

Hedges House Residential Care Hotel Ltd

# Hedges House Residential Hotel Limited

## 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

Hedges House provides care and support for a maximum of 34 people. The home is situated in a residential area of Lytham St Annes close to local amenities and the seafront. All bedrooms offer single room accommodation and en suite toilet facilities. Lift access was available to all floors and there are two lounges, a dining area and a conservatory. There are well-maintained gardens available so people can choose where to relax.

At the last inspection on 04 March 2016, we asked the provider to take action to make improvements to people's recorded consent to care and treatment. We requested they ensured mental capacity assessments were completed before they made decisions on behalf of people unable to consent to aspects of their care. At the focused follow-up inspection on 22 December 2016, the provider completed improvements and had met the requirements of the regulations.

We further recommended the provider continued to make progress with risk assessment and care planning recordkeeping, the cleanliness of the medication trolley, overdue refresher training and limited quality assurance auditing.

During this inspection, we found the registered manager closely monitored staffing requirements against the complex needs of Hedges House and those who lived there. A visiting healthcare professional told us they found plenty of staff were on duty and they never seemed rushed. The management team followed safe recruitment and induction procedures to protect people from unsuitable employees. One staff member told us, "The recruitment was very professional."

People told us they felt safe and secure whilst living at Hedges House. The registered manager ensured staff had safeguarding training to underpin their awareness. Environmental and personal care risk assessment were in place to protect people from unsafe or inappropriate care. The management team were in the process of developing and strengthening these processes further.

Medicines, including controlled drugs, were stored in a clean and secure environment. We observed staff followed correct procedures when they administered medication and fully completed associated records.

We looked at staff files and the registered manager's training matrix and found staff received a wide range of training. One person who lived at Hedges House told us, "Oh yes, the staff are well trained."

Care records held evidence people or their representatives had signed consent to all aspects of their care. Throughout our inspection, we observed people were not limited and staff assisted them to move about the home freely. Staff received training in the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS) to underpin their understanding.

Menu programmes we looked at evidenced people had a good selection and variety of meals. One person

said, "I love my fruit and I get plenty of that." Staff completed fluid, food and weight monitoring charts and screened each person for any nutritional risks.

We observed staff were kind and patient and when we discussed this with people, they confirmed they were supported with a caring approach. One person said, "The staff are excellent and attentive." Care records we reviewed held evidence people and their representatives were involved in their support planning.

The management team completed a variety of assessments, which formulated each person's care plan. Records were personalised to people's individual requirements and were updated regularly. Staff checked and recorded each person's backgrounds and preferences in relation to their care.

Staff said they felt the registered manager was supportive to them and worked with them as part of the team. People we spoke with felt the management team assisted them to comment about the quality of their care. To underpin this, the management team was strengthening their auditing systems to ensure everyone's safety and welfare.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People and their relatives told us there were sufficient staffing levels to maintain their safety. We found staff files contained required background checks and clear records related to the recruitment of suitable employees.

Staff were able to describe good practice in relation to protecting people from potential abuse or poor practice.

We observed staff administered medicines safely and recorded this carefully.

### Is the service effective?

Good ●

The service was effective.

Staff told us they had a wide range of training and regular supervision to support them in their roles.

When we discussed the principles of the MCA and DoLS with staff, they demonstrated a good understanding. Care records contained evidence people had signed consent to their care.

People we spoke with said they enjoyed their meals and were offered choice of what to eat and drink.

### Is the service caring?

Good ●

The service was caring.

We saw staff had a kind and caring approach whenever they engaged with people. They consistently maintained people's dignity and privacy.

People and their relatives confirmed staff and the management team fully included them in their care.

### Is the service responsive?

Good ●

The service was responsive.

We found the management team had developed detailed, personalised support plans. When we discussed continuity of care with people and their relatives, we were told staff were responsive to their needs.

People and their representatives told us they had information about how to complain about their experiences at the home.

**Is the service well-led?**

**Good** ●

The service was well-led.

People who lived at Hedges House and visitors said the home was organised well. The management team assisted them to comment about their experiences of living there.

