maintain their health, records showed people had their food and fluid intakes monitored by staff. This minimised the risk to people's health. For example, one person had their food and fluid intakes recorded to ensure they were eating and drinking enough. The fluid and food charts were consistently completed by staff and were audited each day to check the person was receiving the amount of food and fluid they needed. People were offered nutrition that met their health needs, and their preferences.

People told us staff had the skills they needed to meet their needs. Staff told us they received an induction when they started work which included shadowing an experienced member of staff, and training courses tailored to meet the needs of people living at the home. The manager explained they used a recognised induction programme designed by Skills for Care. Skills for Care is an organisation that provides information to employers, and sets standards for people working in adult social care. The induction standards were based on a 12 week programme of training to ensure staff had the skills they needed before they worked independently. Staff told us in addition to completing the induction programme they had a lengthy probationary period and were regularly assessed to check they had the right skills and attitudes for the people they supported.

Staff told us that each member of staff also received an individual training programme tailored to their specific job role. For example, senior staff received training in medicine administration. Staff had their skills checked through supervised observation after undergoing training, for example, in manual handling techniques. Staff told us the manager encouraged them to keep their training and skills up to date. The manager maintained a record of what training each member of staff had undergone, and when training was due to be renewed. The manager organised training courses on a range of topics and techniques so that staff had the skills they required to meet people's needs. One staff member told us, "I'm happy with the training." Another staff member said, "I am able to request more training if I want."

Staff used their training to assist people effectively. For example, staff used appropriate moving and handling equipment and techniques when they assisted people. We saw one person being moved using a hoist and handling belt. Staff explained to the person what they were intending to do, and offered the person reassurance. The transfer was completed safely.

Staff told us they were supported in their role through regular supervision meetings, and observed practice. Regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements. They also enabled the manager to monitor the performance of staff, and discuss any areas for improvement.

We reviewed how the provider was meeting the requirements of The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). These set out principles to ensure decisions are made in people's best interests when they are unable to make decisions for themselves. The manager was able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation. Records confirmed mental

Good

Is the service effective?

capacity assessments were completed when people could not make decisions for themselves. Where people could not make decisions, decisions had been made in their 'best interests' in consultation with health professionals. The manager reviewed each person's care needs to ensure people were not unlawfully deprived of their liberties. Six people had a DoLS in place at the time of our inspection which had been authorised by the local authority. This meant the manager understood their responsibility to comply with the requirements of the Act.

Staff we spoke with had completed training on MCA and DoLS and were able to tell us the action they would take if a person's capacity to make decisions changed. Staff gave examples of when they had applied the principles of the MCA to protect people's rights. For example, asking for people's consent, and making decisions for people in consultation with other staff, professionals and relatives if people could not make decisions themselves. We saw staff asked for people's consent before they assisted them during the day. One member of staff told us, "If people decline treatment or care, we need to respect their wishes, but we can go back later and ask them again."

Staff told us they were confident they delivered effective care to people because they were kept up to date on changes in people's care needs daily. One staff member told us, "The handover is really useful, especially if there's been a change in a person's health." Staff explained how they handed over key information to staff coming on the next shift. We saw this was conducted verbally, and also a daily handover sheet was prepared. Information was shared about changes in people's health or care needs, or any special arrangements for the day. We were able to view the daily handover file and saw this was kept up to date so staff who missed the meeting could review the information.

We looked at the health records of people who used the service. Each person was supported to attend regular health checks. Care records included a section to record when people were visited, or attended visits, with healthcare professionals. For example, people were able to see their GP, speech and language therapist, mental health practitioner, dietician and dentist where a need had been identified. One relative said, "I find it such a relief, they keep us informed about GP visits."

Another relative told us, "The GP came yesterday to visit [Name] and made sure their health was being monitored." This meant people were supported to maintain their health and wellbeing through access to healthcare professionals.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with respect and kindness. One person said, “Staff are friendly and can’t do enough for you.” Another person said, “They all do a wonderful job. They [staff] are brilliant.” A third person told us, “Staff are so caring, nothing is too much for them.”

