The Magdalen And Lasher Charity

Old Hastings House

Inspection report

Old Hastings House
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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

The inspection of Old Hastings House took place on 10 and 14 November 2016 and was unannounced. There are 59 people currently living at Old Hastings House.

Old Hastings House provides accommodation for up to 60 older people that require support and personal care and for those who live with dementia. The service is divided into two units. The residential suite is for up to 45 people who require support with personal care and the Magdalen suite is for up to 15 people who live with a dementia type illness. The home has a range of pleasant communal areas throughout the buildings. The service is owned by The Magdalen And Lasher Charity and is located in Hastings, East Sussex.

There was a registered manager at the home. 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.

Throughout our inspection, people spoke positively about the home. Comments included, "All the staff are really pleasant" and, "I am very happy here."

Not everyone could tell us of their experiences, but those that could spoke highly of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. People had confidence in the staff to support them and we observed positive interactions throughout our inspection.

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.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. It's nice here." When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. Retention of staff was extremely high and most staff we spoke with had worked at Old Hastings House for many years.

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as diabetes and advanced dementia. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "I like the food, its nice food." There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People could choose how to spend their day and they took part in activities in the home when they wanted to. Staff told of people's particular favourites, such as film afternoons. People themselves told us they enjoyed the activities, which included singing, puzzles and films. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They treat you well here." Another person told us the staff supported them with?

People were encouraged to express their views and completed surveys, feedback received showed people were highly satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, I tell the staff." Staff were asked for their opinions on the service and whether they were happy in their work. Staff enjoyed their work and felt that they were a family. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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

Old Hastings House was safe.

Staff had received training on safeguarding adults and were confident they could recognise 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 were assessed and measures put in place where possible to reduce or eliminate risks.
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.

Is the service effective?

Good

Old Hastings House was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Senior staff knew what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good

Old Hastings House was caring. was caring.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good

Old Hastings House was responsive.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity and outings was available should people wish to participate.

Is the service well-led?

Good

Old Hastings House was well-led.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and identified shortfalls had been addressed.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.	

Old Hastings House

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.

This inspection took place on 10 and 14 November 2016. 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.

We focused on speaking with people who lived in the home, speaking with staff and observing how people were cared for. As some people had difficulties in verbal communication we spent time observing to see the interactions between people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk to us.

We looked at care documentation and reviewed records which related to the running of the service. We looked at 12 care plans and six staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Old Hastings House. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at areas of the home including people's bedrooms, bathrooms, lounges and dining area. During our inspection we spoke with 28 people who lived at Old Hastings House, six visitors, eight staff, chairman of the management committee and the registered manager. Before the inspection we also made phone calls to a district nurse and local GP who work with the service.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which was returned on 18 April 2016. This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to

make. We considered information which had been shared with us by the local authority and members of the public. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

The service was last inspected in June 2014 and no areas of concern were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I wasn't safe living on my own, but I am now." Another person said, "I'm very stubborn and independent but I needed a little confident boost, following a couple of falls, so I made the decision to live here, best decision I have made, I'm safe but still independent." We were also told, "Staff are very conscious of our safety, they took over my medicines when I told them I wanted them to so now I know I get the right tablets at the right time, because I used to forget sometimes and then get a little upset." Visitors to the home told us they felt their relatives were safe. One relative said, "Mum has settled here very well. I feel she is safe because when she was at home I worried and I used to get phone calls all the time and worry, now we are both more relaxed and have really good visits." Another relative told us, "I am sure my relative feels safe here, I never worry."

Suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. Training records showed that staff had received training in safeguarding. Staff we spoke with told us they were confident they would be listened to and that the registered manager would deal with any issues they raised. We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy.

Systems for the safe recruitment of staff were in place. We looked at six staff personnel files. We noted that all the staff personnel files were well organised and contained an application form where any gaps in employment could be investigated. The staff files we looked at contained at least two written references, copies of identification documents including a photograph and information about terms and conditions of employment. Personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters.

We looked at the staffing arrangements in place to support the people who lived at the home. There were two staffing teams who provided care and support for the two separate units, the residential and the Magdalen suite. Staffing levels for both matched what was planned on the staff rota system. People we spoke with told us there were always staff available to provide the support they needed. They told us, "Always staff around, they always respond and do regular checks," "They respond when I call" and, "Whenever we have asked for help they have come." During our inspection we spent time on both units and saw that staff provided support when people needed it in an unhurried way. We saw that staff did not always wait to be asked for support, they asked people if they needed anything. On the Magdalen suite we saw staff interpret people's facial expressions and body language and offer assistance immediately. Staff were always

visible in communal areas. We noted that people knew where the different offices for staff were located and told us, "It's a real open home here, we can always find the right staff, we just potter along to the office, we are always welcomed."

