

Review of compliance

Hallmark Care Homes (Billericay) Limited Anisha Grange

Region:	East
Location address:	Outwood Common Road Billericay Essex CM11 2LE
Type of service:	Care home service with nursing
Date of Publication:	July 2012
Overview of the service:	Anisha Grange is a home that is registered to provide accommodation, nursing and personal care. The home is set over three floors.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Anisha Grange was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 June 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People using the service were happy living at Anisha Grange. They described the carer staff as 'caring' and 'kind'. People said they felt safe at the home and one relative told us that "the staff team in the home made their relative's quality of life good".

What we found about the standards we reviewed and how well Anisha Grange was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who use the service were protected, as far as possible, from the risk of abuse, because the provider had taken reasonable steps

to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system in place to regularly assess and monitor the the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with five people living in the home and they all confirmed that the staff team were good with maintaining their privacy and dignity. Three people, who we asked, all felt that the staff promoted their independence and were helpful and they also who said that the staff never rushed them. One person felt that staff thought they were more independent than they actually were and another said that they had plenty of choice about their daily routine.

Other evidence

The routines of the day were seen to be very person centred in that breakfast extended until 10 a.m. to allow people to have their own routine. The chef worked well into the evening to enable people using the service to have a good level of choice with regard to the food on offer.

Staff were seen to offer people choice at mealtimes and how they were spending their day. At mealtimes the tables were well laid and people had access to cloth napkins and condiments. Staff were also seen to be given people time to make decisions and when providing care and support they were caring and respectful.

We looked at five care management plans out of thirty eight and found that they were

variable with regard to promoting independence and identifying people's abilities. For example two care management plans were not sufficiently detailed regarding what a person could do for themselves in order to maintain independence and feelings of self worth. For example, they stated that the person needed one carer but did not give any further detail on the level of support required. This may mean that different staff may support the person differently and in doing so they may reduce a person's independence.

People moving into the home were placed within units that met their needs at that time and optimised their abilities, especially for those living with dementia, in order to maintain their independence and promote their abilities for as long as possible.

The manager outlined a new Dignity Code that the team at the home were in the process of introducing and plans to meet with senior carers to help raise the profile of the code and appoint a dignity champion. This was evidenced in the staff meeting minutes.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with five people living in the home who all spoke positively about the care they received and the staff team, saying that the staff were 'kind' and 'caring'. They all felt that there were sufficient social activities taking place at the home and most were aware of forthcoming events.

One relative said that the level of information that staff provide on the care of your relative was sufficient and that 'the staff team in the home made their relatives quality of life good'.

Other evidence

Prior to admission, records showed that people moving into the home had a comprehensive assessment of their needs undertaken that covered their physical and mental health.

People living in the home had care management plans in place. We looked at five care plans out of thirty eight and found that most of the care management plans were up to date, sufficiently detailed to guide staff and person centred. The provider may find it useful to note that not all the plans were being used as per the provider's policy, for example the nutritional assessment tool was not fully in place for two out of the five plans we reviewed. This may mean that people's nutritional risk may not be fully appreciated by the staff team.

The provider may also find it useful to note that we found in one case that a person

requiring end of life care did not have an up to date care management plans in place that reflected their current needs. However on discussion with the lead nurse it was evident that the person's care needs were being met in relation to pain management, end of life care and nutrition, although the nurse acknowledged that this was not reflected in the records.

Records maintained by staff on request for doctors visits showed a proactive approach to the healthcare needs of people living in the home and from observation there was a positive working relationship with visiting doctors.

We spoke with two staff on two different units and we found that they knew the people living in the home well both with regard to their care needs and social history. On the provider's relatives survey dated 2012, the results of the survey showed that relatives felt that the care provide was primarily excellent with the rest responding that it was good and most people said that their relatives were able to pursue their interests and hobbies.

The home and garden were both designed in a way that promoted independence and people's wellbeing. In that there are a range of facilities, such as a therapy room, cinema etc. colour coded doors, tactile prompts for the visually impaired and the garden was fully accessible and promoted interaction and exploration, especially for those people living with dementia.

We found that people living in the home had access to a wide range of social activities and resources in the home such as different clubs, a cafe with homemade biscuits every day, computers and volunteers who visited and spent time with people living in the home. We saw that people living in the home and their visitors were making good use of the cafe. People living in the home were able to go on regular outings and there were good links with local schools and community groups, who visited the home. Activities staff worked during the week and cover weekends.

