

Hastings Court Ltd

# Hastings Court

## 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?

Outstanding 

Is the service well-led?

Good 

### Overall summary

We inspected Hastings Court on the 22 and 23 October 2015. Hastings Court provides accommodation and nursing care for up to 80 people, who have nursing needs, including poor mobility, diabetes, as well as those living in various stages of dementia. There were 34 people living in the home during our inspection.

The home was purpose built to provide a safe environment for people living there. Bathrooms were specially designed and doors were wide enough so people who were in wheelchairs could move freely

around the building. Accommodation was provided over three floors and split into three units. One unit provided nursing care with the second and third units providing care and support to people living with dementia.

Hastings Court is owned by Hastings Court Ltd and the organisation has one other care home in Essex.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People commented they felt safe living at Hastings Court. One person told us, "I've never felt unsafe or seen anything that worried me." Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take in the event of a safeguarding concern being raised. There was an open culture at the home and this was promoted by the management team who were visible and approachable.

Personalisation and care centred in the individual was at the forefront of the delivery of care. The management team told us, "We are a resident led home." There was an outstanding focus on providing care and support that focused on the need of the person but empowered their individuality and identity. With pride, staff told us how they implemented the 'Butterfly' approach and provided high quality care to people living with dementia.

People spoke highly of the food. One person told us, "The food is very good; I've got no complaints whatever." Any dietary requirements were catered for and people were given regular choice on what they wished to eat and drink. Risk of malnourishment was assessed and where people had lost weight or were at risk of losing weight, guidance was in place for staff to follow.

People told us they were happy living at Hastings Court. One person told us, "I've been here since it opened, and I love it, it's wonderful." Staff spoke highly about the people they supported and spoke with pride and

compassion when talking about people. People's privacy and dignity was respected and staff recognised that dignity was individual and should be based on what each person wants.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff.

The provider had processes to support staff to carry out their roles safely and effectively. Staff were encouraged to take further qualifications to develop their careers.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings (handovers) were held after each shift to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management team was very good; and were always available, they would be happy to talk to them if they had any concerns and residents meetings provided an opportunity to discuss issues with other relatives and staff.

The provider had systems in place to review the support and care provided. Audits were undertaken regularly, including those for care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and they were always made to feel welcome and involved in the care provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Hastings Court was safe. Staff had received training on safeguarding adults and were knowledgeable about the signs of different forms of abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks to people's health and well-being were assessed and measures put in place where possible to reduce or eliminate risks. Risks associated with the environment were managed safely and people's ability to evacuate the home in the event of a fire had been considered.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Good



### Is the service effective?

Hastings Court was effective. Staff received on-going professional development through regular supervisions. Both fundamental training and training that was specific to the needs of people was available and put in to practice on a daily basis.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Good



### Is the service caring?

Hastings Court was caring. There was a welcoming, friendly atmosphere in the home and people spoke highly of the caring nature of staff.

Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and values. Privacy and dignity was upheld.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good



### Is the service responsive?

Hastings Court was responsive. The staff demonstrated a high standard of commitment and delivery of personalised care throughout the home. Some aspects of the butterfly approach in dementia care was used within the care delivery on the dementia units. This promoted positive care experiences and enhanced people's health and wellbeing.

Outstanding



# Summary of findings

People had fulfilling lives because they were fully engaged in activities that were meaningful to them.

People told us they felt able to talk freely to staff or the management team about their concerns or complaints.

## Is the service well-led?

Hastings Court was well-led. The management team promoted a positive culture which demonstrated strong values and a person centred approach.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

**Good**



# Hastings Court

## Detailed findings

### Background to this 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.

We visited the home on the 22 and 23 October 2015. This was an unannounced inspection. 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.

During the inspection, we spoke with 16 people who lived at the home, seven relatives, eight care staff, two registered nurses, the chef, facilities manager, deputy manager and the registered manager. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning on the reminiscence Neighbourhood. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

This was the first inspection undertaken at Hastings Court since registration in December 2014.