The registered manager and staff we spoke with told us cover for sickness and leave was provided by permanent staff completing extra hours. Examination of the staff rotas showed us staffing levels were provided at consistent levels and that absences such as annual leave and sickness were covered by existing staff. This meant that there was a consistency to the care and support people received.

People's care records contained risk assessments. These records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. The service used a computer system for their care plans. A grab and go file is kept in hard copy for hospital admissions and emergencies. This file contained a 'this is me' document that told the reader the most important details to provide safe care and support. We found these included nutrition and hydration, mobility, medicines, choking, pressure areas, continence and falls. Records had been reviewed regularly and we found that where changes had occurred the records had been updated.

Medicines were stored appropriately and securely and in line with legal requirements. A lockable trolley was held in the office on the ground floor of the residential unit and in the office on the Magdalen suite along with medicine fridges to store certain medicines at the required cool temperature. Staff checked the temperature of the rooms and fridges on a daily basis. Medicines were supplied by a local pharmacy in weekly blister packs. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

People's medicine administration records (MAR) were accurate and clear. They showed each person had an individualised MAR which included a photograph of the person and any allergies. MAR charts are a document to record when people received their medicines. We observed when people were given their medicines and we saw that they were given safely. Staff had a good understanding of people and the medicines they required.

There was clear guidance in the MAR charts on as required (PRN). PRN medicines are only given when people require them and not given routinely, for example for pain relief or anxiety. At the time of our inspection no one received covert medicine. Covert is a term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. Policies to support this practice were in place if it was required.

People were able to manage their medicines themselves following a discussion and a risk assessment. An appropriate lockable storage facility in the person's room was available. The risk assessment and mental capacity assessment were reviewed monthly. A senior staff member said, "We discretely monitor people who self –medicate and if we detect some change in memory, eyesight or if they lose their confidence then we have a meeting and discuss the safety aspect and suggest that we (the staff) could take over the responsibility, most people ask us to take over, we would never demand it unless the risk was high."

Appropriate environmental risk assessments had been completed in order to promote the safety of people and members of staff. These included community outings, fire, bathrooms, garden area, communal spaces, electrical appliances, the lift and hoists, medicines, window restrictors and legionella. We noted that all risk assessments had been regularly reviewed. This meant the provider had taken seriously any risks to people's health and well-being and put in place information to guide staff on how to reduce or eliminate identified risks.

We looked in several bedrooms and all communal areas and found these to be clean and tidy. We found the building to be bright and well decorated with no malodours. The registered manager told us there was a rolling programme for the decoration and furnishings in communal areas and some bedrooms. The bedrooms we went in were spacious, well-furnished and were personalised with people's own photographs and ornaments. We saw communal toilets and bathrooms were clean, tidy and contained appropriate hand hygiene guidance, paper towels, liquid soap and foot operated pedal bins. People we spoke with told us the home was always kept clean. They said, "They keep on top of things. The home is always clean and tidy" and, "They keep everywhere clean and tidy."

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons.

We looked at the systems in place for laundry and found the procedures ensured people's clothes were cleaned and people were protected from the risk of infection. The laundry had good procedures for keeping dirty and clean laundry separated. One person said, "Clothes sometimes go missing or I end up with the wrong clothes in my drawer, but it's quickly addressed."

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPs described the support people would need in the event of having to evacuate the building. These were kept in people's care records and in a file in the 'Fire Grab bag.' This was kept in the main area for use in the event of a fire. We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and records showed that staff had received training in fire safety awareness.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it had been reported to CQC or the local authority safeguarding team. We found that managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. We saw that following one accident where a person had fallen, the person's care records had been reviewed and updated. Additional equipment had been provided and a referral had been made to the person's G.P for a review.

People told us they could have a key to lock their bedroom door for security for their possessions if they wished. People also had a locking cupboard in their bedrooms that they could keep things safe in. One person said, "I have the key [to the door] in my pocket." We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan. This informed managers and staff what to do in the event of such an emergency or incident and included the building becoming uninhabitable, lack of availability of staff, loss of computer systems and telephones, loss of gas, electricity, catering, fire and severe weather. This means that robust systems were in place to protect the health and safety of residents in the event of an emergency situation.

