

Hallmark Care Homes (Leigh-On-Sea) Limited

Admiral Court

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Admiral Court provides care and accommodation for up to 60 people split over two units Amazon and Swallow. The inspection took place on the 12 August 2015 and 13 August 2015. The home is registered to provide a service to older people, younger adults and people with sensory impairments, mental health conditions and dementia, at the time of our inspection there was 60 people living in the service

The home had a registered manager in place. 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.

Concerns we found during our inspection was confined to people who received care living on the Amazon unit of the service.

People's needs were being met, however people's comments varied on whether the service had sufficient numbers of staff to cover both units at all times of the day and night. There were concerns about the deployment of staff specifically on the Amazon unit in terms of supporting people with higher care needs.

Summary of findings

Arrangements were in place to ensure that staff had been recruited safely and received opportunities for training, however not all staff had received regular supervision.

Opportunities for people to engage in social activities were variable, particularly for people who were immobile and/or remained in bed so improvements were required. People and their relatives did not feel involved in the care they received.

Some people had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were being met; however the dining experience for people was not always good on the Amazon Unit.

Not all the people in the service were always engaged in meaningful activities particular those cared for in their bedrooms.

Relatives and people who used the service knew how to make a complaint and were assured that all complaints would be dealt with and resolved in a timely manner. The service had a number of ways of gathering people's views

about the quality of the service which included holding meetings with people, staff and relatives. However, some people felt this was not effective in changing areas of the service and improving their care.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards; however they did not always work to improve the service and recognise concerns that had been raised by the Local Authority.

Staff knew the needs of the people they supported. We found that people were always treated with respect and dignity and people received good care.

The manager had a very good knowledge of the recent changes to the law regarding Deprivation of Liberty Safeguards (DOLS) and was also aware of how and when to make a referral if required. People were safeguarded from harm. Staff had received training in Mental Capacity Act (MCA) 2005 and had knowledge of Deprivation of Liberty Safeguards (DoLS).

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 not consistently safe.

Views about staffing levels were mixed and some people, staff and relatives on Amazon unit felt that not enough trained and experienced staff were available. This was because of how staff were deployed to support people.

We found people's medicines were managed safely and some improvements had recently been made with the new computerised system that had been implemented.

People who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare.

Requires improvement



Is the service effective?

The service was not consistently effective.

Not all staff had received supervision in over in the last 12 months; however all staff had received an induction when they commenced employment with the service and received regular training.

People's dining experience was not always positive. This referred specifically to the Amazon unit.

We found some food and fluid charts had not been completed or monitored.

The service understood and met the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Requires improvement



Is the service caring?

The service was caring.

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

Good



Is the service responsive?

The service was not consistently responsive. This referred specifically to the Amazon unit.

People were not always engaged in meaningful activities and supported to pursue pastimes that interested them, particularly for people living with dementia.

Not all people's care records were sufficiently detailed or accurate.

Staff were not consistently responsive to people's needs. This referred specifically to the Amazon unit.

Requires improvement



Summary of findings

Effective arrangements were in place for the management of complaints.

Is the service well-led?

The service was not consistently well-led.

Not all staff felt valued nor that they were provided with the support and guidance to provide a high standard of care and support by management in the service.

There were systems in place to seek the views of people who used the service and their relatives on how the home can make improvements, however some people and relatives did not feel this was effective.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards; however they did not always work to improve the service and recognise concerns that had been raised by the Local Authority.

Requires improvement



Admiral Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 12 August 2015 and 13 August 2015 and was unannounced. The inspection was undertaken by four inspectors on 12 August 2015 and three inspectors on 13 August 2015.

We reviewed information that we hold about the service such as notifications, safeguarding alerts and complaints. These are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

As part of the inspection we spoke with 12 people who used the service, four relatives, six members of care and support staff and the registered manager. We also spoke with one social care professional.

Some people were unable to communicate with us verbally or to tell us about the service and how they were cared for. We therefore used observations, speaking with staff, and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

As part of this inspection we reviewed four people's care records. We looked at the recruitment and support records for three members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance records and also the electronic medication system and records.

