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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 12, 15 and 19 February 2018 and was unannounced. At the previous inspection of this service in April and May 2017 the overall rating was requires improvement. At that inspection we found Breaches of Regulation 9, 10, 11, 12 and 17. This was because people's safety was being compromised in a number of areas. Care plans did not reflect people's assessed level of care needs and care delivery was not person specific or holistic. People had not always received their medicines in a timely way and there was poor recording of topical creams, dietary supplements and 'as required' medication. The deployment of staff had impacted on the care delivery and staff were under pressure to deliver care in a timely fashion. The provider had not been meeting the requirements of the Mental Capacity Act (MCA) 2005 and staff were not following the principles of the MCA. Quality assurance systems were not robust as they had not identified the shortfalls found in care delivery and record keeping during that inspection process.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions safe, effective, caring, responsive and well led to at least good. This inspection found significant improvements had been made and the breaches of regulation met.

Hastings Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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. Hastings Court also provides ten short term care beds purchased by the Local Authority for people who were not ready to go home from hospital. There were 58 people living in the home during our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan and confirm that the service now met legal requirements. We found improvements had been made in the required areas.
The overall rating for Hastings Court has been changed to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. Care plans reflected people's assessed level of care needs and care delivery was person specific, holistic and based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks including swallowing

problems and risk of choking, and moving and handling. For example, pressure relieving mattresses and cushions were in place for those who were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider was actively seeking new staff, nurses and care staff, to ensure there was a sufficient number with the right skills when people moved into the home.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns. Staff had a clear understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe.

Nurses and community leads (senior care staff) were involved in developing the care plans and all staff were expected to record the care and support provided and any changes in people's needs. The registered manager said all staff were being supported to do this and additional training was given if identified as required. A new computerised care plan system with staff was to be introduced in February 2018. People were supported to eat a healthy and nutritious diet. Food and fluid charts were completed when risk of poor eating and drinking had been identified and showed people were supported to eat and drink.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service. This included the care of people with specific health and mental health needs such as diabetes, dementia and Parkinson's disease. Staff had formal personal development plans, including two monthly supervisions and annual appraisals. Staff were supported to become 'champions' in areas of care delivery such as infection control, medicines and tissue viability. People were supported to make decisions in their best interests. The provider assessed people's capacity to make their own decisions if there was a reason to question their capacity. Staff and the registered manager had a good understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were very complimentary about the caring nature of staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People previously isolated in their rooms were seen in communal lounges for activities, meetings and meal times and enjoyed the atmosphere and stimulation.

A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided throughout the day, seven days a week and were developed in line with people's preferences and interests. Further ideas for the prevention of social isolation were being discussed by the management team, such as sensory table equipment that will promote engagement with individual people. Technology was used to keep families up to date if they lived away via protected internet access to they can see events and activities taking place at Hastings Court. Staff had received training in end of life care supported by the Local Hospice team. There were systems for the management of medicines and people received their medicines in a safe way. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. The service worked well with allied health professionals.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed, including those for accidents and incidents, 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. Relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

Staff said the management team was fair and approachable, care meetings were held every morning 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 was very good; the registered manager was always available and they would be happy to talk to them if they had any concerns.

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

Hastings Court was safe and had met the legal requirements previously in breach.

There were systems in place to make sure risks were assessed. Measures were put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

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.

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.

Is the service effective?

Good

Hastings Court was effective and meeting the legal requirements previously in breach.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. Staff had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?

Good

Hastings Court was caring and meeting the legal requirements previously in breach.

People's dignity was protected and staff offered assistance discretely when it was needed.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

People were enabled and supported to access the community and maintain relationships with families and friends.

Is the service responsive?

Good

Hastings Court was responsive and meeting the legal requirements previously in breach.

People's preferences and choices were respected and support was planned and delivered with these in mind.

Group and individual activities were decided by people living in the home and regularly reviewed by them.

A complaints procedure was in place. People and visitors knew how to raise a concern or make a complaint but also said they had no reason to.

Is the service well-led?

Good

Hastings Court was well-led and meeting the legal requirements previously in breach.

The registered manager, staff and provider encouraged people, their relatives and friends to be involved in developing the service.

A quality assurance and monitoring system was in place. The registered manager used this to identify areas that could improve.

Feedback was sought from people through regular meetings and from relatives, friends and health and social care professionals through satisfaction questionnaires.

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.

This inspection took place on the 12, 15 and 19 February 2018 and was unannounced. The inspection team consisted of five inspectors and two experts 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.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, action plans and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We also reviewed the Provider Information Return (PIR). 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 also contacted the local authority with responsibility for commissioning care from the service to seek their views. We also spoke with and received correspondence from three visiting health and social care professionals, which included, speech and language therapists, tissue viability nurse and a social worker.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal areas. 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 lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also used communication aids that people themselves used, to communicate with them.