Good

Is the service effective?

Our findings

People we spoke with told us they received the care they needed when they needed it. They told us, "I can do what I want and call if I need anything" and, "I have everything I could need and want." People told us that the food was plentiful and of a good quality. Comments included, "Good home cooking, tasty," and "Very tasty food with plenty of choice."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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. When they lack mental capacity to make 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 when it is in their best interests and legally authorised. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. Mental capacity assessments had been completed on admission and were re-assessed monthly. This meant that staff could ensure that any changes to their capacity to consent to care were identified quickly and managed effectively.

Care records we reviewed contained evidence that the service had identified whether each person could consent to their care. At the time of our inspection authorisations for DoLS were in place for one person and applications had been made for 14 others. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. Prior to our inspection we looked at our records and found that the service had notified CQC of the DoLS authorisations, as they are required to do. Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS and understood their responsibilities. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

Some people who used the service told us they were able to access the local community if they wished and staff would offer support if needed. One person told us, "I am not restricted. If I want to go to the local shops I just let them know."

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. Records we looked at and staff we spoke with showed that staff received training that included safeguarding, moving and handling, medicines, dementia care, person centred planning, dignity and respect, equality and diversity, fire safety, infection control, food hygiene and first aid. We were told by the registered manager that when staff started to work at the service they received an induction. Staff we spoke with confirmed this induction had included reading policies and procedures as well as completing required training and shadowing experienced staff. Staff told us their induction and training had helped them understand what was expected of them and helped them to carry out their role effectively.

Staff told us they were also given the opportunity to study for level 2 and 3 Health and Social care courses. We spoke to senior staff who told us of the support they had to further their careers with management courses.

Records showed that staff received regular supervision. Staff we spoke with were positive about the support they received. We found that regular staff meetings were held. The registered manager told us these gave staff an opportunity to discuss any issues that were important to them or that were affecting people who lived at Old Hastings House.

We looked at how people were supported to eat and drink. People we spoke with told us they enjoyed the food and that it was plentiful. People said, "I really enjoy the food its lovely." "The roast dinner is lovely." "It's really nice wholesome food and you get plenty" and, "You can ask for an alternative." People told us that they could have food and drinks in their bedrooms if they wished; one person told us that they always had their supper in their room. Another person said, "They are coming around all day with drinks and food."

During meal times we observed that the dining areas were nicely set out, with drinks provided on all tables. On the first day of our inspection the lunch time meal was plentiful and nutritionally well balanced. We saw that people were offered choice and on Magdalen suite staff took meals to people's table to show them what was available. The registered manager told us the service was introducing pictorial menus, these would help people choose what they wanted to eat.

The kitchen staff had a good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. They were able to tell us about people's preferences and we saw that these were respected. Records showed the assistant cooks had received training in food preparation and food hygiene. We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. The service had received a 5 star rating from the national food hygiene rating scheme in July 2015 which meant they followed safe food storage and preparation practices. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores.

People had access to healthcare services and received on-going healthcare support. Care records contained evidence of visits from and appointments with district nurses, the mental health team, opticians, speech and language therapist and dietician. People we spoke with told us that when people need to go to hospital staff always escorted them and stayed until family arrived. Two visiting health care professionals were very positive about the service and the support people received with
their health needs. They said that when the service had concerns about people's health they referred them through in a timely manner and any advice given to staff was followed and outcomes were well documented.

Good

Is the service caring?

Our findings

Positive and caring relationships had formed between people and their families with the staff who work at Old Hastings House. People, their families and professionals who visit the home had praise for the caring and compassionate nature of the staff. People told us, "The staff are wonderful, very caring, polite and respectful." "They [the staff] can't do enough for us, they are always ready with a cup of tea and a chat if I'm feeling a bit low" and, "This is a home from home for me because of the staff." A family member told us their relative was loved and well cared for and respected. Other comments included, "Our [loved one] is very happy here, the care couldn't be better. I have never heard a cross word from any member of staff." Other written feedback from relatives included "Excellent, cannot fault it, we can't thank them [the staff] enough" and, "We are so impressed with the kindness and the caring nature of the staff."

The registered manager and staff received many compliments (50) and thanks from the families of people such as, "The care you gave to all of us was appreciated" and, "The care and compassion of all of the staff was wonderful." On a wall in the home was an array of cards with similar sentiments from families. Families applauded the home for the care and support they and their relative received at the end of their loved one's life.