Is the service safe?

Our findings

People's views on staffing levels were mixed between the two units. On Swallow unit we found staff to be alert to any concerns or dangers resulting from people's choices, being distressed or anxious. Staff provided people with the support they needed, however on Amazon unit despite staff being alert to people's needs staff informed us that they felt rushed as there were a number of people with high dependency needs that needed regular checks.

One person told us that they sometimes had to wait 20 minutes for their call bell to be answered at night. Another person said, "I am not sure what the levels are but they seem to be short regularly." We found that people in the Amazon unit who were being cared for in bed and requiring regular observations were not always getting checked at the stipulated time; in addition we also found that some people's call buzzers were not being responded to in a timely manner. Although rotas showed that the minimum staffing levels had been adhered to this was not always sufficient to meet people's needs on Amazon unit and deployment of staff needed to be improved on the Amazon unit to ensure people's safety and to meet their assessed needs.

Staff informed us that the management team helped out and worked with them in the home if there was a staff shortage. One member of staff told us, "If someone goes sick the person in charge will try and get relief staff to cover the shift and often we will have agency staff to support the shortage."

In general we found that people had received their medication as prescribed. The service had recently implemented a computerised medication management system. We reviewed one person's medication record and found that they had not received some of their medication for a number of days because their new prescription had not been entered on the system and this was only highlighted when questioned by the person's relative. Since this omission the service implemented regular audits to monitor and ensure that all medication was administered in a timely manner, in addition the computerised medication record system sends an alert to the manager and regional manager every time medication is either missed or not given on time. One staff member told us, "I

love the new computerised medications system, I was the most sceptical person, but now I'm excited because it's easy to work through and it structures the medication process." Staff went on to say that the new system enabled them to update care plan reviews and there was no danger of missing signatures.

We observed a staff member during their medication administration duties and they did so safely, washing their hands and ensuring that people received their prescribed medications as required. Staff administered medicines to people in a way that showed respect for their individual needs, for example, they explained what was happening, sought people's consent to administer their medication and stayed with them while they took their medicines to ensure that it had been administered safely. Staff had received training in administering medicines and had their practice checked periodically.

Staff had a good knowledge of how to keep people safe and protect them from potential harm. They were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the manager staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider's whistleblowing policy and procedures. Staff had all the information they needed to support people safely. All staff were involved with ensuring that people's risk assessments were kept up to date to ensure people's safety either when they accessed the community, used public transport or used the service's vehicle. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the service.

The service ensured that it employed suitable staff because a clear recruitment process was followed and relevant checks had been carried out. Staff told us, "When I applied for this job I came for interview, I had to give two referees and do a criminal record check. After I started I had induction training which I found to be really good. I then spent time working with an experienced member of staff to ensure that I understood my role."

Is the service effective?

Our findings

People's dining experience was not always positive. One visiting relative told us they felt portion sizes were too big for people. They also said that they had seen people's food left in front of them when they needed support to eat it. Another relative told us that their relative had not received a drink for a day and there were several gaps and omissions in the person's fluid intake chart. During lunch we observed staff supporting people with meal provision in the dining room. Relatives were seen to be supporting their family members to eat. We discussed this with the General Manager who advised that these family members liked to assist their relative and the home is happy to support them to maintain this level of contact. One relative told us that they supported their family member to eat and in their view, although management confirmed that this was facilitated because of their choice, they felt it was because there were insufficient staff and if they did not provide support their relative would not receive adequate support to eat their meals.

The nutritional needs of people had been identified and where they were considered to be at nutritional risk, we found that appropriate referrals to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made. However, where instructions recorded that people should be weighed at regular intervals, for example, weekly or monthly, this had not always happened or been followed up and we found some people had lost some weight. In addition, we found some food and fluid charts did not have sufficient information to establish if people's dietary needs were being monitored, managed or encouraged. One chart showed that a person had drunk five millilitres of juice in a six hour period. This meant that people were at risk of dehydration.