During the inspection we reviewed the records of the home. These included staff training records and procedures, audits, five staff files along with information in regards to the upkeep of the premises. We also looked at ten care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Hastings Court. This is when we looked at their care documentation in depth and obtained their views on how they found living at Hastings Court. It is an important part of our inspection, as it allowed us to capture information about a selected group of people receiving care.

# Is the service safe?

## Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. People told us, "I have no doubts I am safe – none at all," "I feel safe with everything," and "I feel safe both with the building and the staff." Visitors told us "I never worry about anything, excellent all round." People who lived with dementia were not all able to tell us their experiences but we observed that people were comfortable with staff, calm and content.

Staff received training on safeguarding adults. Staff knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

Risks to people's health and safety were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Risk assessments included, falls, skin damage, behaviours that distress, nutritional risks including swallow problems and risk of choking and moving and handling. For example, low beds were in place for those that may fall out of bed and pressure mattresses and cushions were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. Where risks were identified there were measures in place to reduce the risks as far as possible. People who lived with diabetes had their blood sugar levels checked regularly to ensure it was within their normal range. Guidance for staff to recognise when their blood sugar was either too high or too low was in place for staff to refer to. People who live with diabetes need regular eye checks and foot checks as the disease has potential side effects. These were in place and evidence that risks to their health were mitigated. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments were transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. We saw that staff weighed certain people who were identified at risk weekly and two weekly and updated the GP regularly. The latest review for one person had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and fortified foods. This was monitored closely by staff. Staff had supported one person to lose weight when it was affecting their health, which meant they were now more mobile, not requiring oxygen and in a more positive frame of mind. This person told us, "I feel so much better, best thing I did was come here."

We observed people being safely supported to move from a wheelchair to armchair with the support of appropriate equipment. We observed that staff were mindful of the person's safety and well-being whilst being moved. Staff offered support and reassurance to the person being moved. People told us they felt safe whilst being moved by staff. One person said, "I can't do much myself but staff move me safely."

Staff supported people who lived with behaviours that challenged others in a competent and safe manner. Management strategies for staff to manage people's behaviour safely had been introduced and further training was being provided. We saw throughout the inspection that people were calm and staff were attentive to people's mood changes. We saw that one person became restless and staff immediately responded and engaged this person in an activity. This was done in a gentle and professional way.

The incident and accident records were being monitored and the manager had introduced regular meetings with staff to discuss ways of preventing repeated falls whilst still encouraging independence. Staff used these meetings for reflecting on current practices and ways to improve.

Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts indicated that medicines were administered appropriately and on time (MAR charts are a document to record when people received their

## Is the service safe?

medicines). Records confirmed medicines were received, disposed of, and administered correctly. People confirmed they received their medicines on time. One visiting relative told us, "(Person) gets her medicine on time." People's medicines were securely stored in clinical rooms and they were administered by registered nurses and senior care staff who had received appropriate training.

Medicine audits were completed on a daily basis. These looked for any omissions on the MAR charts or any errors in the administration of medicines. Where omissions or errors had occurred, systems were in place to analyse what happen and take any appropriate actions. For example, one medicine error involved a person not receiving one of their medicines. The person's GP was contacted and the person was also informed who advised they felt fine despite not receiving one of their medicines. The registered manager told us, "We are continually reviewing all medicines errors and looking at actions to implement to help reduce any future errors."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment such as hoists and wheelchairs were stored securely but were accessible when needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required, each person had an individual personal evacuation plan. The provider employed a dedicated facilities manager who was responsible for overseeing the safety of the environment and premises.

People and staff felt staffing levels were sufficient to meet the needs of the people they supported. One person told us, "There is always someone to help me, I feel blessed." Another person told us, "I just press my bell and someone

appears." A dependency tool calculated people's assessed level of need and the number of staff safely required to meet people's individual needs. Staffing levels consisted of one registered nurse and nine care staff, alongside the management team (registered manager and deputy manager).