Professionals who visited the home praised the staff and the registered manager for the quality of care people received with comments such as, "Absolutely fabulous, really friendly and kind staff, they know people really well" and, "The quality of care my client receives is very good and they always strive to work jointly with me to ensure my client's care needs are met."

The ethos of the home was about caring for the whole person, emotionally, physically and psychologically. People looked well cared for, comfortable and relaxed in the company of staff.

We observed positive, empathic, supportive and warm interactions between people and staff. On Magdalen Suite the atmosphere for those people who lived with dementia was calm and peaceful. Staff sat with people and read the paper with them or just chatting. One person held a staff member's hand and said, "I love you." The staff member knelt down making eye contact, smiled and said, "And we all love you [name of person]." The person smiled in response and patted the staff member's hand. Another person approached a member of staff and said, "I'm not feeling well today," and the member of staff immediately went over and sat with the person whilst finding out what was wrong. The interaction was done in a calm and kind way.

Through discussions with staff it was clear they understood how becoming less independent and able and the beginning of living with dementia could impact upon people's emotional well-being. The interactions we saw between people and staff evidenced how the staff approach had a positive impact on people. People told us they felt listened to, were happy and felt valued. Staff told us it was very important to recognise that people may need comfort through holding a person's hand, a hug or sitting together and talking. Throughout the inspection we observed this was a routine practice for staff. It had a positive impact on people who we observed were relaxed and content.

People told us staff treated them with respect and dignity and this was the practice we observed throughout the inspection. Old Hastings House was homely and very welcoming. People were free to walk about as they wished and when they wished. A health care professional commented, "Whenever I visit, the lounge is full of activity, music playing, the television or radio on. People are free to walk around their home and garden safely." The home was furnished with pictures, ornaments and soft furnishings which people told us gave it a homely feel. In the residential side there were a variety of communal areas that provided people with a choice dependent on how they felt. On Magdalen Suite a great deal of thought and care had gone into making it a homely and stimulating environment. Despite it being a new wing attached to the main house, outside areas with perspex walls for safety had been a priority to ensure that people could sit out in the fresh air and enjoy the views. The provider has committed to the 'Dignity Initiative'. This had meant that there are dignity champions within the staff team. Staff had introduced a 'Dignitree' and people at Old Hastings House had added statements about what dignity means to them was located by the side entrance of the home.

People were encouraged to maintain their independence and skills by dusting their room or making their bed. Staff told us, "It's about people, it's their home and it's important we do things the way they want" and, "We have some very able people and we try to encourage people to keep interests and do bits and bobs if they want to, I really love working here because of the people." People and staff shared jokes and banter between themselves and talked about different topics, from places people had visited, their families, the news and television programming. When people asked for support or for a cup of tea, staff responded promptly and with a smile. One person told us, "I didn't want to move out of my own home but I know I couldn't manage. I am happy here and the staff really do know me."

The registered manager and staff recognised the importance of spending time with people to socialise, comfort and 'just be there' for them. Staff told us they had time to sit and chat and socialise with people and we saw this was the case throughout the inspection. Many of the staff had worked at the home for several years and had developed positive and caring relationships with people. A member of staff said, "The fact that hardly anyone [the staff] leaves says it all really, I wouldn't want to work anywhere else."

People were treated equally and recognised as individuals in their own right because there were no distinctions made between people. Where people or staff held customs relating to their faith or culture, then arrangements were made to support them with this.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. This information correlated to what people told us and their care records. A member of staff told us, "We know who people are, where they used to live, what's important to them and their values. Each person has a different personality; we know the little things that may irritate them and what can bring a smile to their face." When new people moved into Old Hastings House, the registered manager ensured they were given the opportunity to meet everyone and to make friends. At meal times people sat together to socialise and enjoy peoples company. One person told us, "When I arrived, staff introduced me to people and everyday I meet someone else, it can be overwhelming as I'm used to living on my own, but everyone has been very kind."

Staff were mindful of people becoming socially isolated. A member of staff told us, "People like to close their doors. They decide if they spend time with other people during the day, but we always check now and again to make sure they are ok and to have a chat." During the inspection we heard staff knocking on people's doors and being invited in and staff spent time with people.