We found the registered manager had implemented a range of new audits. They assured us they would continue to improve their systems to assess the quality of the service.

# Hedges House Residential Hotel Limited

## **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 was planned to check 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.

The inspection visit at Hedges House was undertaken on 12 July 2017 and was unannounced.

The inspection team consisted of an adult social care inspector, a specialist professional advisor with a background in adult social work 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. The expert by experience for the inspection at Hedges House had experience of caring for older people who lived with dementia.

Prior to our unannounced inspection, we checked the information we held about Hedges House. This included notifications we had been sent by the provider, about incidents that affect the health, safety and welfare of people who lived at the home.

Additionally, we spoke with a range of individuals about this service. They included fourteen people who lived at Hedges House and one relative. We further discussed care with two members of the management team, four staff members and a visiting healthcare professional.

We looked around the building to check environmental safety and cleanliness. We also spent time looking at records. We checked documents in relation to three people who lived at the home and three staff. We reviewed records about staff training and support, as well as those related to the management and safety of Hedges House.

# Is the service safe?

## Our findings

People and their relatives told us there were sufficient staffing levels to maintain their safety. One person said, "Yes, there's a lot of staff around. I never have to wait for long if I need anything." A relative added, "There's enough staff on duty. It gives me peace of mind."

The registered manager said despite recent lower occupancy levels they maintained previous staffing numbers. They added they knew they would soon increase in occupancy. The registered manager said they did not want reduced levels to impact negatively when new people were admitted to the home. This showed they closely monitored staffing requirements against the complex needs of Hedges House and those who lived there. In addition, a new assistant manager had been employed to support the registered manager to focus upon ongoing improvements

Rotas we looked at evidenced there were consistent staff numbers with good levels of skill mix to assist people safely. This included staff designated within different roles, such as care, kitchen and housekeeping, to help them focus fully upon their duties. During our inspection, we observed staff were patient and responded to call bells quickly. When we discussed staffing levels with staff, one employee said, "There's enough staff on duty. It gives us time to take residents out. I took one person out the other day to sit and have a cup of tea in the park." A visiting healthcare professional told us they had attended the home for a number of years and had seen very little staff turnover. They added this gave people stability and consistency of employees who understood their needs.

The registered manager followed their policies and procedures to recruit staff suitable to work with vulnerable adults. We found staff files contained required background checks, such as references and criminal record checks obtained from the Disclosure and Barring Service. Where gaps in employment were identified, the registered manager reviewed this with candidates to ensure full employment histories were available. We also noted staff files contained documented evidence employees completed induction training to support them in their new roles. A newly recruited staff member told us, "The induction was good and the shadowing shifts really gave me confidence."

People told us they felt safe and secure whilst living at Hedges House. One person said, "Yes, I'm safe here. I wouldn't live here otherwise." We reviewed the systems the registered manager had to maintain a safe environment and manage accidents and incidents. Staff documented information about accidents and actions undertaken. The registered manager additionally carried out regular environmental checks to assess people's ongoing safety. Staff files we saw evidenced staff received health and safety training to assist them to maintain a sound environment.

We observed the home was clean and tidy throughout. Staff received infection control training to enhance their skills and they had ample equipment to maintain good standards of cleanliness. The management team recorded water temperatures to ensure this was delivered within health and safety guidelines to protect people from the risk of scalding. Not all windows had restrictors to protect people from potential harm or injury. However, the registered manager took immediate action and sent us confirmation this was

rectified within 48 hours of the inspection visit. The service's electrical, gas and portable appliance testing safety certification was in date. This showed the management team recognised their duties in the upkeep of a safe environment.

Following our last inspection, we recommended the registered manager improved people's risk assessment. This was because there were gaps in records intended to minimise the risk of unsafe care. During this inspection, we found they had made progress, which was ongoing. Assessments covered, for example, mobility aids, falls, medication, skincare and fire safety. We noted records included the nature and level of risk, actions to manage them and were regularly reviewed. The registered manager told us they would develop further risk management plans in, for example, nutrition and personal care. They enhanced people's safety by placing corner protectors on all furnishing as part of their falls prevention to reduce potential injury. Additionally, mobility aids were decorated in people's chosen colours to aid their visibility and minimise the risk of falls.