On the days of the inspection, we observed Hastings Court to be calm with a relaxing atmosphere. From our observations, people received care in a timely manner. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people discretely when they had returned to their rooms during the day. This had reduced the risk of falls without restricting their independence and freedom. One care staff told us, "We are staffed right I think, we are busy sometimes but that is unavoidable when you care for people who are frail." Staff told us that in the afternoons, the staffing numbers allowed them to spend one to one time with people and take people down to the café or cinema room.

We spent time looking at the call bell responses (recorded by the home). People's call bells were answered promptly (within seconds or minutes); A facility to monitor call bell responses was due to be installed so as to be able to audit them on a regular basis.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications. Nurses employed by the provider of Hastings Court and bank nurses all had registration with the Nursing Midwifery Council (NMC) which were up to date.



# Is the service effective?

## Our findings

People commented they felt confident in staff's skills and abilities. One person told us, "They would call the GP for me if I was unwell." Visiting relatives also expressed confidence in the skills of nursing and care staff.

People commented they felt able to make their own decisions and those decisions were respected by staff. One person told us, "They always gain my consent." Training schedules confirmed staff had received training on the Mental Capacity Act (MCA) 2005. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff demonstrated a firm understanding of the principles of consent and that people have the right to refuse consent. One care staff told us, "We always give people options and ask them what they would like. If someone refuses, we accept them, we may return later to see if they've changed their mind but we respect their decision." Mental capacity assessments were completed in line with legal requirements and the management team confirmed they followed the MCA 2005 Code of Practice when undertaking assessments of capacity. They told us, "We use different forms of communication and always go back to the person to see if they've retained the information." When people lacked capacity to make a specific decision, a best interest decision was made. Involvement from the family was sourced and the person's views, feelings and past wishes were used to make the best interest decision.

All new staff underwent a formal induction training period. Staff records showed this process was structured around allowing staff to familiarise themselves with policies, protocols and working practices and was based on the Skills for Life Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to when they provide support and care. Staff 'shadowed' more experienced staff until such time as they were confident to work alone. Staff felt they were working in a safe environment during this time and were well supported. One staff member told us, "I'd never done this type of work before so I did a lot of shadowing. If I still felt unsure I know that the manager would have let me do it for longer." Another staff member said, "Yes, that was fine. I never felt that I was on my own. There was always someone around

to ask." The manager confirmed that the induction period was tailored to each new staff member's experience. We extend it if the staff member needs more time to settle in to their role.

The training plan and staff files showed that staff had access to relevant training which they felt enabled them to provide the care and support people living at Hastings Court needed. The training was provided either internally or by external training agencies. The provider had made training and updates mandatory, these were dementia awareness, infection control, moving and handling, food hygiene, fire awareness, safeguarding, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, management of challenging behaviours, falls prevention, pressure area care and medication management. Additional training offered to staff included maintaining confidentiality, care planning and documentation, reporting and recording, person centred care and risk assessing. Staff were satisfied with the training opportunities they had. One staff member said, "I've learned a lot since I've been here. The training is good." Another staff member told us, "It has helped me understand my job better. I realise how important it is now." There were opportunities for staff to develop professionally and one staff member said they had signed up to start a Health and Social Care qualification.

Staff received training to meet specific health needs, such as diabetes, parkinsons disease and end of life care. This enabled staff to provide effective care as they had an understanding and knowledge of the problems that may occur to peoples' health. One staff member said, "I never realised how much diabetes can affect other bits of the body. We have learnt how to check their feet for sores and also that if they get a urine infection it can affect their blood sugars." Another member of staff said, "Pain control is so important, it affects everything if someone is in pain."