We found 43% of the staff had not received supervision for roughly six months to a year. The manager stated that the management team had held several informal supervisions with staff but there were no records to support this. Improvements were needed to ensure that staff received formal opportunities for support and development discussions to care for people safely.

Staff told us they received an effective induction over two weeks depending on their role and responsibilities. This included an induction of the premises and training in key areas appropriate to the needs of the people they supported. We spoke with two newly employed members of staff and they confirmed that they had completed an induction and that it had included opportunities where they shadowed a more experienced member of staff. This was so that they could learn how to support people effectively and understand the specific care needs of people living in the service.

During the inspection we saw that staff were always explaining and consulting with people to ensure effective communication. People were asked for their views and permission before any activity took place and their views were respected. This showed us that staff understood the need for people to have choice and control in their daily lives as far as possible.

The manager had an understanding of the principles and practice of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. The manager informed us that they worked hard to ensure that people's needs and rights were respected. Appropriate applications had been made to the local authority for DoLS assessments. Where these had been agreed the provider had notified the Care Quality Commission. Staff had received training in MCA and DoLS and understood that they needed to respect people's decisions.

People's healthcare needs were monitored and supported through the involvement of a range of relevant professionals, such as, dementia nurse specialist and diabetes nurse specialist. We found that people received appropriate healthcare support to meet their diverse needs. People and most relatives were happy with the level of healthcare support provided and told us that they were kept informed about people's health and wellbeing.

We recommend that the service seek advice and guidance from a reputable source about how to support people in meeting their individual nutritional needs, particularly those with more complex needs.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, “It’s very nice here I’ll say, the staff are so kind.” Another said, “The staff are genuinely kind hearted.” People were positive about the care and support provided and the atmosphere within the home. Staff demonstrated affection, warmth and compassion for the people they supported. It was evident from our discussions with staff that they knew the care needs of the people they supported and the things that were important to them in their lives. We observed that people were engaged with others and visitors. From our observations we found interaction between staff and people to be kind hearted and good.

Throughout our inspection we saw that people were being given good levels of choice and having their independence encouraged. People were well supported by staff who understood their needs. One person told us, “The carers are very nice and look after me well.” One new member of staff informed us, “My first impression of the service was that they provided a high standard of care through good teamwork.”

Staff had knowledge of people’s individual care needs and some knowledge of their histories and backgrounds. A relative told us that staff had ‘taken an interest’ and wanted to find out about their relatives interests and backgrounds. Staff were able to demonstrate how people should be best supported and we found were supported and staff adapted their approach to different situations with different people. Staff listened to people and responded appropriately. We found people’s care plans we viewed detailed each person’s preferences of care, including their past life history this ensured that staff were able to meet the needs of people effectively.

People were asked for their views and were involved in their day to day care through being offered choice as far as possible in their daily lives. Some relatives we spoke with confirmed that they had been involved in care planning

and felt their views were listened to. One relative told us, “I was asked to review my relatives care plan and make any suggestions. The manager and care team manager are always around if I have any questions.” We spoke to relatives who informed us that the service always sought advocacy support when needed to ensure that people had an independent voice, in addition we found information on advocacy support posted around the home. This meant that people and their relatives had access to the information should they require it. Advocacy services support and enable people to express their views and concerns and may provide independent advice and assistance.

People told us that staff treated them with dignity and respect. People’s privacy was respected and they were able to spend time in their rooms or in communal areas as they preferred. Staff practice demonstrated an understanding of the need to treat everyone with dignity and respect. Staff informed us before going into a person’s room they would also knock on the bedroom door and then enter the room. People told us that staff spoke to them in a respectful manner calling them either by name or addressing them as sir or madam.

People’s independence was promoted by a staff team that knew them well. We noted that people were smartly dressed. Staff informed us that people’s well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their caring role. The manager informed us people were supported to undertake tasks such as doing their laundry as this gave people a sense of involvement and engagement in their care and support.

People were able to maintain contact and continue to be supported by their friends and relatives. People’s relatives told us that they were able to visit the service at any time without restrictions. One relative said, “I visit my relative every day and there is no restriction on what time I come or how long I stay. This helps my relative settle in the service.”