Relatives told us they were happy with the care their loved ones received. One relative said, “I have no concerns about [Name’s] care, staff are delightful and friendly.” Another relative said, “The staff are helpful and can be very kind.”

Staff told us they enjoyed working at the home and spending time with people. One staff member told us, “We’ve got some fantastic residents, I really enjoy working here.”

People told us they could choose how to spend their time, and staff supported them to make everyday decisions. One person explained they could get up and go to bed when they wished. They said, “Staff respect my wishes.” The home had a number of communal areas where people could spend their time. This included lounge areas, dining rooms, a cafe, cinema, a celebration room, therapy room, hairdressers, and outside garden and patio areas. Some people spent their time in the communal areas, and other people chose to stay in their room. People went out in their local community. We saw one person using the cinema, other people gathered in the café to chat. Staff told us, “People can come and go as they wish.”

We saw that people who were living with dementia were unable to move around as freely as other people at the home, as they were located in a separate floor that had secure doors. Staff members told us that people living with dementia were able to use all areas of the home if they were accompanied by a member of staff, as this reduced the risk of harm to themselves and other people at the home. During our visit we saw one person living with dementia was accompanied by a member of staff to the café. This meant everyone at the home was able to make choices about where they spent their time.

The home offered people a choice of a single room, or people could share their room with a spouse or loved one, offering people choices about their lives. There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. People made choices about who visited them at the home. One person told us, “My son visits me here, he’s local.” One relative told us, “We are made welcome here.” The PIR information confirmed that visiting was not restricted at the home, and people could help themselves to drinks and snacks with their friends and relations. We saw people and their visitors helping themselves to drinks and snacks throughout our inspection, and using the facilities to meet. This helped people maintain links with family and friends.

People were able to access a range of different services offered in the home, which supported them to maintain their independence. We saw that each unit in the home had a utility and kitchen area. This kitchen and utility areas were ‘open’ access, and people could make their own snacks and drinks and do their own laundry if they wished.

Staff we spoke with knew people’s preferred name, and spoke of people in respectful and positive ways. People told us staff treated them with respect. One person told us, “Staff explain what they are doing all the time, and treat us with respect.” Staff told us they always explained to people the support they were offering before proceeding. One person said, “Staff always ask permission before they do things, the staff are excellent.”

People told us their dignity and privacy was respected by staff. Staff knocked on people’s doors before entering, and announced themselves when they entered people’s rooms. One relative told us, “I leave the room when they move [Name] for their privacy. The staff close the door, they are very good.”

People who did not have an appropriate relative had an advocate. Access to advocacy services supported people to maintain their independence. An advocate is a designated person who works as an independent advisor and supports people to make decisions, for example, about their health and care requirements. One staff member told us, “Advocates are used by people if they don’t have family members to support them.”

Good

Is the service responsive?

Our findings

People we spoke with told us they were involved in planning their care. The relatives we spoke with told us they were involved in planning their relative's care, where their relative could not plan their own care. Staff, and the records we reviewed, confirmed this. One staff member said, "People are involved in care planning, key members of staff are also involved, along with family members." One relative told us, "We look at the care plans, and are involved in planning the care as a family."

People's personal preferences were recorded on their care records. We saw one person had expressed a preference about their room, and their room had been organised according to their wishes. One relative told us, "Staff have taken a lot of time to get to know [Name], and have used the information about their history and personal preferences to tailor care to their needs." One staff member told us, "We worked with their family to complete the 'all about us' book and we also prepared a family tree."

Staff had a good understanding of people's needs and choices. Staff told us, "We have time to read the care plans to get to know each person." Staff knew all about each person, their likes and dislikes, and what each person could do independently and when they needed staff support.

During our inspection the support care staff gave to people matched the information in their care records. For example, care staff supported people to move around the home using the specialist equipment that had been identified in their records. This meant people received care that was responsive to their individual needs.

We asked people about the support they received to take part in hobbies and interests according to their wishes. People told us they took part in events at the home which met their interests. One person told us, "We spend time in the café." We observed people sitting in the café area at the home, listening to the radio, and chatting with staff members and friends. Another person said, "The Garden is flat and I spend time out there. I'm assisted if I want to go out." Another person said, "Some people join in baking in the kitchens."