The management team recognised the importance of a strong skilled workforce. The registered manager told us, "We want people to develop and grow. We want to see potential team leaders, deputy managers and potential managers." The management team recognised the importance in supporting staff to develop their skills and knowledge. Staff were encouraged to pursue diplomas and further qualifications. One staff member told us, "I've worked up to become a team leader and I was also supported to gain a diploma in dementia care." Staff spoke



## Is the service effective?

highly of the training provided and commented on how it provided them with the skills to provide effective care. One care staff talked to us in depth about the dementia training they received. They told us, “It was very full and enlightening, especially the role plays.” Another care staff told us how the dementia training emphasised the importance of creating a calm atmosphere and spending time sitting and eating with people. Nursing staff commented they were supported to continue with their continuing professional development and received regular clinical supervision and training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. In March 2014, changes were made to Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. If someone is subject to continuous supervision and control and not free to leave they may be subject to a deprivation of liberty. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team. We have received regular updates from the manager informing us of DoLS applications. The care plans contained mental capacity assessments and DoLS applications that have been completed.

People’s risk of malnourishment was assessed and reviewed on a monthly basis. Older people and people living with dementia are at heightened risk of malnourishment due to multi-factors such as poor mobility, physiological changes and swallowing difficulties. The provider utilised the Malnutrition Universal Screening Tool (MUST) to identify anyone who may be significant risk of malnourishment or experiencing weight loss. Where people had lost weight or were of a low weight, guidance was in place which included for fortified snacks and drinks to be offered in-between meal times. Food and fluid charts were in place for care staff to record people’s nutritional intake if there was an identified need. This enabled staff to monitor people’s food and fluid intake and identify where people may need additional encouragement. One staff member told us, “We record in people’s individual records if someone is not eating or drinking but also discuss people’s nutritional intake at handover, identifying any concerns where we may need to encourage food and fluid.” One care

staff told us that one person, “is struggling to eat because they are sleepy. We offer further drinks and snacks, such as cheese and biscuits. When making tea we use full fat milk and the same for hot chocolate, trying to ensure the drinks are fortified.”

Hastings Court provided care and support to people with swallowing difficulties for example following a stroke. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and aspiration. Thickened fluids are easier to swallow; however, the quantity and texture must be appropriate for the individual as otherwise they can place the person at risk of aspiration. Nursing staff were responsible for the management of thickened fluids and guidance was in place on the required texture of thickened fluids. Input from dieticians and speech and language therapists were also sourced. Guidance was readily available in people’s care plans about any special dietary requirements such as a soft diet. One person’s care plan had a report which identified they required a ‘soft, moist diet’. We saw that this was followed. Staff informed us that this person was eating very little and their food intake chart reflected this. The chef told us of various ways he fortified people’s food, he said, “We use cream for soups and add cream to sauces, we make milk shakes as well.”

A menu was displayed throughout the home. People were offered a variety of choice and were able to choose from options for each meal time. The chef told us, “We are very flexible, if we have it, we will cook it for the person. If someone wants something different than what’s on the menu, we will do our up most to meet their request.” We spent time observing the lunchtime meal whilst sitting and interacting with people. Each unit had their own dining room with individual tables set up. Tables were decoratively laid with napkins, glasses and condiments, so people could chose a drink and flavour their food as they so wished. The staff served the meals from hot trolleys and each person was able to choose how much they wanted. For people living with dementia, they were empowered to make decisions on what they preferred to eat. Staff members showed them the options which enabled them to make a choice. We also saw some people had second helpings offered if they had finished and were still hungry. One staff member said, “Some people are put off by a large helping so we offer two smaller helpings.” People spoke highly of the food. One person told us, “The food is very

## Is the service effective?

good; I've got no complaints whatever." Music was playing softly in the background and staff and some people's relatives joined them, making it a social and enjoyable experience for people.

People's health and wellbeing was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. One care staff told us, "Some people may be unable to tell us if they feel unwell, however, signs such as not eating, facial expressions or not being themselves may indicate to us something isn't right."