The service supported people to express their views and be actively involved in making decisions about their

care and support. People, families and staff had regular meetings to discuss what people would like to have in the home with regards to equipment, activities and daily routines. Everyone was encouraged to take part in fund-raising for the different projects people had chosen, including people, staff and families. Staff told us that most people and families involved themselves in fund-raising, such as donating prizes for the Christmas raffle. Different fund raising events were organised throughout the year. Staff told us it gave people a sense of achievement when the money raised was spent on outings and arranging festivities. The fund raising also helped towards purchasing a computer that was used by people to keep in touch with family and friends via skype.

Staff told us about some of the things they did to improve and enhance the quality of people's lives. Such as shopping for birthday or anniversary cards for people to send. Staff and people sent each other post cards when they went on holiday. Staff visited the home with their own families and children which people enjoyed. If a wedding anniversary was approaching, staff arranged for the husband and wife to have dinner together, with banners, balloons, cards and a cake. Birthdays were always celebrated especially special birthdays where families were invited to join in. One person told us, "We had a really good party when it was my birthday, everyone joined in."

Another member of staff told us, "I know all the residents and their family's very well and we do our very best for them." When staff were attending people they worked at the person's own pace and did not rush them. We observed a member of staff attending to one person; they took their time and were patient. They did not leave the person until they were sure their needs had been met. Staff chatted with people whilst providing support.

Care records were stored securely in a locked office area. Confidential information including personnel files were kept secure and there were policies and procedures to protect people's confidentiality.

The service provided people with a 'Residents' Handbook' which included information relating to day to day life in the home through to how to make a complaint.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and were always made to feel welcome. A relative said, "We are always made welcome and offered tea

Good

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I only have to mention a problem and it's dealt with" and, "We can talk to staff at any time, about anything." Visitors told us their relatives received care that met their needs. One visitor told us, "My mother is getting good care and has settled in. She is really happy here."

People's needs had been assessed before they moved into the home. This was to ensure their needs and choices could be met. People's care plans contained information about personal care, communication, health and social well-being, mobility and mental health in addition to a continence and nutritional risk assessment. We were told that assessments and care plans were completed with the person, and where appropriate, their representative although some of the people we spoke to were not aware of their care plan, as one person said, "Staff always consult me about my health and keep me well but I've not seen anything written down."

Each person's electronic file held comprehensive information around their care and support needs to guide staff. The information included; support plans and risk assessments for all aspects of their daily living needs including health, social and emotional well-being. Clear and detailed monitoring records were in place and these were adhered to by staff. The records also held information about people's likes and dislikes, social contacts and health and other professionals involved in their care.

Care plan agreements were signed by people or their relatives to show their agreement with the support which was given and how the care would be delivered. The documentation we viewed demonstrated reviews took place on a regular basis and staff signed the review. Staff told us they had access to the care records and felt the level of information they received, supported them to offer safe and effective care which was responsive to people's needs.

People received a level of care and support which was specific to their needs and which enabled people to remain healthy, mobile and pain free. For example, staff actively promoted the person's independence with their continence. People were regularly supported by staff to use the toilet throughout the day. A member of staff told us, "Just because someone may wear a continence pad, it doesn't mean they can't use the toilet and remain dry. It's also about respecting that person's dignity."
Health needs such as diabetes were managed with the support from external health professionals. Care plans identified the care required and were regularly reviewed to ensure any changes were responded to. For example, blood sugars were recorded daily and if a trend of high blood sugars were identified staff requested advice from the GP and district nurses. This meant staff responded to health changes appropriately.

Personalised information about individual daily routines was recorded, for example what time people liked to get up and peoples preferences for food and drinks.

People were supported to make choices in their everyday life. One person told us, "I can come and go as I

please." A member of staff told us, "The residents do whatever they want to do when they want to do it. They can stay in bed or get up early it is up to them."

There was a timetable of weekly activities on display in the hallways. These activities included pet therapy, hand massage, bus trips, piano recitals and quizzes. There was also a notice board which showed forthcoming events and photographs of people at Old Hastings House enjoying the activities that they took part in. During the two days we saw a wide range of activities taking place as well as a visiting pianist. We also saw that activity co-ordinators spend time with people on a one to one basis. The activities were structured to be suitable for everyone's needs and people from the main house visited the Magdalen Suite for certain activities and vice versa.

Old Hastings House enables people to access the local community. There were volunteers to support people such as minibus drivers and coffee morning helpers. There was also a link with the chaplain based in the Anglican parish from which the Charity originated in the 13th century.

