

# Hallmark Care Homes (Rugby) Limited

# Anya Court

## Inspection report

286 Dunchurch Road  
Rugby  
Warwickshire  
CV22 6JA

Tel: 01788811976  
Website: [www.hallmarkcarehomes.co.uk](http://www.hallmarkcarehomes.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Anya Court is a residential care home, providing personal care and accommodation for up to 70 older people. Some people who live at Anya Court have dementia or a cognitive impairment. The home is divided into three separate floors, the ground and second floor for residential accommodation, the middle floor for people living with dementia. There were 43 people living at Anya Court when we inspected the service.

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

Staff were trained in safeguarding and understood their responsibilities to report potential safeguarding concerns. There were enough staff to ensure people's needs were met safely. We were assured by the provider's infection, prevention and control practices. Visiting to the care home aligned with government guidance. Environmental risks were identified and mitigated against, and medicines were well managed.

New staff received an induction into the service and received ongoing training to keep their skills and knowledge up to date. The registered manager worked with trusted assessors to ensure any admissions from hospital or the community could be supported safely. Staff understood people's individual dietary needs and prompted people to eat and drink enough to meet their needs. The provider had adapted the design and decoration of the building to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Partnership working enabled people to maintain their wellbeing.

Important events and incidents were notified to CQC, and the latest CQC rating was displayed in the home as per regulatory requirements. The provider worked with external health and social care professionals to ensure people had access to services they needed, in response to changes in their health and to improve their health outcomes. People knew how to raise concerns and provide feedback about the service. The management team worked together to identify areas for improvement at the home.

Rating at last inspection

The last comprehensive inspection report for Anya Court (published January 2020) and we gave a rating of requires improvement. At this inspection we found the service had improved and have rated the service as good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

We undertook this focused inspection to check they had improved and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded

at the last inspection to calculate the overall rating. The overall rating for the service has improved to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well led.

Details are in our well led findings below.

**Good** ●

# Anya 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection Team

The inspection team consisted of an 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

Anya Court is a care home. People in care homes receive accommodation and personal care. 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 (CQC). 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

The inspection took place on 23 August 2022 and 24 August 2022 and was unannounced on the first day. We told the registered manager we would return on the second day to complete our inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We also requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

We were unable to use information from the Provider Information Return, as we had failed to request this before our inspection visit. This is information we require providers to send us at least once a year to give

some key information about the service, what the service does well and improvements they plan to make. We therefore asked additional questions of the registered manager during our visit, to ensure we gathered all the information we required.

During our inspection

We spoke with five people living at the home and five people's relatives. Some people, due to their complex care needs and disabilities were unable to give us their feedback about the home. We spent time with people to see how staff supported them. We also spoke with eleven members of staff including the registered manager, the deputy manager, the head of dementia care, the regional manager, the nominated individual, members of the maintenance team, care workers and senior care workers.

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

We reviewed a range of records, including four people's care records and four people's medicines records. We also looked at records relating to the management of the service, including audits and governance systems. We reviewed the provider's maintenance records; and records of when checks were made on the quality of care provided.

We looked at two personnel files to check that suitable recruitment procedures were in place, and that staff received supervision and appraisals to continue their professional development.

# 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 Good. People were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe at the home. One person said they felt safe with staff, saying, "The staff are like family."
- Risks to people were assessed and plans were in place to reduce risks. Where people were at risk of developing sore skin, or were being treated for wounds to their skin, risk assessment and management plans instructed staff on how to support the person to reduce the risks of deterioration. Staff followed the risk management plans and people were cared for safely and effectively to heal their wounds.
- Environmental risks were identified and measures were in place to mitigate those risks. Equipment was maintained, and fire systems and procedures were regularly checked.

### Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, and at provider level, to drive forward best practice.
- Staff who administered medicines reported any errors they made, and these were investigated, so that further training and learning reduced the risks of future errors.

### Staffing and recruitment

- There were enough staff to meet people's needs safely. However, we received mixed feedback from people about whether there were enough staff to offer them prompt support. Comments from people included; "The staff are great.", "I think there are enough staff", "Occasionally they are short of staff, especially in the evenings", "I think they could do with more [staff]. I try not to bother them much because they have too much to do", and "They [staff] have been under pressure lately because of holidays."
- Staffing levels were based around people's assessed health and care needs. The management team were confident there were enough staff to keep people safe.
- Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people.
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. Pre-employment recruitment checks included reference requests and Disclosure and Barring Service (DBS) checks. This helps employers make safer recruitment decisions so that only suitable people work with those who are vulnerable.