People had regular access to healthcare professionals and a GP visited the home on a weekly basis. They felt staff were good at escalating any concerns and following their advice. Each person had a multi-disciplinary care record which included information when dieticians, SALT and other healthcare professionals had visited and provided guidance and support. Input was also sourced from the falls prevention team, hospice care team and tissue viability nurse. People felt confident their healthcare needs were effectively managed and monitored. One person told us, "If I'm ever unwell, they always get the nurse for me."

# Is the service caring?

## Our findings

People spoke highly of the caring nature of staff. One person told us, “Staff are kind and caring.” Another person told us, “I have found that they listen to me.” A third person told us, “Yes, they are caring.” Visitors told us, “I am very pleased with the care, everybody is kind, caring and respectful.”

We observed kind and caring interactions between people and staff. Staff clearly knew people and what they liked and disliked. Staff spoke in gentle tones and in particular for people living with dementia we observed staff to be kind and reassuring in their tone. We observed staff explaining what they were doing and repeating themselves where needed to make sure that they were understood. We observed that there was warmth and humour in the interactions between staff and people and people responded to staff with smiles.

Staff spoke about the people they supported with compassion and respect. Staff had clearly spent time building rapport with people along with gaining an understanding of their life history and what’s important to them. Staff respected people’s individuality and recognised people for who they were. People were called by their preferred name and when talking to people staff directed their attention to the person they were engaging with and not being distracted or talking unnecessarily with someone else in their vicinity. We observed a member of staff asking a person if they wished to go to the hairdresser. The person in question managed to stand up from their chair with the aid of a walking frame but was unable to take steps on their own. The member of staff was encouraging a level of independence and only stepped in at the later stages. The staff member was very supportive and assisted the person in to a wheel chair in an unrushed fashion. There was consent to ‘intervention’ and ‘freedom of choice’ all illustrated by the staff member.

Staff recognised the importance of promoting people’s identity and individuality. People’s rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. People had their handbags to hand which

provided them with reassurance. People wore jewellery and makeup which represented their identity. Hastings Court had a dedicated hair salon room which people enjoyed attending.

Pets and animals were welcomed into the home. The management team and staff recognised the importance of pets and the companionship animals can bring to older people. On both days of the inspection, a member of staff brought along their dog to see people. People enjoyed spending time stroking and petting the visiting dogs. A visiting PAT dog also visited the home which people enjoyed.

The home was calm and relaxed across all units during our inspection. At the entrance of the home was a café bar, the hub of the home. There were chairs and sofas along with refreshments, such as cakes, alcoholic and soft beverages and tea and coffee which people and visitors could access. Throughout the inspection, people were seen using this area sitting having cups of tea and chatting together. Later in the afternoon, people were also sitting with a glass of wine with visitors.

Friendships between people had blossomed while living at Hastings Court. Throughout the inspection, people were seen sitting interacting together. People were seen chatting together and one person told us, “I’ve made a friend; we sit together in the cinema, I look forward to seeing her.”

For people living with dementia, a safe, well designed and caring living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as possible for as long as possible. It can also help to make up for impaired memory, learning and reasoning skills. The management team had spent considerable time designing an environment that promoted the well-being of people living with dementia. For people living on the dementia unit, their bedroom doors were similar to the style of their front door at home. The corridors had tactile objects for people to interact with and there was a dressing room with items of clothing from past eras that assist with memories.

Staff understood that they had to be aware of people’s individual values and attitudes around privacy and dignity when providing care. The management team told us, “Privacy and dignity is so individual and based on what is important to the person. We have always taken a person centred approach to privacy and dignity, ascertaining how

## Is the service caring?

the person wants their dignity to be respected.” People confirmed that staff respected their individual space, knocked on their bedroom door before entering and respected their dignity. One care staff told us, “When providing care, we ensure doors are closed, that people are covered appropriately and we explain what is happening.”