Is the service responsive?

Our findings

People on the Swallow unit told us that staff were responsive to their needs, however we found that on the Amazon unit staff were often rushed and found it hard to respond to people when needed. We found some people's care was not always person centred because at times it was task led. One member of staff told us, "It feels like you have to choose between filling out paperwork or giving good care. We need more staff on the Amazon unit to provide good care as people on this floor require more time and support." Throughout the day we observed little staff presence on Amazon unit as staff were either supporting people in their rooms or carrying out tasks around the unit, we also observed a relative standing in the corridor looking for staff to support their relatives.

We found that some people's care plans had not been updated, meaning their care needs were not correctly recorded subsequently not being met appropriately. We found some people's observational charts and care plans indicated the need for additional support in relation to people's skincare and nutrition or fluid intake, however this had not been monitored nor reviewed as set by the relevant healthcare professional, meaning some people were at risk of developing pressure sores or malnutrition.

Improvements were required to ensure that people and their relatives, as appropriate, were involved in the review and delivery of their care. There was little indication in people's care plans to show that, where people were able, they had been actively involved in the care planning process. Some relatives we spoke with appeared to be willing to get involved in the reviewing process however felt they had not been given the opportunity to participate or have a say in how they wished their relative's care needs to be met. We spoke to the manager about the concern they told us and the records confirmed this had happened and that they had put in place more regular checks to prevent reoccurrences.

Improvements were needed to ensure that all the people living at the service received support to engage in their favourite pastimes and live an active life. We found that people's care plans clearly identified their interests and likes in regards to social activities, however on looking at people's care plans and observations on the Amazon unit it was not clear as to how people were being encouraged to meet this need.

There was an activities co-ordinator employed in the service. The activities coordinator informed us that they would visit people in the rooms throughout the day and have a chat with them however looking at the activities weekly schedule we could not see any activities for those cared for in their rooms. They also told us that they had been encouraging and supporting care staff to spend more time with people and not just speak to them when supporting them with their care needs.

One relative informed us that their relative was cared for in bed and when they have visited they have always seen other people who are mobile doing activities saying, "There were a number of outings and activities for people on the Swallow unit who are physically able to mobilise and require minimal assistance; however on the Amazon unit there were not a lot of activities being offered to people being cared for in their rooms."

There was a policy and procedure in place and people's concerns had been listened to and acted upon. People and their relatives told us that if they had any concerns then they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to staff about any concerns or complaints. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. A record was maintained of each complaint and included the details of the investigation and action taken.

Is the service well-led?

Our findings

The registered manager was aware of the responsibilities of their role. They were constantly looking for ways to improve the service and had recently arranged for an external organisation to inspect the service and feedback on areas in which the organisation felt the service needed to improve on.

There was a number of quality monitoring systems in place to continually improve the service people received. The manager and care team manager carried out a range of internal audits, including care planning, medication, health and safety, infection control and staff training and they were periodically monitored by the regional manager who was present during our inspection. The manager was able to show us audits including those that highlighted areas of improvement which were supported by an action plan set and agreed by the management team along with the regional manager. However, there were areas of the service that required improvement which had not been identified by the provider's processes, such as the effective deployment of staff, specifically on the Amazon unit of the service where people's needs were higher and activities for people on the Amazon unit and some failings in recording and monitoring of people's care.

The manager acknowledged that the level of care and support on the Amazon unit needed to improve and as a service they were continuously working with people, relatives and staff to improve service provision.

We found the manager to be open and transparent and highlighted their own errors and areas which needed to improve, to ensure the service was running smoothly and continually improved the care delivered to people. People said that the service was well led and managed. People felt that staff and the management team were approachable. One person told us, "The manager is always around to help with anything." One staff member said, "The manager is approachable if we need any advice." Another staff member said, "One of the management team is always available for advice, even at weekends we can get hold of one of the managers and they will come in to help if we need them here."

Staff felt supported in ways such as team meetings but they did not always have a structured opportunity to discuss their practice and development.

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