The provider was continuing to complete detailed social histories. One person had his life story book in the theme of a car given their 40 years as a driving instructor. One person told us, "I like to join in the music activities and the exercise class." Another person told us, "The staff came in this morning to ask if I wanted to go to the coffee morning." A computer with internet access allows people to keep in touch with family and friends. One person said, "I am now a computer genius. I love it."

Staff were mindful of people who chose not to go to the communal lounge and ensured that they were not isolated in their rooms. A member of staff told us, "We ask residents daily what activities they would like to do. If people want to go for a walk we can arrange for staff to take them. We have trips out regularly on our minibus, there is one this afternoon." People were informed about the activities available and encouraged to participate. Another member of staff said, "Not all of the residents want to join in for example one lady likes to read on her own but I always let her know what is happening so she can choose." A relative told us, "My brother does not like to mix with other people. He's a very intelligent man and still has all his faculties. He prefers to stay in his room." The registered manager told us, "If someone is spending a lot of time in their room and have few visitors we are starting to complete an 'isolation and loneliness' risk assessment. This will identify if more carer time is needed and what we need to do to improve the situation."

A complaint policy and procedure was available. The complaints log showed there had been no complaints recieved in the last 12 months. Complaints were acknowledged, investigated and dealt with appropriately.

Good

Is the service well-led?

Our findings

People described the staff of the home to be approachable, open and supportive. When asked about the atmosphere in the home they said, "Yes, I think it's good" and, "Excellent staff and there's a very nice manager."

The service had a registered manager and they were available throughout the inspection. The registered manager and staff had strong values about the way care and support should be provided and people should be involved, this included dignity. These values were based on providing a person centred service that supported people to maximise their independence. All staff were highly motivated to provide the best possible care for people. One member of staff commented, "We do what we do for the residents, if you don't give your all it's not worth doing it, we do it well because we really care about each and every person." One person told us, "I am very happy and content, I love living here and there is nothing they need to improve." A relative said, "The manager and the deputy and all the staff are excellent." Another relative told us, "It's a home from home and so well run."

The provider has an annual development plan (ADP) which was used to continuously drive improvement. The provider information return (PIR) stated this is due to be audited in July 2017 to see if the ADP had been successful. The provider had also committed to 'The Social Care Commitment.' Old Hastings House was in the first year of a five year plan.

The staff told us, "The morale in the team is excellent, the sense of belonging is one of the things I like about working here" and, "This is a brilliant team, I love my job and the people we care for."

Staff felt the management team supported them to have a really good work life balance with one member of staff commenting, "It has to be ten out of ten for the support we are given from both the manager and the seniors. That's why all of us have stayed working here for so long."

Effective management and leadership were demonstrated in the home. The registered manager was keen and passionate about the home and the people who lived there. He told us that the philosophy and culture of the service was to make Old Hasting House outstanding and 'Their home'.

The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and menus. People told us they felt their views were respected and had noted positive changes based on their suggestions. One

person told us, "There are opportunities to make suggestions. But I'm quite happy so I leave things alone."

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. They said, "I felt listened to and valued, we are encouraged to be involved in changes and supported to develop ideas."

The registered manager was proud of their signing up to the Gold standard Framework which was due to be completed in July 2017. He said that it had led to a reduction in their hospital admissions, with a 4-month period of zero admissions in 2016.

'Service user / relatives' satisfaction surveys' had been completed twice a year. Results of peoples feedback was used to make changes and improve the service, for example, décor and choices of food. Resident meetings were held regularly and people were also encouraged to share feedback on a daily basis. One person said, "I tell them as it is, they don't mind." The manager had introduced a 'grumbles book' which staff used to record any verbal niggles people might share. We saw that these were read and an action recorded.

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. We requested the call bell system records to identify how long people waited for calls to be answered and how the information was being analysed to assess staffing levels or busy times of day. The current and historic call bell system records were available and provided for review. The registered manager told us that call bells were answered between three and five minutes and our review confirmed this. Any call bell that was seen to be over five minutes was investigated and acted on. One entry stated one hour and this identified a faulty call bell. This demonstrated that the service was able to identify and manage risks.

Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system, daily records and infection control measures were being improved following review.

The registered manager evaluates with other senior staff the effectiveness of training provided to ensure it is of the quality required. The board of trustees also line manage the registered manager to ensure that the registered manager receives feedback and support to manage a good home.

Staff were supported to attend courses to develop their knowledge and to enhance their skills in their role. The registered manager said he was to commence a Skills for Care well led Programme in January 2017.