There were people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. One person told us, “We can spend our days as we choose. I like to sit in the lounge but also like to sit in the café downstairs.” Relatives told us they felt involved in their loved one’s care and were kept informed of any changes. Throughout the inspection, we observed staff enquiring about people’s comfort and responding promptly if they required any assistance.

‘Resident’s and relatives meetings’ were held on a regular basis. These provided people and their relatives a chance to discuss any concerns, queries or make any suggestions. Minutes from staff and relatives meetings in 2015 demonstrated that staffing, new residents, activities and call bells were discussed.

Relatives and visitors told us they were free to visit and keep in contact with their family members and friends. They said they were made to welcome when they visited. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in the communal areas or the person’s own bedroom.



# Is the service responsive?

## Our findings

People spoke positively about the care they received at Hastings Court. One person told us, “I’m very happy here and they give me freedom to choose but also look after me.” Another person told us, “No complaints from me, I love living here because they look after me so well.” Staff members spoke positively about working for the provider and commented they enjoyed working for an organisation whereby the ethos was on the delivery of person centred care.

Hastings Court demonstrated outstanding practice in delivering personalisation and person centred care. Guidance produced by the Social Care Institute for Excellence identified that personalisation meant thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. The management team told us, “We focus on what’s important to the people living here. For example, if someone says, I really want steak, we will just pop out to the shop and get it for them. It’s important that we see people for their individuality.” Staff members demonstrated a firm understanding of people’s individual care needs and how best to meet those needs. Staff could clearly tell us how people preferred to spend their day but recognised people should always be offered choice and be empowered to spend their day how they so wished. One care staff told us, “We have one person who prefers to spend time in their room. They enjoy watching television and reading the paper but we always see if they would like to come down and join any event or activity.”

The management team and staff recognised the impact of moving into a care home can have on people. Before people moved into Hastings Court, an assessment of their needs took place to make sure their needs could be met. During the admission process, information was gathered so staff knew as much as possible about the person and their previous life to ensure a smooth transition into the home. One person who had recently moved into the home told us how they had been impressed by the welcome and help they had received to help settle in, from staff and other people. They told us, “After struggling in my own home, I think I’m going to be happy here.”

The provider was committed to providing an exceptional level of dementia care that focused on personalisation. Hastings Court were in the process of implementing of person specific dementia care based on the Butterfly Approach. The Butterfly Approach is an approach devised and implemented by Dementia Care Matters (a leading organisation in dementia care). The approach focuses on quality of life outcomes for people living with dementia and implementing good quality level of dementia care through a focus on the lived experience of people. The management team told us, “We have taken strategies forward as it demonstrates the excellent dementia care that our staff can provide.” Night staff on the dementia unit wear pyjamas at night as a uniform. This had proved successful in settling people who found sleep difficult to achieve at night. Staff told us “People react really positively to the fact someone is telling them its’ night time wearing night clothes and this reinforces that it time to sleep.” The manager said, “It’s reduced the number of falls and people sleep so much better.” Staff members also spoke highly of the support they were able to give and one staff member told us, “We have definite ideas on how we provide care and treatment to people living with dementia. We support them in their world.”

For many people living with dementia, they may not be oriented to time or place. They may believe they are much younger, and refer to their mother and father. Staff members told us that they follow the practices that instead of trying to orient people to time and place; they participated in the specific person’s reality. One staff member told us, “To orient a person with dementia to time and place, can be incredibly distressing; instead, we support them in the world they are living in.” This staff member also said, “To remind someone for example, their parents are dead could cause a terrible shock and upset.” Staff recognised the importance of this and how it provided emotional support and reassurance. During the inspection, we spent time on the dementia unit. One person spent time talking with us about their Mother and Father, staff also engaged with the person enquiring where their father worked. Staff clearly understood that this person’s world was one whereby their Mother and Father were working and they were at home waiting for them to come home. Another person became distressed, enquiring where their dog was, and asking if anyone had seen the dog. Staff told them the dog was in the lounge and directed the person to the lounge. In the lounge was a staff member’s dog who the



## Is the service responsive?

person thought was theirs. The reunion we saw between the person and dog was heart-warming. The person was reassured and sat happily talking to us about their special memories they had of walks with the dog.