Staff were able to describe good practice in relation to protecting people from potential abuse or poor practice. The registered manager ensured staff had safeguarding training to underpin their awareness. They also displayed in the entrance lobby reporting procedures and contact details of relevant organisations to assist anyone to report concerns. One staff member told us, "If anything untoward was going on I would go to CQC, the police and the management straight away."

We observed staff administered medicines safely by concentrating on one person at a time. The staff member provided a drink for people to take their tablets and checked they had taken them before signing medication records. Care records contained individualised medicines care plans and risk assessments to maintain each person's needs and safe management of their medication.

Medicines, including controlled drugs, were stored in a clean and secure environment. The management team had a variety of systems to ensure medicines' processes were safe. Records we reviewed contained evidence staff completed medication administration training. Multiple current policies, such as homely remedies and covert administration, guided staff to correct medicines' procedures. The registered manager completed audits to maintain a robust check of medication. We saw an example of where an error occurred and they dealt with this through staff supervision and further training. This showed the registered manager had systems in place to protect people from unsafe management of their medicines.



## Is the service effective?

### Our findings

When we discussed staff training and experience, people and relatives said they found staff were knowledgeable and skilled. One person told us, "Of course they are well trained. How could they do their job so well if they weren't." Another person added, "The staff are very good." A visiting healthcare professional told us they found staff were well trained and effective in their roles.

Following our last inspection, we recommended the registered manager improve staff training provision because we found staff were not always kept updated. We looked at staff files and the registered manager's training matrix to assess support staff received to develop their skills and knowledge. We found staff had a wide range of training, including first aid, load management, end of life care, infection control and fire safety. They had additionally completed recognised health and social care qualifications relevant to their role. The registered manager utilised their matrix to better monitor when staff were due refresher training to ensure they understood current best practice. We found the registered manager followed this up with competency testing to check staff skills. One staff member stated, "If there's anything extra I feel very able to get that. The managers are very supportive with that."

Staff told us they had regular supervision to support them in their roles, which they found helpful in their reflective practice. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The two-way discussions covered a review of the employee's progress, personal health, team working and training needs. The management team additionally held ad hoc sessions when incidents occurred. For example, records we looked at showed a medication error was managed through supervision and training. This showed the registered manager had supported staff to carry out their duties effectively.

Care records held evidence people or their representatives had signed consent to all aspects of their care. This covered, for example, meals, personal care, information sharing and physical examinations. The registered manager gave us an example of placing a sensor mat in one person's room. They did this to alert staff to any movement and reduce the potential for falls. They had obtained the Power of Attorney's permission to do so. We saw this was documented in their care file. We observed staff checked for people's consent whenever they engaged with them and helped them to make their daily decisions. One person commented, "They never assume, like they'll ask me if I want a cup of tea or coffee, even though they know I always have tea."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When we discussed the principles of the MCA and DoLS with staff, they demonstrated a good understanding. One staff member gave us an example and said, "I'll give the resident a choice of clothes and see what matches, until they decide what they want to wear." This was underpinned by relevant training. The registered manager told us they were in the process of completing multiple DoLS applications. This related

to depriving a person of their liberty in order to safeguard them. Care records held relevant documentation, such as best interest decisions, mental capacity assessments and individualised DoLS care plans. Throughout our inspection, we observed people were not limited and staff assisted them to move about the home freely.

The cook and other staff who prepared food received training relevant to their role, such as food hygiene, diabetes, equipment use and nutritional support. The Food Standards Agency had awarded Hedges House a rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. We observed staff promoted lunch as a friendly, social occasion and supported people where this was required. Those we spoke with said they enjoyed their meals and were offered choice of what to eat and drink. One person told us, "The food is fantastic. If there's something I don't like they always ask me what I want and I get it." Another person added, "The food is wonderful. The chef is very imaginative." A third person commented, "The food is extremely good. We get a choice and throughout the day you get sufficient amounts."

