

Hallmark Care Homes (Leigh-On-Sea) Limited

Admiral Court

Inspection report

Manchester Drive
Leigh On Sea
Essex
SS9 3HP

Tel: 01702472288
Website: www.hallmarkcarehomes.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Admiral Court is a nursing home providing personal and nursing care to up to 60 people aged 65 and over who may or may not be living with dementia. At the time of inspection 60 people were living at the service across two floors, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia and residential care needs. The other for people who require nursing support.

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

People received outstandingly person centred and individualised care from a motivated, informed and exceptionally well led staff team.

The provider had strong visions and values focused on maximising people's quality of life and cultivated a caring and supportive culture. Staff had embraced these values which were evident in all interactions.

Without exception people and relatives spoke in high praise of the registered manager, provider, extended management team, and nursing and care staff. One person summed this up, "Nothing is too much trouble, they always make themselves available to do things, the extra little things that really matter."

Staff at all levels were described as exceptionally kind and caring and the provider encouraged staff and people to be kind in everything they did. Everything about an individual person's life was celebrated. This had resulted in a kind culture at the home.

There were a number of unique staffing roles across the service led by a passionate and motivated registered manager, deputy manager, heads of department, lifestyles lead and dementia coordinator. These key members of staff supported nursing and care staff to provide an outstanding level of care to people through constant consultation and learning.

Staff understood the needs of each individual person and often went the extra mile to ensure people lived their best lives. There were numerous examples of people's everyday lives being enhanced by creative, compassionate care with an extremely varied lifestyles programme.

The provider had heavily invested in staff training and development in best practice innovations which had resulted in significantly improved outcomes for people, particularly those living with dementia. They were constantly adapting the service to meet the needs of people well.

People felt valued and respected within the local community and staff encouraged people to maintain their independence and life skills, contributing to the wellbeing of others.

The service had exceptionally robust systems in place and oversight for monitoring the quality of care

provided. Heads of department were continuously learning, developing and shaping the service, involving people living at the home. Therefore, people were confident they received safe care and treatment.

People had excellent access to a balanced and varied diet. Those with specific health needs were supported by knowledgeable staff and external health professional advice.

Medicines were managed safely and in line with best practice guidance. Every area of the physical environment offered varied, safe and in the moment meaningful engagement opportunities for people.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection and update: The last rating for this service was good (published 24 October 2018)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Admiral Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of two inspectors, an assistant inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Admiral court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service and four relatives about their experience of the care provided. We spoke with eighteen members of staff including the provider, registered manager, deputy manager, regional manager, housekeeper, two hostesses, head of department for nutrition, head of maintenance, four care workers, two registered nurses, the Dementia Care Co-Ordinator, the lifestyles manager and the customer relationships manager. We also spoke with visiting health and social care professionals.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding vulnerable adults. They knew what signs to look for if a person might be at risk of harm and how to report these concerns.
- Staff told us that managers at all levels of the service encouraged them to report any concerns without fear of being treated negatively. One member of staff said, "I would have no problem reporting concerns. The managers door is always open, and we have a whistle blowing policy."
- People told us they felt safe. One said, "I feel safe because there is always someone around to see if you are alright."
- The registered manager carried out robust investigations following any incidents, complaints and safeguarding concerns. They shared outcomes and lessons learnt with staff, people, professionals and people's loved ones. The service was open and transparent at all levels of the organisation.

Assessing risk, safety monitoring and management

- People's individual needs and risks were identified. Clear actions were in place to mitigate or manage these risks.
- People cared for in bed with high risk of falls, were cared for on specialist low beds and sensor mats. This was the least restrictive option and people were comfortable and safe.
- Staff understood people's individual needs very well. They used a variety of techniques and person-centred interventions to alleviate distress and frustration for people with memory difficulties through carefully thought out distraction.
- The dementia care co-ordinator had been trained to complete behaviour monitoring charts [ABC]. They had trained staff to complete these in line with best practice and use the information to identify people's unmet and manage needs and develop new ways of supporting people to reduce distress.
- The registered manager had systems in place to ensure that all equipment used, and the environment was maintained in line with health and safety guidance.

Staffing and recruitment

- The service had a system in place to identify the level of staff needed depending on the needs of people. This was regularly reviewed. The registered manager told us, "If I need extra staff there is no question that I wouldn't be able to authorise this. People come first."
- A new member of staff told us, "There is a really nice feel to the home, no one seems to be running around and I hardly ever hear the buzzers going off because there is enough staff to help people."
- In addition to regular care staff the service also employed hostesses. These people often dipped into care to support people at meal times, but they also ensured that visitors had dedicated attention, rather than

carers being distracted from their direct caring roles.