From observing the delivery of care, it was clear staff had spent significant time getting to know people's reality and what their world was like. Staff clearly understood the importance of knowing about people's life histories and how that may provide an insight into the person's reality. Throughout the inspection, staff engaged with people as they walked past, staff also used humour and touch to engage with people. People responded to staff with smiles and staff spoke highly about supporting people. In line with the butterfly approach, staff members recognised the importance of supporting people to feel that they mattered alongside the impact of human touch and engagement. One visitor said, "Hugs are part of the care delivery and I think that is fantastic."

As part of the delivery of person centred care, staff and the provider had spent considerable time learning about people's past, their life history, their strengths and values. Care plans were designed with a clear format for allowing staff to record information about the person's life and how that impacted upon the day to day delivery of care. Documentation included clear guidance how to support people in the way they wanted. For example, one person preferred to sleep in their recliner chair and following discussion with health professionals and family the person's bed was removed. This person said that they wanted to continue to sleep in their chair as it supported their breathing and was more comfortable.

Alongside recording people's daily routine, staff had spent time getting to know the person and documentation was available which recorded information about the person's childhood, early years, adult years and later life. Guidance was also available to staff on how to support that person with developing and maintaining their relationships. Staff also had a firm focus on promoting people's strengths and abilities with care plans detailing clear information on how this could be achieved. One person's care plan identified that a key strength of theirs was their ability to give affection. Guidance was available for staff to ensure the person has regular opportunity for affection and contact.

Personalisation was embedded into the design and implementation of care plans. Care plans provided a holistic picture of the person's life with clear information which in turn enabled staff to provide person centred care.

People and their relatives confirmed they were involved in the design and formation of their care plan. One person told us, "They go through it with me and make sure I'm happy." For people who may not be able to contribute towards their care plan, relatives confirmed they were actively involved and encouraged by staff members to contribute towards the care plan. One relative told us, "They asked me all about Mum's life history, what's important to her and her likes and dislikes."

People living at Hastings Court had fulfilling lives because they were engaged in activities that were meaningful to them. Considerable thought and dedication had gone into creating an environment for people living with dementia which provided stimulation and interaction. One staff member told us, "We have various objects available which are linked to people's individual interests and hobbies. We have one person who loves history and reading, therefore we have numerous history books available for them." Throughout the dementia unit, various sensory items were available, along with comfort items, (soft toys) cognitive items (books, catalogues), movement items (clothing, hats), musical items and work life items.

Throughout the inspection, people were supported to engage with activities that promoted their well-being and identity.. For example, staff had ascertained that some people had a keen passion for art. Art therapy was encouraged and supported. There was a complimentary therapy room where holistic therapies were offered, such as massage. There was also a small gym, with exercise bikes and a treadmill. One person told us, "I wasn't ready to give up on life, I use the bikes and the staff join me to make sure I'm safe." The provider had spent considerable time designing a care environment that was stimulating which meant there were no prolonged periods of inactivity.

A programme of activities took place and these included quizzes, glass painting, trips out, exercise classes, movie afternoons and afternoon tea. Special events such as 70's night disco, belly dancers and tea dances take place. We were told "Everyone enjoys the party nights, family come and join as do staff." We were shown the Facebook page for Hastings Court which enabled family and friends who lived too far away to visit to share their loved ones lives.



## Is the service responsive?

Staff members felt a key strength of the home was the focus on activities and people were empowered to say what activities they like and don't like. One staff member told us how they actively worked against any risk of social isolation and that the activities coordinators visited everyone living at the home, providing companionship and the opportunity for a chat.