We saw a poster that informed people of a new system introduced to assist people if they were hungry during the night. It detailed the full availability of hot and cold snacks and drinks outside of mealtimes. The cook had a good understanding of special diets, such as soft food and vegetarian meals. Menu programmes we looked at evidenced people had a good selection and variety of meals. Staff completed fluid, food and weight monitoring charts and screened each person for any nutritional risks. The registered manager assured us they would develop nutritional risk assessment further to reduce the risk of malnutrition.

Staff worked closely with other healthcare services in maintaining people's continuity of care. They recorded visits from or appointments with, for example, GPs, dentists, district nurses, community teams and specialist hospital services. The records included test results and outcomes from health visits, as well as actions taken to support people. This was a good, quick reference guide for staff in the ongoing provision of support. A staff member told us, "We discuss concerns with [the management team] and get in touch with the GP." A visiting healthcare professional told us they often left care instructions for staff to improve an individual's ongoing health needs. They added they found staff followed direction and understood the importance of this to people's wellbeing.

## Is the service caring?

### Our findings

People and relatives told us staff had a caring, patient and kind attitude. One person said, "The staff are lovely. They are very caring and I can have a laugh with them." Another person added, "They're all a good bunch of people." A third person commented, "The staff are very caring." A fourth person stated, "The care is very, very good, one of the best care homes on the Fylde Coast."

Care records we reviewed held evidence people and their representatives were involved in their support planning. For example, they had signed consent to each area of their care and the management team checked their preferences and backgrounds. Staff signed people's care records to demonstrate they understood their desires and requirements. Support plans outlined agreed outcomes to care provision, such as personal care, nutrition, mental wellbeing, spiritual needs and activities. People and their relatives confirmed staff and the management team fully included them in their care.

Staff had relevant training to improve their awareness of assisting people who lived with dementia. The provider had developed the environment to enhance people's wellbeing. For example, the décor and furnishings were of a good standard. The registered manager told us people could choose the colour schemes of their bedrooms to aid their welfare. All rooms we looked at evidenced personalisation of the individual's personal space, such as their own belongings, photographs, pictures, ornaments and soft toys. One person commented, "This is my home, so I would never want to leave. My room really is my home and it's got everything I want and have in it. The staff are good like that."

We observed staff consistently maintained people's dignity and privacy. For example, they knocked on people's doors before entering their bedrooms. One person told us, "The care is very good. The staff are very good actually." The registered manager provided training for staff in end of life care. This meant they had the skills and knowledge to provide good standards of support for people with life limiting illnesses.

We saw staff had a consistently kind and caring approach whenever they engaged with people. They interacted in a friendly way and made appropriate use of touch, eye contact and soft tones. A person who lived at Hedges House told us, "We love them all. They are very, very friendly. Just the right amount of care." It was clear staff enjoyed their work and had developed strong bonds with those they supported. One staff member said, "I love helping people." Another staff member commented, "It's hard work, but if you love it then the residents get the best care because you care about them."

The management team and staff protected people's rights in line with the Human Rights Act 1998. This included Article Nine of the act, 'Freedom of thought, conscience and religion.' For example, they were conscientious about checking, documenting and assisting people with their spiritual and end of life wishes. A local church provided Holy Communion at Hedges House for those people with poor mobility who wished to attend.

We observed staff welcomed and encouraged relatives and friends to visit those who lived at the home at any time. They offered family members a drink and chatted with them in a friendly approach. One person

told us, "Yes, I have visitors. They come any time they want to."

## Is the service responsive?

### Our findings

When we discussed continuity of care with people and their relatives, we were told staff were responsive to their needs. One person said, "The staff are very good, they know what they are doing." A visiting healthcare professional told us staff were good at spotting any changes and would contact them in between visits. They added this approach meant concerns were attended to before they deteriorated.

Following our last inspection, we recommended the registered manager improved people's care records. This was because there was limited information to guide staff to assist individuals with their requirements and gaps in associated documentation. During this inspection, we found the management team had developed detailed, personalised support plans. Staff signed these and any updates to show they understood each person's needs and support approaches to meet them.

The management team completed a variety of assessments, which formulated the individual's care plan. These covered continence management, nutrition and hydration, mobility, mental and physical health, medication, medical conditions and communication. Records were personalised to people's individual requirements and detailed how staff should meet their agreed aims of support. Staff signed and dated records we looked at to evidence who completed them and when.

