

# Hallmark Care Homes (Hutton View) Limited

## Hutton View Care Home

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Hutton View Care Home is a residential care home providing accommodation and personal care to up to 77 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 19 people using the service.

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

The provider had developed a positive and inclusive culture where people were placed at the heart of the service. The provider had a clear vision for creating high quality, personalised care for people living with dementia; promoting the importance of people's relationships with others and encouraging strong partnership working to enable people to achieve good outcomes. People were involved in their local community and engaged in pastimes which were meaningful to them. Staff spoke proudly about their roles and the care they delivered and felt supported and valued by the provider.

The registered manager had robust processes in place to monitor the safety and quality of the service and there was an effective management structure in place with clearly defined lead roles. The provider had embedded a culture of continuous learning and improvement. People, relatives and staff were encouraged to give feedback and help to shape the running of the service.

People were supported by staff who knew them well and understood their needs. Staff were kind and caring and spoke to people respectfully. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests and the policies and systems in the service supported this practice.

Risks to people's safety were assessed and reviewed and processes were in place to protect people from the risk of abuse. Medicines were administered safely by staff who were trained and competent to administer them. The provider had implemented safe infection prevention and control processes and staff had access to appropriate personal protective equipment (PPE) and up to date guidance.

Staff had received a comprehensive induction and in-depth training, including completing the provider's specialised dementia care training. People's care plans were personalised and contained clear guidance for staff about how they wanted to be supported and what was important to them.

The provider promoted people's health and well-being and supported people to access appropriate healthcare services. The provider worked collaboratively alongside other healthcare professionals to ensure people's needs were met. Relatives told us they were kept up to date and felt involved in people's care. People and relatives told us they felt comfortable raising any concerns with the provider and spoke positively about the management and leadership of the service.

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

#### Rating at last inspection

This service was registered with us on 26 October 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service had not been rated.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was exceptionally well-led.

Details are in our well-Led findings below.

**Good** ●

# Hutton View Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Hutton View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hutton View is a care home without nursing 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. 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 the inspection

We reviewed information we had received about the service since its registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan

to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who lived in the service and eight relatives about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten members of staff including the registered manager, deputy manager, dementia care manager, hospitality manager and care staff. We reviewed a range of records. This included three people's care and medicines records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

#### After the inspection

We reviewed training data and quality assurance documentation and spoke with two healthcare professionals who had regular contact with the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this service since its registration. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People were supported by a skilled staff team who understood their needs. However, we received some mixed feedback about the turnover of staff in the service. One relative told us, "There has been a high turnover. It can be difficult for [person] when staff they've built a relationship with just disappear." One member of staff said, "When I first started a lot of staff had left, but that has improved and it's more consistent now."
- The provider told us the service was still developing and staffing had now settled and become more stable. The registered manager explained they completed exit interviews with all staff who left the service and used this feedback to look at whether any changes were needed.
- The provider told us they planned to grow the service steadily, ensuring staffing levels were in place which met people's needs and their expectations of high quality, personalised care.
- The provider had ensured staff were safely recruited with appropriate employment checks completed prior to starting work.

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

- People were protected from the risk of abuse. The provider had robust processes in place for reporting, reviewing and learning from safeguarding incidents.
- Staff had received safeguarding training and knew how to recognise signs of abuse. Staff were able to tell us what steps they would take if they were concerned people were at risk. One member of staff said, "I would go straight to the manager or deputy manager or I would use the whistleblowing helpline or contact CQC if necessary."

### Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and regularly reviewed to ensure the support in place met people's needs. People's care plans contained clear step by step guidance for staff on what the risks were for each person, how to promote their independence whilst ensuring their safety was maintained and how to access help and support if needed.
- People and their relatives told us they had no concerns about safety. One relative said, "At no point have I worried about [person's] safety, the staff have been wonderful." A person told us, "I feel safe here and the staff would come if I needed them."

### Using medicines safely

- People received their medicines safely. The provider ensured people were able to administer their own medicines where possible and people's care plans provided guidance about any support they may need.

- Staff had received medicines training and the provider had assessed their competency to administer medicines safely.
- The provider used an electronic medicines administration system for recording what medicines people were being supported to take and the times these were taken. The system alerted staff promptly to any administration errors enabling them to respond quickly. Staff completed a weekly medicines stock check and the management team carried out monthly audits to ensure safe processes were being followed.