A list of events was displayed on the noticeboard in the reception area, which showed a range of things happened each day. Events included, exercises to music, board games, and cinema screenings. One member of staff was responsible for arranging activities and events at the home. Staff told us activities were arranged to support the preferences of people at the home, and to encourage people to take part in hobbies and interests that met their social needs. Activities were discussed in residents meetings, so that people could express their preferences. One member of staff told us about people's experiences of VE day, and explained how the home was celebrating the day, and encouraging people to talk about their experience in a forthcoming event. This meant people were encouraged and supported to take part in interests and activities that met their individual needs.

There was information about how to make a complaint or provide feedback available in the reception area of the home. This information was also contained in the service user guide that each person received when they moved to the home. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. In the complaints and feedback log we saw that previous issues had been investigated and responded to in a timely way. Complaints were analysed to identify any trends and patterns, so that action could be taken to improve the service provided.

Good

Is the service well-led?

Our findings

A registered manager was not in post at the time of our inspection, however the organisation had appointed a general manager to manage the service and recruit a registered manager. People told us they felt the service was well-led. People told us they could speak to the manager when they needed to, and the manager would respond to any concerns they raised. One person said, "The manager is very good." Another person said, "The manager listened to everything I had to say."

Staff told us they enjoyed working at the service, and they were able to speak to the manager when they needed to. One staff member told us, "Yes, I like it here." Another staff member said, "There have been some changes recently. We are a new service and are still finding our feet, but I feel supported by my manager."

The manager received support from a wider management team that worked at the home. The management team comprised a clinical care manager, hospitality manager, a customer relations manager, and a lifestyle manager that organised activities and events at the home. The management team ensured there was a management presence at the home seven days per week, so that there was always a manager on site to deal with people's queries.

The service was part of a larger organisation. The manager told us the provider was supportive of the service, and offered regular feedback and assistance to support them in their role and their professional development. For example, the manager attended regular senior management team meetings with other managers from the provider's services. They told us this was to exchange information and learning, and to support each other in keeping up to date with changes in the care sector.

The service had identified its aims and values which they called a 'charter', and had communicated this to people who used the service and it's staff. We saw the 'charter' was clearly stated in the servicer user guide, and was also displayed on the provider's website. The 'charter' encompassed valuing people, respecting people and treating them with dignity, and providing excellent care. The service aimed to provide person centred care, putting the person at the heart of what they did. Staff told us the values of the service were communicated to them through induction and training. The manager told us, the service's work was based around the 'charter' to ensure people received high quality care.

Staff were encouraged to challenge and question practice and were supported to change things that weren't working well and try new approaches with people. We saw staff had regular meetings with the manager and other senior team members, to discuss how things could be improved. For example, a recent meeting showed staff had discussed the needs of people in their care, and how to improve vegetarian food options. Staff told us they had an opportunity to raise any concerns they had, or provide feedback and ideas about how the service could be improved through the website, and directly to head office. Where staff had made suggestions, the manager had acted to implement improvements. For example, we saw the manager was introducing more flexible working hours following staff feedback.

People could provide feedback about how the service was run, which was acted on by the provider. We saw people could give feedback through an online system via the website. Comments we reviewed included, "The home is first class, and the facilities are excellent." People were also asked to give feedback through regular meetings held at the home. We saw that feedback was analysed and where the provider could make improvements, feedback was acted upon. For example, recent feedback had generated a request for the organ to be moved so that this could be accessed by more people. The organ had been moved into a celebrations room designated for people to play music and meet with family and friends.

The provider involved people in the running of the service. People were asked to participate in planning events, and also in the recruitment of new staff. We saw that a recruitment campaign was being undertaken at the home during our inspection, and people had been asked to participate in the interview process and meeting prospective staff.

The provider completed regular audits of different aspects of the service. This was to highlight any issues in the quality of the service, and to drive forward improvements. For example, audits on medication administration, care records, and infection control procedures. Where audits had highlighted any areas of improvement, action plans were drawn up. Action plans were monitored for their

Good

Is the service well-led?

completion. All areas identified for improvement were submitted to the provider's board meetings, to monitor progress against improvement plans. This demonstrated the provider took action to continuously improve the service.