We found the management team reviewed people's documentation on a monthly basis to assess the continuity of people's care. They underpinned this by checking and recording each person's backgrounds and preferences in relation to how they wished to be assisted. For instance, the management team documented people's wishes in relation to end of life care, meals, preferred name, activities and spiritual needs. This provided staff with a detailed understanding of those who lived at Hedges House and how best to support them. One staff member told us, "You have to find out about the person and what interests them. Then you can chat about those things as part of helping them have meaning in their lives."

We observed staff consistently offered individuals choice throughout our inspection. For example, they checked what people wanted to eat and drink and provided options when they were unsure. Staff continued to give alternatives until the person made their own choices. This showed the registered manager and staff used a person-centred approach in response to people's needs.

Throughout our inspection, we found people were relaxed and occupied with multiple activities. This included reading books and newspapers, watching television and completing puzzles. They frequently engaged in conversation with other people who lived at Hedges House and staff. There was clear evidence the home had a warm and friendly community spirit. Those who lived at the home and staff were excited about having strawberries and cream whilst watching Wimbledon. To enhance this, the registered manager had an activity programme, which included quizzes, music and reminiscence, games, physical exercise and entertainers. One person told us, "They have various entertainment and games. There's a really good singer and we all have fun with that." People also had access to a peaceful, well-maintained garden with comfortable furnishing. Furthermore, a large fish tank was positioned in the entrance for their stimulation.

We found people or their representatives signed their understanding and agreement to the terms and conditions of their placement. This included information about how to comment or raise a complaint about the service. The registered manager told us they had not received any complaints in the last 12 months. One person who lived at Hedges House said, "If I had a problem I would say so. I'm sure they would deal with things."

## Is the service well-led?

### Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we discussed the leadership of Hedges House with people who lived there and visitors, they commented the home was organised well. One person said, "The manager's good." Another person told us, "[The registered manager] is there if you want her." A third individual stated, "[The registered manager] is approachable. Everyone listens here they are all approachable." A visiting healthcare professional told us they found the home was well led.

Following our last inspection, we recommended the registered manager improved their quality assurance systems. This was because they were limited, infrequent and not always fully completed. During this inspection, we found the registered manager implemented a range of new audits. These included checks of care records, infection control, medication, health and safety, fire safety and management of people's finances. The registered manager worked transparently with staff, visitors and those who lived at the home in their assessment of quality assurance. For example, they displayed in the entrance lobby the outcome of their annual infection control audit. However, we noted the recording of tasks with follow-up reminders was limited. For instance, audits were ticked with no evidence of further oversight of the home. When we discussed this with the management team, they assured us they would continue to improve their auditing systems.

The provider promoted a senior staff member to the new role of assistant manager. They supported the registered manager to focus upon ongoing improvements, including care planning. This showed the provider recognised service challenges and responded to these in a timely and appropriate way. The registered manager told us, "The owners are good like that. We discussed how I was struggling with trying to get everything right and drive forward with improvements. They support me really well."

We observed the registered manager was visible about the home and fostered a caring, welcoming environment. They demonstrated an in-depth knowledge of those who lived at Hedges House and engaged with them and their relatives in a friendly way. One person said, "The manager is a very, very nice person." Another individual who lived at Hedges House commented, "The manager is very kind."

The management team assisted people and their representatives to comment about their experiences of living at Hedges House. This was in the format of satisfaction surveys that checked all aspects of their care and the home's environment. We found responses from the last survey were complementary. In addition, the registered manager provided two books intended to capture people's compliments, comments and concerns. Entries we looked at were detailed and showed a clear pathway to resolution, where applicable.

Staff said they felt the registered manager was supportive to them and worked with them as part of the

team. One staff member told us, "The management are good." They added this gave them confidence in their role and helped to develop a strong team-working ethos. Staff were involved in the development and improvement in the home. They told us the management team listened and encouraged them to comment about anything that would enhance everyone's wellbeing. A staff member commented, "[The management team] are very approachable and open to suggestions."

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.