People were asked for their ideas and suggestions on activities and these were introduced if possible. On the days of the inspection, we observed movie afternoons, and a visiting entertainer. A large group of people congregated in the cinema along with staff. Staff members sat with various people, laughter was evident and there were good natured conversations between people and staff.

People said that they would be very comfortable in raising a complaint or concern and most said that they would raise this with the registered manager, whom they knew personally and who was available to them. Other people confirmed they also felt comfortable approaching nursing staff with any concerns. A copy of the complaints policy was provided to people when they moved into the home and copy of the policy was also on display in the home. The provider had received two complaints since the last inspection. The complaints log gave details of the complaint and the outcome. With pride, the management team showed us the compliments they had recently received. Compliments included, 'Thank you so much to you and your staff for the kind and caring way you all helped my Mum.'



# Is the service well-led?

## Our findings

People were relaxed and comfortable in the presence of the management team. The management team knew people and their relatives by name and made time to time and engage with people. People and staff spoke highly of the registered manager. One person told us, "The home is managed very well."

The registered manager told us, "I have been in post since we opened last December (2014) and I'm proud of what we have achieved. We have implemented a culture which is led by our residents, rather than task oriented and clinical based." Staff felt the home operated in a culture of honesty and transparency with a real focus on person centred care. One staff member told us, "It's all about putting our residents first."

As part of the ethos of putting people first, people were actively involved in the recruitment process. The management team told us, "As part of the interview process, potential employees go and sit with people. We observe this interaction and the person will ask specific questions and give us feedback on how they found the applicant. This feedback then helps determine whether we offer them a position or not."

Staff spoke highly of the leadership style of the registered manager and the sharing of information within the home. One staff member told us, "The management team is very approachable and the door is always open." Handovers were held between shifts to ensure staff coming onto shift were aware of any changes in people's need. We spent time observing a staff handover, information was clearly communicated. There was a clear focus on each person in turn and staff presented with in-depth knowledge about each person. During the handover, concerns were raised regarding one person's food and fluid intake, so staff were told of the importance of pushing food and drink. Staff meetings were also held on a regular basis. These provided staff with the forum of making any suggestions or raising any concerns. One staff member told us, "Staff meetings are very much an open forum; you get listened to." Staff confirmed that any suggestions were listened to and acted upon. Staff told us of one recent scenario whereby improvements to the laundry systems were made as a result of issues raised within the staff meeting and by residents.

People, their relatives, staff and healthcare professionals were actively involved in developing and improving the service. Regular satisfaction surveys were sent out to people to enable them to provide feedback. Satisfaction survey results were analysed with a clear action plan on how improvements could be made to the running of the home.

There were systems to review the quality of service provided which included a variety of audits and checks. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. Infection control audits, medication and care plan audits were taking place on a regular basis. Any shortfalls identified, a clear plan of action was implemented. Health and safety audits were taking place which considered the environment, premises, staff safety, clinical waste, first aid and fire safety.

All accidents and incidents, including falls, were reported to the provider's health and safety department who ensured any actions required to minimise any further risks were carried out. Incident and accidents were also monitored for any emerging trends, themes or patterns and considered how many falls people were experiencing to previous years. The registered manager told us, "If we identify an individual is having a high number of falls, we always refer onto the falls prevention team."

The provider was committed to sharing good practice and encouraging staff to learn and develop. Staff also advised that any safeguarding concerns raised and learning from it was shared at staff meetings. Information about the Duty of Candour was also shared at staff meetings which enabled staff's understanding of their responsibilities in this area. The Duty of Candour was introduced on the 1 April 2015 by the Care Quality Commission (CQC). Under this regulation, the CQC expects organisations to be open and honest when safety incidences occur. The provider had also implemented a Duty of Candour policy and the registered manager understood their responsibilities under the regulation.