- The service also employed a lifestyle, and a dementia co-ordinator to enhance people's daily care. There were enough support staff in place to ensure the environment remained clean and safe.
- Staff underwent a robust recruitment process, and all required safety checks were carried out before staff could work with people.

Using medicines safely

- Medicines were stored safely, and appropriate checks were in place to ensure this was maintained.
- The deputy manager carried out competency checks on senior carers and nursing staff to ensure that they maintained best practice. Governance checks to monitor medications were thorough. If errors were identified, such as a missed signature, these were investigated appropriately.
- PRN [As required] medicines were carefully monitored and reviewed every week with visiting dementia nurse specialist from the local GP surgery and clinical leads. This meant that people had timely access to assessment and treatment. Therefore, people did not take unnecessary medications for a prolonged period and prescriptions could be quickly reviewed and changed if medicines were not effective.

Preventing and controlling infection

- The environment was clean, and staff had access to protective clothing, such as gloves and aprons, when supporting people with personal care.
- The service had trained a member of staff to be the prevention control champion. They ensured staff consistently revisited best practice for managing infection control. They also carried out spot checks on whether handwashing was completed in line with best practice guidance.
- The infection control lead also completed a monthly infection control audit. Where shortfalls had been found these were quickly identified and the lead worked closely with cleaning and maintenance staff to drive up standards.
- One person was receiving barrier care at the time of our inspection. This is when people are cared for in their bedroom, and care staff take additional precautions due to risk of infection. This was done in line with best practice.

Learning lessons when things go wrong

- The registered manager closely monitored accidents, incidents and safeguarding alerts to look for patterns and trends to minimise the risk of re-occurrence. For example, if people were more prone to fall at specific times of day.
- Staff were supported to feed into this process during incident reviews. Lessons learnt were shared in handovers, team meetings and in one to one supervision. Staff told us they valued this learning culture. One said, "We are always looking at how we can improve the safety for people here. The registered manager and seniors always share important information with us and ask for our input."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Adapting service, design, decoration to meet people's needs

- Significant attention had been given to ensure that the environment could support people with dementia well. A variety of community areas had been made to engage people who may wander with purpose and we saw people were using these to good effect.
- These areas included a farm house kitchen area where people had access to plastic pipes and other items that could be picked up and used for meaningful distraction. A basket of socks was in another area with a sign requesting people pair them up. Other initiatives included washing to fold, flowers to arrange and whole of tactile engaging activities. A relative told us, "[Person] loves it. They loved flowers, so often come in here and just spends time arranging the flowers beautifully. It gives them so much joy,"
- Detail had been given to the standard of furnishing and decoration. However, people were still supported to personalise their bedrooms if they wished with furniture from home.
- Staff had recognised that the people living with dementia became particularly more unsettled during the handover period in the evening when day staff changed over to night staff.
- Consequently, activity staff adapted their hours to be available during the handover period and inviting people to come and spend time in the kitchen and have warm drinks to distract them from the changeover.
- Night staff introduced coming to work wearing pyjamas so that people could recognise it was bedtime. Whilst these changes were still under review preliminary findings were the need for night medication had decreased, agitation had decreased, and falls had decreased. Night staff told us, "It's been brilliant. Now if people get up in the night, they see us in our pyjamas and recognise its bedtime. It's really helped people to sleep better and that really helps their wellbeing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- The provider, their governance team and managers across the organisation constantly reviewed any changes to national best practice guidance in order to incorporate this into the care provided to people.
- The provider had heavily invested in two key members of staff into develop the expertise in delivering innovative dementia care training to all staff in Montessori care provision. The Montessori Approach in Dementia Care gives carers the tools to create activities that specifically target an elderly person's abilities and preferences. Leading them to a task that will keep the elderly person engaged and reconnected to the world. This had, had a significant positive impact on people's quality of lives and how staff approached people and their unmet needs.
- The service applied best practice principles using the FITS programme (Focussed Intervention and Support) to support people with dementia to live well. This aimed to reduce people's distress and examples of the programme working well included a reduction in antipsychotic medicines being used, in line with best practice for people living with dementia.

- The provider was passionate about involving people to make choices about service development and improvements. During refurbishment at the service people, relatives and stakeholders such as local commissioners were invited to various consultation events to contribute to the how the home should be refurbished. Involving people at every aspect of service development ensured that people felt valued.
- The service valued people's input into the running of the service. People were invited to be a part of the recruitment process, such as staff interviews.

Staff support: induction, training, skills and experience

- Staff received an intensive induction which covered all 15 care standards that care staff should achieve competency in. They were paired with existing experienced care staff during their induction to the service.
- The training was very robust. Trainers were assured that staff had understood what they were learning through regular observations in practice, as well as revisiting knowledge and skills in team meetings and one to ones with staff.
- Staff who had additional learning needs such as dyslexia had support and adaptations to help them to learn well. One said, "They have supported me really well with my dyslexia."
- Staff were inducted monthly, shared across the service to make best use of the trainer's time and resources and facilitate good discussion and networking amongst staff.
- Staff received regular supervision and appraisal that identified their skills and talents and rewarded their achievements. Staff had been able to move around within different roles at the service. The registered manager told us, "Some positions are not always suited for some people, but they might excel in other areas. For example, people have become hostesses greeting people and thrive in this role."

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

- Staff received additional two days of training in the dining experience. The provider recognised that good nutrition and quality engagement between staff and people during meal times, significantly impacted on people's physical and mental wellbeing. We observed many positive interactions throughout the day of staff supporting people to eat well.
- People told us that the food was excellent, nutritional and varied. Comments included, "The food is so good," and, "The food is lovely, you never go hungry and you can always ask for something to eat, we have lovely cake in the afternoon."
- Meal times were protected, and hostesses supported care staff to make sure that people who needed support to eat were supported well. They offered a little flair and service to people.
- One person had previously enjoyed fine dining as a hobby but had been reluctant to engage in communal meal times. Staff then introduced them to a breakfast club at the home, where staff made their favourite breakfast right in front of them. Staff told us, "I sharpened knives dramatically and chatted through what I was doing, they lit up and ever since they always come."
- Relatives told us, "Staff always help [person] to eat when they need support." A person told us, "I do like the food. It is very tasty, and staff will always help me if I need them to."
- Staff made appropriate referrals to dietitians and speech and language therapists. People at risk of choking or losing weight had appropriate support plans in place to minimise risks to their health.
- People's needs were discussed in regular nutritional meetings with the head of the catering department so adaptations could be made, for example if people were losing weight, or required a softer diet. The head of department regularly chatted to people about their meals and adapted menus to feedback.
- Softer diets were presented in an appetising way. Snacks, afternoon cakes and fruit were readily available daily. People told us they could have whatever they fancied.
- Staff were aware of people's abilities and strengths and understood how to promote independence so that people did not become de-skilled. For example, people had access to adapted cutlery to support their independence and dignity at meal times.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health and social care professionals including GPs, district nurses and dementia specialists. This meant that people received person centred care and support that supported them to live healthier lives.
- The service had excellent relationships with a local GP surgery and a dementia nurse specialist visited the service weekly and when required to review people's physical health needs and medications.
- This close networking had resulted in people having any additional physical and mental health needs managed quickly by expert advice and referral. Staff told us, "Its meant people are not taking medications for longer than needed, and that we have quick access to support for people."
- This collaboration had resulted in reducing, and in some cases discontinuing the use of antipsychotic medication for people living with dementia. This type of medication is often used to manage people with distressed behaviours. One member of staff told us, "We find better ways to manage people's distress than using medication. We try an understand the cause and use distraction and engagement."
- A visiting health care professional told us, "I find staff very receptive to advice, they want people to have good outcomes."
- The service provided oral hygiene care in line with best practice guidance, linking in with community teams, dentists and ensuring that people had access to appropriate oral hygiene equipment. One member of staff told us, "Oral hygiene is really important, we always check to make sure people have what they need to have good oral care."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and were able to describe to us principles of MCA and how they supported people to make decisions. A staff member told us, "We always ask someone for consent before we support them with something. Even if we know they might have been assessed as lacking capacity in an area, capacity fluctuates, and people should still have a choice."
- People who had had their liberty restricted had undergone appropriate assessments. The registered manager ensured that any restrictions suggested were the least restrictive and regularly reviewed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People told us without exception that staff were incredibly kind and treated them with empathy and compassion. One person told us, "I have [medication] for my pain, and staff always come when I say I need it and will sit with me until I feel less pain." And, "They always look in on me and have a chat and even give me a cuddle if I feel low."
- Another person told us, "I had been in hospital. When I came out a lot of staff were waiting in reception to welcome me home. It made me feel really cared for."
- One relative told us, "Staff are always this attentive, they really care about people here. Nothing is too much trouble. They know when people are sad or becoming upset and quickly step in and support. It's marvellous."
- We spoke to another person who told us staff did little things that made them feel loved. One said, "Look at my sandwich, it has a note on, they often do things like this" The note read, "with love from [staff name]."
- Staff from all roles in the home knew people very well and were observed engaging with people about their hobbies, family and things going on around them. All engagement was natural, and fluid.
- One person was observed to pick up a baby doll from a pram and cuddle it. A member staff lent in and started a conversation about the doll and the person visibly appeared happy and engaged.
- People's individual religious and culture needs were supported. This included supporting people to attend local church service. A member of staff told us, "We have people who are of Jewish faith and Hindu faith as well as Christian and Catholic. We support them to celebrate their faith. For example, we support one person to attend synagogue and we help them to celebrate Shabbat dinner."
- People were supported to take part in religious services within the home, such as playing the piano for services. One person told us, "The care staff always involve me in things happening in the home. It makes me feel valued. Like I am still able to do something for other people."
- Activity staff were constantly adapting their approach to support people with additional disabilities. For example, people who were registered as blind. The Lifestyle co-ordinator told us, "We do relaxation activities and use visualisation. One person who is blind often leads this process, describing what they can see around them. It's a wonderful way for them to actively participate. We also use lots of things to stimulate touch, smell and taste in various activities."
- Some people had few relatives and loved ones. Staff had engaged with external charities to extend people's contact. This included signing up to receive birthday cards, letters and postcodes from across the world. A member of staff told us, "We had a person who only had one relative remaining. This meant they would only receive one birthday or Christmas card. We signed them up and they had a wonderful birthday, opening so many cards from all around the world. It made their day."

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

- The service understood that moving into a care home was a life changing event. When people were able, if interested in living at the home, they were invited to spend time at the home, for as long as they needed to see if it was a place they would like to stay. We saw examples when people and their relatives had regularly visited the home for refreshments and activity to see if it suited them. Some people did this as a slow introduction to get used to the home prior to moving in permanently.
- Staff were constantly seeking new ways to explore people's views and involve them in decisions about their care. They knew people so well that they adapted their how they gained consent in a way that people felt comfortable with and understood.
- One member of staff told us, "Sometimes we might have to do something for someone that they don't have capacity to consent to, but we still try and gain consent by working with them, offering choice and making sure its meaningful whilst understanding their preferences. If we need help, we speak to the dementia care co-ordinator, who is excellent in supporting us to get it right for people."
- Staff had an excellent understanding of what contributed to dignified care. One said, "People can lose their independence when they come into care and this means they can lose their dignity. We listen to what people say and watch what they do to try and identify opportunities in the moment. It's about making every moment matter."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they found that staff treated loved ones with dignity and respected their privacy. One said, "[Person] doesn't like to come out of their room and doesn't always want personal care, but staff gently try, and they never force [person]. They are gentle and encouraging to [person]."
- People were enabled to remain independent by creative staff, who understood how independence supported people's dignity. One person had their clothes adapted with Verco instead of zips and buttons so they could still dress themselves.
- Staff were persistent in encouraging and supporting people at risk of self-isolation, but without imposing themselves on people. One told us, "We had a person who just didn't engage and appeared very isolated and sad, so we tried lots of gentle things. I am trained in hand massage, so I started to provide this, and we have built an excellent rapport. We never give up on people."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service followed best practice, understanding the importance of local community engagement and intergenerational activities for older people and people living with dementia. They had engaged with a baby and toddler group who developed a scheme where parents could meet and engage with others with babies and toddlers in care homes, forging intergenerational relationships. The activity coordinator told us, "It's been so wonderful to see people just light up, the babies remind them of their children, grandchildren and of being young."
- The service had been visited for several years by a group of children who had learning disabilities. Now young adults, they continued to visit the home on a monthly basis to take part in activities with people. People really enjoyed these visits and had built strong friendships.
- People were supported to attend various activities across the home and staff were able to tell us how they had recognised when people got on well and encouraged friendships to grow. They gave examples of a couple that had developed an affection for each other. Others had identified with similar hobbies and interests and developed firm friendships. All were supported with opportunities to get together to enjoy each other's company as often as they liked.
- People regularly visited a charity allotment in warmer months, planting seeds and growing vegetables and fruit. The home brought the produce, supporting the charity and people were then supported to cook with it.
- Staff took videos of people enjoying activities for family who could not often visit. They also facilitated video calls with loved ones. This supported people to maintain relationships with those most important to them.
- Staff had been creative in reducing the risk of isolation for people cared for in their bedrooms, but who were unable to communicate verbally or actively participate. Examples included playing a person's favourite music in time with visual pictures, with scenery that were projected onto the ceiling. Staff were able to measure the response to these interventions from people's facial expressions and for one person had seen a reduction in anxiety.
- Some key staff involved in training had attended the FITS programme and had been provided with training and resources to deliver workshop sessions on sex and intimacy for people living with dementia, called 'Lift the Lid'. Lift the Lid is a workshop in a box on sex, intimacy and relationships developed by the Alzheimer's Society's Innovation team. It provides the tools needed for care staff to run their own workshops to help challenge perceptions around sex and intimate relationships for people affected by dementia. The workshops had helped the team to explore the good practice, an area they feel need work, and to plan for change. The resource provided a framework for respectful management of in-the-moment situations.

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

- Care plans contained exceptionally detailed information about all of people's many interests with clear instruction for staff on how to support people to maintain these interests using their current abilities. People were actively encouraged to contribute to the planning of their care and support and were placed at the centre of the assessment process. Family members and relevant health and social care professionals who knew the person well were also involved in this process, which supported those who were unable to express their needs.
- People were supported with unique engagement activities that were very personal to them. One person was supported to visit various locations which had immense importance to their working life and work achievements. They told us this had meant the world to them.
- Small but important details were included in care plans to evoke conversation and avoid distress, such as people's phobias, favourite colours, songs and achievements.
- For people unable to verbalise their needs due to advanced dementia, care plans were incredibly person centred. Staff worked closely with these people over a period to identify and anticipate their needs through facial and audible responses to care received, so they could understand what worked well for people. One member of staff told us, "Knowing people well means we can anticipate their needs. [Person] will open their mouth if they are thirsty and we put the cup to their lips. Another person loves music and will move their arms and make small noises."
- Staff had an excellent understanding of people's life histories and interests, which helped them to involve people with unique and spontaneous activity. One member of staff told us, "People here have lived a long time and have lots of different skills. We recognise this and draw these skills out of them so they can see they still have so much to offer." One person told us, "Staff make me feel that I still have something to give back. It's important to me."
- Other examples included, a person living with advanced dementia who had loved to cook, staff would often support them to butter bread for sandwiches. A member of staff said, "[person] happily sits and butters a whole loaf of bread." Another person commented to staff that they missed not making their annual Christmas cake, so staff involved them in making one for the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had an accessible information policy and produced information in large print. Further variations had been requested and ordered including braille policies.
- Staff considered people's communication needs when planning care, for example ensuring that planning took place in appropriate lit and quiet spaces, and whether people required additional time to express themselves.
- A hearing loop system was used for those who were hard of hearing to hear more clearly. These considerations were also given if people needed external professional assessment.
- Staff had been creative so sensory impairment or loss were not a barrier to people to communicate their needs. For example, one person had been able to access eye gaze technology to tell staff what support they needed and confirm consent, using a I pad and ceiling projector. It had been a vital importance to this person's dignity to be able to retain choice and independence.
- Staff cared for people's sensory equipment well and knew how and when to check, clean and seek repair for hearing aids and glasses. Staff knew how important this was for people. One said, "I can't imagine what it must be like to be confused and not hear people. That would be doubly difficult to understand what's

happening around you."

- All members of care staff had to attend a two-day workshop to support people living with dementia who express a need through their behaviour. The specific communication needs of residents living with dementia were considered in these training sessions. Staff told us, "We know if people are behaving in a distressed way it is because they have an unmet need. The training helps us to identify these and adapt our approach."
- The lifestyle lead had introduced "armchair" travels, aimed at taking people around the world in twelve months. This involved trying different types of food, opening a world of different cultures and religions, doing short projects, watching films and documentaries and learning and creative art activities. However, those who were sensory deprived were also fully involved as staff found creative ways to bring these travels to them, through taste, touch, smell and either sound or visual cues.

End of life care and support

- Staff had undergone training to support people at the end of their life, some with enhanced training. Consequently, the service provided excellent person-centred end of life care which focused on the physical, spiritual and emotional needs of people and their family members. They had good links with local hospices and other health professionals.
- Staff had provided constant support to relatives to help prepare them for every stage of a person's end of life journey. One member of staff said, "Our staff are equipped to have difficult conversations with people in a way that is caring and supportive. We offer lots of reassurance to the family and have lots of 1-1 discussions to prepare them."
- Staff understood the importance of gathering people's end of life wishes and preferences. Such as who they wanted to be with, what medical interventions they wanted, music they would like played, clothes they would like to wear. Staff would find out information such as what people were most proud of in their lives and how they would like to be remembered. This facilitated meaningful conversation with people and their loved ones.
- People's loved ones were supported to stay at the home and staff took additional care of their needs as well. Staff told us, "It can be such a difficult time, it can be important for people and their relatives to be together and feel cared for so we always facilitate this if that's what people want."
- The care team discussed people's end of life care needs during the daily staff meeting to ensure people had rapid access to support, equipment and medicines as required. The service had developed strong professional relationships with the local hospice, district nurse team and frailty team to ensure people were supported to have a pain free and dignified death.
- The service always supported staff to attend the funerals and on occasion host the wake at the home afterwards celebrating the person's life and relatives found this particularly comforting.
- The service had a culture of celebrating people's lives. A member of staff told us, "We have a culture where we stand in the car park to say good bye to people when they leave us, and for a few days afterwards we get out photos and chat about that person's life and what they meant to us all. It helps staff come to terms with loss as well."

Improving care quality in response to complaints or concerns

- The service was open and transparent in the way complaints were dealt with. The registered manager was extremely responsive to people's concerns, making every effort to ensure people felt listened to and were happy with the way their complaints were managed.
- The registered manager viewed complaints as an opportunity to learn and improve. If failings were identified, the service was transparent and accountable, offering apologies, making every effort to resolve issues. One relative told us, "It wasn't always this good and I have made complaints before and now the service is fantastic. The registered manager has done a fantastic job."
- Everyone we spoke to was positive about the service they received. One relative told us, "I have no

complaints, the service is excellent. But if I had a complaint the managers door is always open, and I know I can go to them." A person told us, "I tell my carers if I don't like something and they always act straight away. If I had a complaint, I know I could talk to the manager, [manager] is always available and very approachable."

- The heads of each department regularly sought people's feedback about the service and made adaptations as needed. There was a continued flow of feedback to ensure that the service met people's needs well.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement because there was no registered manager at the service. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection the service did not have a registered manager in position and had experienced a period of changes in the management team. At this inspection the management team had worked incredibly hard with operational managers and staff to embed a truly person-centred culture at the service.
- The care provided at Admiral Court mirrored the providers visions and values within their unique care home charter, to create communities that enhance the quality of life, and give rise to new beginnings, and new futures for people within their care.
- This positive culture focused on supporting each individual to live their lives to their fullest and supporting them to give back to the community where they could. This resulted in high levels of life satisfaction, dignity and a culture of mutual respect and caring. One person told us, "It's such a wonderful place to live. When you move to a care home, life doesn't have to be over."
- Without exception staff told us that they loved working at the service, and that they felt valued in their everyday work by the registered manager, senior staff and wider organisation. One said, "It's the best organisation I have ever worked for and I have worked in care for many years. They truly put residents first."
- The provider had invested in staff undertaking new and exciting training opportunities in developments in dementia care provision. This had had a positive impact on the culture of care at the service, reducing the need for medications to manage distress and reduced distressed behaviour in people.
- Part of this was the introduction of the Montessori approach for dementia care. All staff had been trained in this approach. The registered manager told us, "We place different activities around the community with signage inviting the residents to carry out a simple task, such as pairing socks, folding tea-towels. The Montessori approach gives residents an occupation, a sense of worth and a sense of involvement. As a result, we currently only have one resident on a behavioural chart within the home."
- A new member of staff told us that the care at the home was exceptionally person-centred. They added, "Staff here treat residents so well, I have done care for a very long time and I have to say it's the best I have seen."
- The provider recognised and rewarded talented staff and excellent role models. They had a designated Dementia Care Coordinator who was also the Dementia Community Lead. This person had been nominated for the national dementia care awards. Staff told us, "[dementia lead] is absolutely brilliant, if I don't know what to do to support a person [dementia lead] is there, hands on to help us get it right."
- The lifestyles coordinator had significant insight to the needs of everyone in the home and encouraged creative thinking amongst staff to enhance people's daily lives. They had developed a huge range of

activities that could be implemented for everyone based on individual need and capability. Having been part of a new training initiative at the university of Worcester, they were also involved in various projects and studies aimed at achieving and enhancing outcomes of people, such as staff wearing pyjamas described in the effective domain.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a duty of candour policy and adhered to this strictly. Without exception relatives, people and health professionals told us that the service was transparent and open and honest when things went wrong.
- One relative told us, "They always let me know if something has happened to [person]." A visiting professional told us, "The manager has an open door. It is a very transparent service."
- Incidents and accidents were investigated thoroughly for cause analysis and learning was shared with all members of staff and people and their loved ones.
- Governance systems in place were robust and the registered manager had an excellent understanding of how the home was performing and where improvements could be made. Any learning was shared across the organisation's homes.
- The regional manager had good oversight of all the homes on their portfolio and ensured that provider had a good understanding of how homes were performing. Trends and issues were discussed at managers meeting, with clear action plans of how they would be tackled and who by.

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

- The provider encouraged staff to be caring and compassionate in their working lives and personal lives. During a national random acts of kindness day, each registered manager was given a sum of money to go into the local community and carry out random acts of kindness. The provider told us, "I feel it's important that we give back something, that we nurture kindness in our people whenever we can and support our local communities."
- They had identified excellent role models in the staff group. The regional manager told us, "When we identify these role models, we then look at what it is that makes them good and build that into the job spec, so when we advertise across the company for those roles, we can recruit the best people for the job. We want to replicate excellence."
- The provider understood how important it was to ensure that their staff team were supported and felt cared for. They told us, "The staff do a difficult job. If you look after your staff well then they will do a good job looking after others." Staff could apply for interest free hardship loans over extended periods to deal with emergencies, this was just one of the benefits that staff could access.
- The provider also donated profits to a number of charities, including the Alzheimer's society and The Care Workers Charity (CWC). The CWC supports current and retired care workers with hardship grants.
- Care staff were quick to identify potential new opportunities for activity and engagement for people. The management team supported and encouraged staff to think creatively. One person said, "They [staff] know all about me, so they are always suggesting new things to me that I can try."
- Hallmark Care homes had a dementia strategy based on 11 criteria for improving the lives of people living with dementia. The regional management and senior leadership team had robust systems in place for measuring progress against this strategy and in 2019 Admiral court won an award having successfully embedded the criteria into the care provided.

Continuous learning and improving care

- An outstanding feature of this service was the continuous effort to learn and improve care for people. The service monitored the individual impact of the care people received from new initiatives such as the FITs programme discussed in the responsive domain and the individual activities that had been implemented. These case studies documented how staff had engaged people, what changes they made and how this had improved the care they received and quality of life.
- The service kept up to date with relevant changes to best practice guidance, working with staff and people to implement these, for example implementing the Montessori approach.
- Staff had access to the providers intranet page which contained information from dementia UK and other sources.

Working in partnership with others

- The dedicated customer relationships manager had worked tirelessly to build excellent relationships with the local and wider community. The service provided a blue light breakfast club for police, ambulance, the fire brigade every Wednesday morning, where these professionals were treated to a free breakfast and tea and coffee.
- The service had also provided the local fire brigade spaces to train and network with each other. Paramedics were able to use the services car park as a designated stop area, and access hot drinks.
- Giving back to the community in this way meant the home was open, transparent and able to develop positive relationships with these professional groups. People also enjoyed having these visitors and chatting to them in the communal café area.
- Working closely with dementia friends, the service provided a free space to train people from the community to become dementia friends. They also offered a carers wellbeing programme for carers in the community, where they could come and have refreshments and network and learn to skills to take care of themselves.
- The home worked with local schools introducing the Archie the scarecrow project. This project links the local schools with organisations including care homes to work with children to dispel the fear of dementia with the aim of changing the attitudes towards people living with dementia in the future workforce.
- Whilst end of life care provision was very good, the service was also developing links the Marie Curie charity, to ensure training for staff and the person-centred care that people received.
- The service had also approached local universities to apply to be a student nurse placement area. The service recognised this would support their own nurses to kept up to date with the latest research available and this would have a positive impact of on the quality of care people received at the home.