The manager had policies and procedures in place for dealing with emergencies that may affect the people living in the home and these were available to staff on each floor and included, missing persons, emergency first aid, resuscitation and dealing with intruders.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with five people who lived in the home and one relative. They all commented that the staff were very nice and that they felt safe living at the home.

Other evidence

Care records showed that staff were proactive in raising any safeguarding concerns for consideration by the local safeguarding team and often were found to be acting in the person's best interests, for example to ensure that they were receiving the care and support that they required.

We saw that manager had in-house and local authority safeguarding policies and procedures in place, including procedures for staff and whistleblowing.

Three staff members we spoke with confirmed they had had training in adult safeguarding and one, in discussion, demonstrated a full appreciation of safeguarding matters. Training records confirmed that staff had up to date training in adult safeguarding.

Our judgement

The provider was meeting this standard. People who use the service were protected, as far as possible, from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke with people using the service but their feedback did not relate to this standard.

Other evidence

We spoke with three nursing and care staff and they all spoke positively regarding the amount and quality of the training provided. Staff training records showed that compliance levels for training in most subjects, for all staff are high being over eighty or ninety percent.

Staff also confirmed that they were receiving adequate supervision from either senior staff or the manager and that when they started work at the home, when it opened, their induction was comprehensive. Staff spoke of regular daily meetings with the manager and more formal minuted meetings where they felt able to express themselves and discuss a range of subjects. Staff supervision records showed that compliance levels were high for the majority of the training offered and that staff were completing extra training such as the care of people living with dementia and mental capacity.

The three staff we spoke to all said that they felt well supported by the manager and that she was approachable and had a problem solving approach to any matters raised and that staff were involved in solving problems with her. The provider may find it useful to note that supervision training records showed that that some staff were receiving regular supervision whilst others had gaps of either six or seven months before the first supervision after their employment date.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with five people living at the home. One said that they were 'asked frequently if everything was fine and whether they had any concerns'. Another said they had been asked if the home needed improving in any way. Most people said that they saw the manager regularly and could always contact her if required. One person said that overall they were 'very satisfied'.

One relative told us that they had attended a relatives meeting and that people had the opportunity to raise concerns but nothing major was raised.

Other evidence

The manager worked alternate weekends to ensure that visitors were able to see her should they so wish. She also ensured that the reception area was staffed at weekends and into the evening to again help people with any enquiries.

We spoke with three staff and they all said that they were happy to be working for the provider and they spoke positively about the facilities at the home and that they were able to care for the people living in the home properly.

The regional clinical support person visited the home every month and as part of the provider's quality assurance programme, reviews care management plans. However there was no record of this as part of the quality assurance programme.

As part of the provider's quality assurance programme the manager reviewed all

accidents and incidents that occurred in the home. Records showed that these were analysed and discussed at health and safety meetings to see if risks can be reduced. Records showed that there were a range of health and safety checks/systems that were completed on an ongoing basis in the home in order to reduce risks to people living in the home and staff. These include risk assessments on staff procedures and areas of the home.

The team at the home also undertook a range of audits including medication, bi-monthly kitchen and domestic audits. Action plans were developed and items are signed off when completed.

We found that the provider completed a comprehensive audit covering key outcome areas such as information and involvement, care and welfare, safeguarding, staffing and quality management. The home had recently had an audit completed the results of which the manager had yet to review.

Staff were asked to complete 'customer journeys' through the home in order to improve experiences for people living in the home and their visitors. The provider also used the mystery shopper format in this way as well. Any issues raised were discussed at staff meetings to ensure they are followed up and actioned where appropriate.

At the time of this inspection the home had been open nearly nine months and the provider had completed a relatives survey that showed that they are very satisfied with the care, communication and facilities at the home. The provider had a survey that was to be used for people living in the home and they planned to complete this in August 2012. In the meantime records showed that meetings have been held with the people living in the home where they have been consulted on social activities and from discussion it is clear that their suggestions were taken on board and actioned. Comment cards were always available for both people using the service and visitors to the home to use.

Correspondence and cards from relatives showed that people were very satisfied with the care and services offered by the home and people spoke positively about the standards of care, friendly atmosphere and information available.

Our judgement

The provider was meeting this standard. The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
Audience	The general public
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA