

HRS Care Limited

# Hastings Lodge & Hastings Cottage

## Inspection report

20-22 Althorp Road & 6 Althorp Road  
St James  
Northampton  
Northamptonshire  
NN5 5EF

Tel: 01604750329

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Hastings Lodge & Hastings Cottage is a residential care home providing personal and nursing care for 14 people with Dementia, mental health, learning disabilities or autistic spectrum disorder. Hastings Lodge & Hastings Cottage accommodates 14 people across two properties.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Improvements were required to medicine administration recording and auditing processes.

People told us they felt safe, listened to and well cared for by staff who knew them well and respected them as individuals. People felt the houses were a homely environment and had been involved in the decoration.

Care plans and risk assessments identified people's needs and were written with people's involvement and consent. People were supported to take risks when appropriate. However, we found some gaps in recording for oral care and in some daily notes. The registered manager agreed to rectify these issues.

Staff understood safeguarding and whistleblowing procedures and felt confident to raise any concerns to the registered managers. Any complaints had been dealt with appropriately and in a timely manner. The registered managers fed back all actions required to the relevant people and shared learning with staff.

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.

People were supported to maintain healthy lifestyles and referrals were made to healthcare professionals as required. People's dignity and privacy was respected at all times.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Managers were available and accessible to everyone. Staff felt supported and had received appropriate training for their roles. There were enough staff on duty to ensure people could access activities and attend appointments.

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

The last rating for this service was Good (published 13 May 2017).

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 well led.

Details are in our well led findings below.

**Good** ●

# Hastings Lodge & Hastings Cottage

## **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

This inspection was carried out by one inspector.

#### Service and service type

Hastings Lodge & Hastings Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 two managers 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 the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 now deteriorated to Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Improvements were required to ensure medicines were administered as prescribed.
- Medicine administration records (MAR) had gaps in recording. This meant the people could be at risk of not receiving their medicines correctly. However, we saw no evidence of harm occurring.
- When people required staff to support them with prescribed creams, there was no record of where to apply the cream.
- The registered managers immediately put systems into place to rectify these concerns. They told us they would audit MAR charts daily and complete body maps to identify areas to apply creams.

### Assessing risk, safety monitoring and management

- Not all windows had restrictors attached and not all radiators had been covered. The registered manager arranged for these to be completed immediately.
- One person who had risks associated with choking, their speech and language guidelines had not been incorporated into their care plan. This could put the person at risk of choking if staff were not aware of this need.
- Potential risks to people had been identified and risk assessed. All risk assessments contained strategies to support staff to reduce identified risks.

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

- People told us they felt safe receiving support from staff. One person told us, "I feel safe here."
- Staff were aware of the signs of abuse and knew how to report any safeguarding concerns. They felt confident about raising concerns to the registered manager. Systems and processes were in place to support this.
- All staff had completed training in safeguarding and whistleblowing.

### Staffing and recruitment

- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks.
- Employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- People and staff told us there were enough staff on shift to meet individual care needs.

### Preventing and controlling infection

- Staff had received training in infection control and food hygiene.
- Staff told us, they had access to personal protective equipment (PPE) as required. We saw PPE available throughout the home.

#### Learning lessons when things go wrong

- The provider had an accident and incident policy. This clearly set out the requirements for reporting incidents and accidents relating to people, staff and relatives.
- Incident and accidents were regularly audited to look for any trends or patterns.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People who required support to ensure they had enough food and fluid were supported with this need. Recording of one person's fluid intake was not always consistent and the 'required amount' had not been identified. This meant that one person was at risk of not receiving enough fluid to keep hydrated. The registered manager changed the fluid intake form during inspection to ensure all this information was identified.
- People told us the food was excellent and that they were always offered a choice.
- There were drink stations available throughout the house, to ensure people could get a drink whenever they wanted one.

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.

- For one person whose diet was being restricted we did not see any evidence of a best interest decision being completed. The registered manager agreed to complete this immediately. We saw no evidence of harm.
- People's mental capacity to make decisions or choices was assessed and reviewed.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

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

- People told us they had been involved in their care planning. One person told us, "I know what's in my care file, I have been asked to sign it."
- People's needs were assessed before any care was provided and a detailed care plan put in place to ensure staff knew how to support the person. Information regarding personal preferences and choices were also documented. For example, likes and dislikes, times to get up and go to bed and when people liked to have a shower or bath.
- Care reviews took place regularly to ensure changes to people's needs were identified quickly. Care plans were amended to reflect these changes.

Staff support: induction, training, skills and experience

- Staff completed an induction process which included training and completing shadow shifts, before they could work alone.
- Staff felt confident in their roles and told us, they received supervision and support from the management team. Staff told us their training was good and that they could request additional training, and this would be sourced.
- Staff told us they felt supported by the registered manager who was available for support and guidance when required.

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

- People were referred to other health care professionals such as occupational therapists (OT), speech and language therapists (SALT) or district nurses (DN) as required.
- People's care plans included information about any health conditions, such as diabetes. This helped to ensure staff were aware of signs and symptoms associated with these health conditions and advised them on actions to take in the event of changes in people's well-being.
- The staff worked closely with a day service. Information had been shared to ensure the person was supported appropriately.
- The provider arranged for a personal fitness trainer to support group fitness activities and 1;1 sessions with people.

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

- People were involved in the decoration of the house and had chosen to have an aquarium in the communal lounge.
- Peoples bedrooms were personalised with colours of their choice and pictures hung on the wall.

# 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 remained the same. 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 were supported by caring staff who knew them well and people using the service spoke highly of the staff team. A person told us, "Staff see me for who I am, I feel valued." Another person said, "Staff know me and know what I like."
- Staff and people told us the service was like a family. We saw staff treating people kindly and with respect.
- Staff had received equality and diversity training and there was an equality, diversity and human Rights policy, which set out how to support people, and staff, from diverse backgrounds. Staff knew about their responsibility to ensure people's rights were upheld and they were not discriminated against in any way.

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

- People were involved in the planning of their care. Their care plans clearly showed how people preferred to receive their care.
- People's views were sought, listened to and used to plan their care and improve the home. Monthly meetings were held with individuals to ensure care continued to be provided in a person-centred way.
- Care plans included information about people's personal, cultural and religious beliefs

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff understood people's rights to privacy. Records were all kept securely, and staff did not speak about people in front of others.
- People told us how staff supported their independence. For example, one person told us, "Staff let me do things I can, they then do the things I can't." Another person said, "I like it here because I have choice and control."

# 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 remained the same. 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 had individualised care plans, which detailed the care and support they needed, including people's likes, dislikes, preferences and how they wanted their care to be provided.
- People were supported as required to attend faith services.

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.

- People's communication needs were identified so information about the service could be provided in a way all people could understand. For example, one person had a 'now and next' book to help them process changes to their daily routines.
- The registered managers understood their responsibility to comply with the Accessible Information Standard and could provide information about the service in different formats to meet people's diverse 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 attend day centres, work placements and social activities throughout the week. Activities included piano lessons, horse riding, aromatherapy and music evenings.
- Details of people's relationships had been documented within their care files, this included family, friends and significant others. When people wanted to make new relationships, this was supported fully by staff.

Improving care quality in response to complaints or concerns

- Information about how to raise a complaint was available in written and easy-read versions. This was displayed for people and their visitors.
- People and staff told us they felt confident to raise any concerns and that the registered managers would listen and respond. One person told us, "They [registered managers] listen to me, then tell me what they have done about it."
- Records showed that complaints received, were investigated appropriately and where required, action was taken.

#### End of life care and support

- The registered manager had a good understanding of end of life care and what would be required to support somebody during this stage of their life.
- Care plans recorded the wishes of a person regarding any care leading up to their death and wishes linked to their funeral arrangements, for example, if they wanted a priest or minister to deliver their last rights, if there were any objects or sounds that they wanted played or in their room, what hymns or flowers they wanted during their funeral.
- Staff received training in the Gold Standard Framework for end of life care.

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

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

- Audits completed had not identified some of the concerns raised during inspection. For example, gaps in the recording of various records, missed signatures and reasons in MAR and gaps in people's fluid charts. However, there was no risk of harm found.
- Staff were clear about their role and told us they felt very supported by the management team.
- The registered managers understood their role and shared information with CQC about all aspects of the service including quality performance, risks, notifications and regulatory requirements.
- Staff received training to ensure people received support appropriate to their needs. There was an emphasis on developing staff to achieve better outcomes for people.

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

- The registered managers had a visible presence within the service. People told us, the registered managers would do anything needed. One staff member said, "If I need anything [Registered manager] will go out and get it or support me if I need it. It doesn't matter what time or day it is, they will be there for us."
- Spot checks and competency assessments were carried out on staff to ensure they were completing care tasks and support in line with best practice.
- Staff told us they were happy working at the service and would recommend the service to others.

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 managers understood, and said they would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- Staff team meetings took place and staff told us they could give their views on how best to meet people's needs.
- People, relatives and staff were supported to share their views about their care and the service through direct contact with the registered managers, and through surveys. Recent surveys showed people and

relatives were happy with their care.

Continuous learning and improving care. Working in partnership with others

- The registered managers kept up to date on improvements and training by attending seminars and forums and signing up to social care updates.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.
- The registered manager and staff team worked in partnership with other professionals such as GP's, occupational therapists, physiotherapists, social workers and commissioners to promote and maintain people's quality of life.
- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.