### Systems and processes to safeguard people from the risk of abuse

- Staff received training and understood their roles and responsibilities in keeping people safe. Staff told us

they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.

#### Using medicines safely

- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them. Where people required their medicine on an 'as required' basis, there were detailed protocols in place to prompt staff, on how and when, people needed their medicine. One person told us, "They [staff] ask me if I need a painkiller and give me paracetamol if I need it."
- Regular audits, and spot checks on the administration of medicines were undertaken by the clinical lead. Daily stock counts of medicines helped ensure any medicines errors were identified and acted upon as soon as possible.

#### How well are people protected by the prevention and control of infection?

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People at Anya Court were encouraged to have visitors. Visiting policies and procedures were in line with government guidance.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills they needed. Comments from people included, "They all do their job excellently and they do it with a smile" "I can only give them the highest of praise", and, "The staff are incredible at all levels from [registered manager] to the cleaners. They are such good quality. [Registered manager] is making it into a really good team."
- Staff used their training and skills to support people living with dementia effectively. One relative said, "[Name] is very difficult. ....they [staff] have gone to a lot of trouble with him and manage him really well. They have the skills to know what to do."
- Staff told us they received the training and support they needed for their roles. One staff member said, "The registered manager encourages professional development. Hallmark are keen on keeping our training up to date."
- New staff received an induction and were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards, forming part of a robust induction programme.
- Staff received relevant, ongoing refresher training for their roles. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills. Staff received regular supervision meetings where they had the opportunity to discuss their work and help improve their practice.

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

- Overall, people and their relatives told us they were satisfied with the quality of food provided. One person said, "The meals could be hotter", another person commented they would like more choice in the menu. They added, "I have spoken to the chef, and we are now having kippers for breakfast."
- People were provided with regular drinks and snacks and were given choices about where they wanted to eat their meals. There were a number of dining rooms around the home, garden areas and a café where people could have drinks, snacks and a meal. People were encouraged to eat at a time that suited them, for example, breakfast was served to people when they decided to get up, rather than a set time.
- People's nutritional needs were assessed to ensure they received food and drink in line with their nutritional requirements. The chef and kitchen staff were informed about each person who required a specialist diet. This information helped ensure food was prepared in line with people's individual needs.
- Food and fluid charts were completed by staff for people who were at risk of weight loss, or required their fluid intake to be monitored. Fluids and people's nutritional needs were reviewed daily, so that action could

be taken in a timely way if people needed additional support with their nutrition.

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

- Staff worked with other health professionals to make sure people received support that met their health needs. For example, a weekly ward round was conducted by the local GP to review people's health needs. District nursing teams visited the home on a daily basis.
- Daily meetings with the senior staff reviewed changes in people's health and whether referrals to health professionals were required, to improve people's outcomes..
- Regular staff handover meetings shared key information about people's needs, accident and incidents, hospital admissions, any changes in their health, and whether follow up referrals to other health professionals were needed. Reminders were given to staff on how to support people safely in response to a change in their health or being unwell.

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.

- At our previous inspection we found people were not always supported in the least restrictive way possible because care staff were overly cautious in enabling people to take positive risks in their lives. For example, to make choices about leaving the home. At this inspection people were encouraged to go into the community, use garden areas and staff encouraged people to have more choice and control in their daily lives.
- Staff told us the ethos around how people with dementia or cognitive impairments were supported now. New initiatives on how people with cognitive impairments should be supported to make choices themselves had been introduced. The CHARM project had been introduced to get to know people's social and cultural needs, backgrounds and histories, so that they could be supported in a more personalised way. This helped meet people's individual needs and identify areas where staff could encourage people to make decisions. One family member said, "They [staff] have introduced the CHARM project which means my mum has 2 key workers looking after her on opposite shifts. They know her really well. They also feedback to me and I have a relationship with them too. It is almost as if they've become a member of the family", "They [staff] treat her with dignity and respect, and I see them with other residents too treating everyone as a human being."
- Staff completed training in mental capacity. The registered manager and staff demonstrated they understood people's capacity could change, according to their health.
- Mental capacity assessments were carried out for people when needed and applications to restrict people's movements made to the authorising body as required.

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

- People's needs regarding their physical and emotional health were assessed in line with their wishes and preferences for their daily routines. Pre-assessments were carried out prior to anyone moving into Anya Court and information regarding people's social and spiritual needs and their sexuality formed part of the assessments.

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

- The home was a purpose-built residence offering people a number of dining rooms, lounges and a cafe, which gave people opportunities to socialise and meet people, family and friends. Other facilities on offer were a spa, hairdressers, cinema and gardens.
- On the Ballard Community, where people with dementia were supported, there was a colour coding system of walkways and hallways to help people find their way around their home. The provider installed directional signage to help ensure people with memory problems or confusion were easily able to find their way.

# 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. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created consistently promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by a registered manager and a deputy manager, who was also the clinical lead. Additional department managers supported the home including housekeeping, maintenance and lifestyle. Each unit of the home was also assigned a senior care leader.
- Systems measured and monitored outcomes for people with a view to making improvements where possible and making people's lives better.
- Senior staff worked alongside care staff, where they demonstrated best practices. For example, during weekly shifts they assisted people and staff to help them develop relaxed, positive relationships with people, and discreetly observe staff's support of people, so performance was continuously reviewed.
- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed in the home and on their website and, there were systems in place to notify CQC of incidents at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our previous inspection we received mixed feedback from staff about whether they felt the registered manager was approachable. Since then a new registered manager had been appointed along with a new deputy manager. People, their relatives and staff told us the management team was approachable. The registered manager operated an 'open door' policy, welcomed feedback, and conducted daily meetings with heads of department and senior care staff, to make sure they were fully involved in the daily management of the home. One staff member said, "[Registered manager] tells you what she needs, the support is there now, the provider is also there to support us."
- At our previous inspection people and their relatives provided feedback about the inconsistent management team, which impacted on the care people received. At this inspection Anya Court had consistent leadership for more than 18 months. Comments from people, or their relatives included, "[Registered manager] has done a really good job and it has improved enormously in the past 18 months since she took over, particularly on the dementia unit."
- People and their relatives told us the communication at the home had improved. A number of ways to communicate with family members and residents had been implemented and embedded at the home. These included a monthly resident's meeting, new electronic records which could be viewed by family members and advocates, weekly update letters, monthly relative meetings and newsletters. Comments

included, "There is a monthly resident's meeting so we can talk about anything there and we are kept up to date with things", "They [manager] have introduced the RELISH app which means I get daily updates and pictures of mum and what she has been doing throughout the day which is great", "There are monthly team meetings for relatives updating us on staff changes, activities etc. so we all feel well informed."

- People and their relatives told us the responsiveness of the management team had improved. Family members told us, "If I had a complaint I would talk to [Senior] she is in charge of the floor and is really good", "[Registered manager] is very good and she responds to my emails straight away", another relative said, "I can go to [registered manager] with anything, she has worked for 20 years in mental health and she understands how to manage someone with a head injury."
- The provider organised regular stakeholder surveys for people who lived at the home, to provide them with an opportunity to give them feedback.
- The management team held regular staff, team and departmental meetings, to provide staff at all levels the opportunity to give them feedback about the home and any ideas for improvement. Heads of department met each morning to discuss the management of the home, and any incidents, accidents or changes. Information and improvement plans were shared with staff across each department.

#### Continuous learning and improving care

- The provider had systems and processes to monitor the quality of the services provided which the registered manager implemented. The management team and senior staff undertook audits and looked for continuous ways where improvements could be made. Audits included checks on medicines, care records, infection control and health and safety.
- The registered manager was supported by the provider's quality assurance auditors, who also undertook service audits to ensure compliance with regulations.
- All actions from audits were added to an action plan the registered manager and provider oversaw. Changes were being made based on recent audits, to make improvements at the home.
- The provider shared learning across their group of homes, through regular governance meetings with their management team. Items discussed included learning from accidents and incidents, and best practice guidance.
- Electronic care records and audits had been introduced, to improve care records and ensure they accurately reflected people's individual needs.

#### Working in partnership with others

- The service had links with external services, such as government organisations who provided links to renewed best practice guidance, charities, commissioners of services, nurses and health professionals. These partnerships demonstrated the registered manager sought best practice to ensure people received good quality care and support.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local charities and religious organisations to increase people's opportunities for social interaction and pastoral care in their local community.

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

- The registered manager and provider understood their responsibilities to share information under the duty of candour regulations.