#### Preventing and controlling infection

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

#### Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People had named essential care givers and received regular visits from friends and relatives.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- The provider had a clear process in place for monitoring and reviewing accidents and incidents. The registered manager documented the actions taken and shared lessons learnt with staff during supervisions and team meetings, discussing what changes could be made to prevent a reoccurrence.



# 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.

This is the first inspection of this service since its registration. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them receiving care. The provider completed a comprehensive review of people's needs and wishes and involved the person and those who were important to them in the process. One relative told us, "They have been so supportive to us all through the admission process, making sure they had all the information and staying in touch throughout."
- The provider had a customer relationship manager in post to support people and relatives with moving in and settling into the service. Relatives told us this had helped them to feel welcomed and reassured through what could be an unsettling period.
- The provider ensured staff followed best practice in the delivery of care by sharing information and updates in staff meetings and regularly reviewing and amending policies to reflect changes in guidance and the law.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction before they began to support people directly. Staff told us they had undertaken a two week induction which included completing their training, checking their competency in key areas of support and familiarising themselves with the values of the organisation. One member of staff told us, "The induction was second to none, absolutely brilliant, really in-depth and helpful."
- Staff had received a wide range of training relevant to their role. The provider had specifically developed a number of training resources and workshops to support staff to understand people's experience of living with dementia. The provider told us this was part of a wider long-term strategy for providing the best possible care for people living with dementia.
- Staff received regular supervisions and told us they felt supported by the management team. One member of staff said, "All of the managers are very supportive, and I could talk to any of them whenever I need to."

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

- People were supported to eat and drink a well-balanced and healthy diet. People's support needs and preferences were recorded in people's care plans and reviewed regularly. Where there were risks associated with people's eating support, these were clearly identified with guidance in place.
- The provider had a dedicated hospitality team who ensured people were offered a wide range of meal and snack options throughout the day. Food was well-presented and appetising.
- People generally spoke positively about the quality of the food; however, we did receive some mixed feedback about the style of meals offered. One person told us, "90% of the time it's good but sometimes some unusual things are put together" and a relative said, "The food looks great, but sometimes people want something simpler, more traditional."

- The provider told us people were encouraged to give regular feedback about what they had enjoyed eating and anything they would like to change. People and relatives confirmed the hospitality manager was quick to respond to feedback and make improvements.

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

- People were supported to attend healthcare appointments when necessary. People's care plans contained detailed information about who was involved in supporting their health needs alongside a record of their appointments, with any feedback or recommendations recorded.
- The provider had responded to people's changing needs, seeking medical advice and making referrals to the relevant health professionals as appropriate.
- When people moved into the service, they were supported to maintain links to existing health services if they chose to. The provider's dementia care manager told us, "People may already have a good relationship with their existing healthcare professional, so rather than them moving to somewhere different when they come to live here, we continue to support people to go there."

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

- The provider had adapted the design and decoration of the building to meet people's needs. Where people were living with dementia, the provider had ensured there were a number of clearly defined areas containing items for people to interact with. People were able to access outside areas easily with doors which opened onto terraces and the decoration and lighting had been adjusted to meet people's needs and preferences.
- The provider had implemented the 'Turn it Down' campaign to make staff aware of how environmental noises impacted on people living in the service and how minimising these noises could reduce people's distress and anxiety.

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 MCA 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.

- People's capacity to consent had been considered by the provider during their initial assessment and people's care plans provided guidance for staff about what decisions people could make independently and when they may need support with decision-making.
- Staff had received training in MCA and DoLS and understood how to support people to make decisions. One member of staff told us, "You have to speak to the person and their relatives and understand what they can or can't do. Sometimes they may be able to do something and another day they may not, but we should always offer and support them to try."

- The provider had submitted DoLS applications to the appropriate authorities when necessary and the registered manager had a tracker in place to ensure applications were re-submitted when due.

# 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.

This is the first inspection of this service since its registration. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoke positively about the support people received and told us staff were kind and caring. One person said, "They're so nice and good and they give 110%" and a relative told us, "They're always sitting and chatting to [person], laughing with them and they work really well as a team. They're very good at helping people when they're feeling distressed too."
- Staff knew how to support people's emotional wellbeing and care plans contained detailed guidance for staff about how to adapt their support depending on how the person was feeling that day.
- Staff understood people's individual needs and preferences and were respectful in their support. One relative told us, "When [person] moved in staff took the time to get to know them and us too. Now when we're there, all of the different staff will greet [person] by their name when they see them and stop to talk to us. It's very respectful."
- Staff had completed equality and diversity training to support their understanding of respecting people's individual rights and personal preferences. People's care plans contained information about what was important to them as individuals, including any cultural or religious beliefs and practices.
- Staff spent time learning about people's life histories and cultural backgrounds. Where people did not use English as their first language, the provider identified staff who spoke the same language to aid their communication and support staff in understanding how to address people appropriately.

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

- People were supported and encouraged to make decisions about their care. People told us staff listened to them and respected their choices. One person told us, "They always listen and they're very respectful. They ask me what I would like and if I don't want something, they will offer me something else."
- People's relatives told us they felt involved in people's care and able to give feedback. One relative said, "They keep us updated about how [person] is, what they've been doing, and any health updates. We've been involved all the way through from the initial conversations before they moved in onwards."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and supported them to do as much as possible for themselves. One member of staff told us, "We support them to do the things they can for themselves. They may need support with some of their personal care but other things they can do without support. We encourage them to do what they can."
- Staff were respectful of people's privacy and space. We observed staff knocking before entering rooms and checking whether people were happy to receive visitors. People were given time to respond without being rushed.

# Is the service responsive?

## Our findings

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

This is the first inspection of this service since its registration. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's care was personalised. Staff understood people's needs and preferences and supported them to have as much control as possible over how their care was given.
- People's care plans contained clear guidance about their likes and dislikes, the people who were important to them and the pastimes they enjoyed. The provider met with people and relatives regularly to review care plans and discuss any changes needed.
- The provider had a strong focus on ensuring care was truly personalised for people living with dementia. They told us, "Our approach is one step on from person-centred care, it's relationship centre-care and focuses on understanding the benefits of all the relationships a person has and how that makes them who they are."
- People's relatives told us staff understood how to support people living with dementia and tailored the care they provided to the individual. One relative told us, "They really got to know [person] and understood them and how they liked to be cared for completely."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered whether people had any sensory and communication needs during their initial assessment and recorded this information in their care plan. For example, one person used an interactive aid through their iPad to control lighting, change TV channels and call friends. Guidance on how to support the person with this was detailed in their care plan.
- Staff were in the process of receiving training in the use of 'Talking Mats'. This is a communication aid which uses visual symbols to support conversations for people who may struggle to communicate using words. The provider told us once staff had completed this training, they hoped the mats would enable them to initiate more conversations and better tailor people's individual care needs.

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

- People were supported to participate in social and leisure interests that interested them. One person told us, "There's a few of us that come together to play scrabble and card games and I enjoy knitting and art. I try to join in with things."

- The provider told us they supported people to share the pastimes they enjoyed together. For example, they had identified a group of people who all enjoyed watching football matches in the home's cinema room. They supported them to join together to watch the matches with a drink and a take-away. The hospitality manager told us this meant they were able to enjoy socialising whilst watching the match.
- People were supported to maintain relationships with those who were important to them. People's relatives visited frequently, and people kept in regular virtual communication via phone and video calls.

#### Improving care quality in response to complaints or concerns

- The provider had a robust process in place for recording and responding to concerns and complaints.
- People and relatives told us they felt comfortable raising concerns with the management team. One relative said, "I would go straight to [registered manager], they would get back to me quickly." Another relative told us, "If I raise any issues, the manager responds and talks things through openly."

#### End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection. However, people's future end of life care wishes were considered during their initial assessment and documented in their care plan.
- The provider had previously supported people with their end of life care and we received positive feedback from relatives about the standard of care given. One relative told us, "I cannot fault the care they gave [person] or the compassion they showed to the family. They were so kind."

# 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.

This is the first inspection of this service since its registration. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a person-centred and inclusive culture. People's relatives told us the provider's approach to supporting people living with dementia had achieved good outcomes and made a real difference to the quality of people's lives. One relative said, "[Person] had deteriorated so much before moving into the home but in the short time they've been there we've seen a dramatic improvement. Within a week, they seemed more able to focus and remember our names. They're laughing more and seem much happier." Another relative told us, "[Person's] self-care and eating and drinking has substantially improved since they moved in, they've only been there a short time, but it's already so much better."
- People were placed at the heart of the service. The provider had developed a support model which placed high-quality relationship-centred care as the foundation for understanding people's individual needs, supporting them to engage in meaningful pastimes and ensuring people were supported to have as many good days as possible. The provider told us, "Staff are brilliant at providing resident-led support; inviting people to try things, responding to their interests and recording what works well so we can use the skills they have and develop projects that interest them."
- The provider recognised and celebrated staff achievements, encouraging people and relatives to nominate staff they felt deserved recognition for their hard work. The provider told us they held a celebration in the service for the nominated staff who received gifts to thank them for their contribution to the service.
- Staff spoke positively about the culture of the service and their pride in the work they do. One member of staff said, "From day one, I felt like I belonged here, the manager's door is always open, and the team is like one big family." Another member of staff told us, "I would happily have this team care for someone I loved, they are so good, and they really do care about people."

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continuous learning and improvement and had a clear vision for creating excellence in care for people living with dementia.
- The dementia care manager explained the provider's three year strategy for improving dementia care and the pledge undertaken within the home to create a sense of home and belonging for people. They told us central to this was understanding people's relationships. The provider strongly encouraged people to maintain as many important relationships as possible including welcoming people's pet dogs into the service when they moved in. The provider also considered the importance of objects people found meaningful and how to ensure these objects were incorporated into the home to strengthen people's sense

of home and belonging.

- The provider told us they planned to offer their specialist dementia care training to people's friends and relatives to provide coaching and an understanding of their model of support and how they could work collaboratively to promote people's wellbeing.
- The provider had built strong links within the local community, hosting support groups within the service and supporting local fundraising events. The provider told us this added to people's sense of belonging within the community and promoted close partnership working.
- The provider shared with us the positive feedback from some of the organisations they supported. Comments included, "I would like to say a very big 'Thank you' to all the wonderful staff at Hutton View, It was a brilliant experience for those in the group who attended and they are looking forward to our next visit very much" and "Without this support some of our events wouldn't be able to take place, or would be smaller. Your support greatly improves these."
- The provider worked closely with a number of other healthcare professionals to support people's needs, including the dementia crisis team and community nursing teams. The provider had adopted strategies to improve how people were supported when transferring between different services, including implementing the 'Red bag scheme'. Red bags contain all the information a person needs when going into hospital as well as clothes and personal belongings.

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

- The provider had created a 'co-production' approach to the running of the service. This meant people, relatives and staff were viewed as partners and involved in making decisions about all aspects of the service. Feedback was actively encouraged and welcomed in order to shape and improve the standard of care delivered.
- The provider used a range of different methods of communication to ensure people's voices were heard, including holding regular residents' meetings, spending time with people 1:1, completing questionnaires and introducing communication aids such as the Talking Mats.
- Relatives told us they had regular opportunities to feedback formally and informally. Staff were encouraged to feedback via questionnaires and during their one-to-one and group meetings. Staff told us feedback could also be given anonymously if they preferred.
- The provider produced 'You Said and We Did' posters, highlighting the improvements made in response to feedback received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had a clear management structure in place with easily identifiable lead roles. People, relatives and staff told us they knew who to contact to feedback on different areas of care. One relative said, "If I wanted to discuss something relating to [person's] dementia care, I would go straight to [dementia care manager], if it was in relation to the food, I would speak to the hospitality manager."
- The registered manager had effective oversight of the service and robust systems were in place to monitor and review the safety and quality of the service. The management team completed a range of audits in key areas of support and these fed into an electronic monitoring system which enabled the registered manager a real-time view of what was happening in the service.
- The provider understood their responsibility to be open and honest with people when things went wrong and had a clear duty of candour process in place to follow. The registered manager was aware of their regulatory responsibilities including when to submit appropriate notifications to CQC.