During the inspection we spoke with 21 people that used the service and 15 members of staff: registered manager, area manager, training manager, deputy manager, two housekeepers and nine care staff. We reviewed 11 sets of records relating to people including care plans, medical appointments and risk assessments. We looked at the staff recruitment and supervision records of eight staff and the training records for all staff. We looked at medicines records for all the people and minutes of various meetings. We

checked some of the policies and procedures and examined the quality assurance systems at the service.

Good

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in April and May 2017. At that inspection we found a breach of the legal requirements and areas to improve. This was because the provider had not ensured risk assessments were not up to date. The management of people's individual safety in that the management of medicines and skin integrity was poor and people's needs were not always taken into account when determining staffing deployment. At this inspection we found improvements had been made and the provider/service now met the previous legal breach of regulation.

People and their relatives told us they felt safe. One person told us, "Yes, I am safe, I am really well looked after here." Another person said, "If I go out on my own we agree on ways to make contact if I need them." A visitor said, "I have no concerns, things have improved." Another visitor said, "The place is very safe, clean and there are enough staff to do things properly."

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. We saw detailed plans which told staff how to meet people's individual needs. For example, continence care was identified and a plan of action for staff to follow such as regular visits to the bathrooms and application of topical creams. Another care plan told staff how to meet behaviours that challenge in a way that ensured people and staff safety and well-being. We saw care plans which contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure ulcers. Equipment used to minimise the risk of skin damage such as pressure relieving mattresses and cushions were checked daily by staff to ensure they were on the correct setting for the individual. We found all were correct and working.

There were people who presented with behaviours that could be challenging and staff managed situations in a way that ensured people remained safe. Staff were observant but respected people's personal space and managed to de-escalate situations quietly and professionally. Staff used observation charts that they completed following an incident and these records were used to review triggers and the management of behaviours.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Risks associated with the safety of the environment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which

instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. 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.

Staff had received safeguarding training and understood their responsibilities for keeping people safe from risk of abuse. Staff were able to give examples of signs and types of abuse and discuss the steps they would take to protect people, including how to report any concerns. The care home had a whistle-blowing policy that provided guidance for staff on how to report concerns in the workplace. Staff told us they felt confident to whistle-blow if necessary. A member of staff said, "There is a whistleblowing policy that we are all aware of. If I reported something that was a worry and nothing got done, I would inform the local authority and CQC, but I know the manager would listen and escalate without doubt."

We discussed with staff how they made sure people were not discriminated against and treated equally and without prejudice. A senior member of staff told us, "Everyone should be treated the same and be treated with dignity and respect. The same for the staff, we are all here to do a good job and personal differences and cultures don't change that." Staff were mindful of racism or sexism and respectful of people's differences. Staff had received training in equality and diversity.

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 medicines). Records confirmed medicines were received, disposed of, and administered correctly. People told us they received their medicines on time. One person told us, "Always get my pills when I need them."

There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. People's medicines were securely stored in a clinical room and they were administered by registered nurses and senior care staff who had received appropriate training. We observed two separate medicine administration times and saw medicines were administrated safely and staff signed the medicine administration records after administration. The clinical rooms on all communities, such as Poppy, Peony, Sunflower and Bluebell)were well organised and all medicines were stored correctly and at the correct temperature. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests. When necessary, medicine errors had been reported to the local authority and the registered manager had followed the guidance for the professional duty of candour. This meant it had been disclosed to the individual or their next of kin, an apology offered and an action plan discussed to prevent a reoccurrence. This ensured as far as possible lessons had been learnt.

People were supported to live an independent life-style as far as possible despite living with a wide range of illnesses such as dementia, Parkinson's and diabetes. The manager and staff understood the importance of risk enablement, this meant measuring and balancing risk. One staff member said, "We want to ensure people live life to the full, taking risks is part of it." The staff team recognised the importance of risk assessment and not taking away people's rights to take day to day risks. With support from staff, people were supported to go out with family and take part in activities. Staff recognised the importance of respecting and promoting people's right to take controlled risk.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment

decisions and help prevent unsuitable people from working with vulnerable groups.

Sufficient numbers of skilled and experienced staff contributed to the safety of people who lived at the home. Hastings Court Nursing Home provided accommodation over three floors in four separate communities, Poppy, Peony, Bluebell and Sunflower. All communities were allocated separate staff teams to provide 24 hour care. The rotas correctly displayed those staff on duty during the inspection process. The staff skill mix and deployment within the service had been regularly reviewed along with the needs of the people they supported. For example, each shift on Sunflower, a Community Lead (senior care staff member) with competency in medicines was on duty. Poppy and Peony were led by a registered nurse (RN) to oversee and monitor the clinical care provided. People told us there were enough staff to respond to their needs although they were often 'busy.' We were told, "Lovely staff, always a smile, they sometimes seem very busy but they always give first rate care." Another person said, "Some days staff seem to be under the pressure but I have never had a worry about there not being enough staff."

We observed people received care in a timely manner and call bells were answered promptly. The registered manager undertook random audits on call bell response times. Staff told us they worked hard to ensure an immediate response and felt the number of staff on duty allowed them to do so. Staffing levels allowed for staff to support people and to take people into the garden for fresh air. We also saw that staff sat with people in the communal areas chatting and engaging them with different activities whilst other people started to join them. One relative said, "It seems to be weekends that are low on staff sometimes, it just seems to be very busy, meals are sometimes late." This was discussed with the management team who said that it was sometimes unavoidable that meals might be slightly later than the norm but care delivery comes first and if someone needed assistance then this may impact on the meal service.

Staff told us they thought staffing levels were good and appropriate to meet the needs of the people currently living at Hastings Court. One care staff member told us, "We can meet people's needs and the manager will get agency staff in if someone goes off sick. There is no problem with staffing now." The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call the registered manager out of hours to discuss any issues arising. Feedback from people and our observations indicated that sufficient staff were deployed in the service to meet people's needs. Staff were available for people, they were not rushed and supported people in a calm manner. We saw staff sitting with people in communal areas and spending time with people. People also approached staff for support throughout the inspection process and were always engaged with promptly. As staff covered additional shifts in case of sickness no agency care staff were used, which meant people were cared for by staff who knew them.

Good

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in April and May 2017. At that inspection we found a breach of the legal requirements and areas to improve. This was because the provider had not ensured staff had undertaken best interest assessments in line with the best practice framework associated with the MCA and not all staff received on-going professional development through regular supervisions and appraisals. At this inspection we found improvements had been made and the provider/service now met the previous legal breach of regulation.

People told us that staff understood them and knew how to manage their health and social needs. One visitor told us, "My mum needs specialist care and she certainly gets it here."

Staff were now working within the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had up to date policies and procedures in relation to the MCA and staff were provided with information on how to apply the principles when providing care to people using the service. We were also made aware of people subject to DoLS authorisations. At the time of inspection the registered manager informed us some people had been referred for a DoLS authorisation but some were still pending. A file was kept and updated when the DoLS was authorised.

The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. The service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

People commented they felt able to make their own decisions and those decisions were respected by staff. Staff had received training and understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. There were also procedures to access professional assistance, should an assessment of capacity be required. Staff undertook a small mental capacity assessment for each person when they arrived at the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example, we heard the registered nurse say, "Are you ready for your medicine now, and have you any discomfort." Care staff asked people, "Shall I help you to the bathroom," and "Would you like another cup of tea." Staff were able to tell us that they knew people's mental capacity can change quickly and so it was

always important to approach people and ask for their consent.

People received care from staff who had the knowledge, skills and experience to support them effectively. There was a training co-ordinator who took responsibility for the induction programme, training programme and organising the supervision programme. There was a robust induction for staff when they started work at the service. This included an introduction to the day-to-day routines, policies and procedures. This was done over a three week period and if necessary extended. New staff shadowed other staff to get to know people and the support they needed. During this time, staff received on-going training and competency assessments. This included moving and handling, safeguarding and mental capacity.

All staff completed a rolling programme of essential training. Regular audits were completed to ensure staff received the relevant training. The introduction of champions in infection control, medicines and tissue viability had been supported by external training and had proved beneficial to consistently drive improvement, for example, the champions spot check and undertake audits on their speciality. There was a clear emphasis on improving staff knowledge and competencies.

Staff received regular supervision. Supervision included an opportunity to discuss training, development opportunities, and review practice. Staff told us they felt supported by the management team and they felt confident to approach them to discuss concerns.

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery. The community psychiatric team was involved when necessary for those who needed it and advice sought when required. One person told us, "I have seen the nurse and the doctor regularly, nothings too much trouble." Another said, "Doctor is coming to see me today for my medication before I go home." Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "They respond quickly when a health problem is noted and work well with us." Another health professional said, "They are organised and seem to know their residents well."

People were supported to have a nutritious diet and sufficient drinks to meet their needs. People told us the food was good. One person said, "The food is good, lots of choice, we can have seconds." Another one said, "Excellent food, cakes, fresh fruit, and a variety of drinks." Relatives said, "The food always very good, fruit and cakes are in the dining room so people can have them at any time."

People had an initial nutritional assessment completed on admission and their dietary needs and preferences were recorded. People told us their favourite foods were always available, "They know what I like and don't like and there is always a choice." A Registered Nurse (RN) told us, "People have a nutritional assessment when they arrive. We can cater for diabetic, vegan, soft or pureed and any other special diets. We don't have any cultural preferences at the moment but the chef would be able to meet any dietary requirement."

Menus were displayed throughout the home and on tables which meant that people knew what was on offer each day. Each community 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. Some people chose to have wine with their lunch and this was readily offered. The staff served the meals from hot trolleys and people was able to choose how much they wanted. Staff could also

ensure that peoples' portions were appropriate for them. For people living with dementia, staff members showed them plated options which enabled them to make a choice at the time of the meal.

Older people and people living with dementia are at risk of malnourishment due to multi-factors such as poor mobility, physiological changes and swallowing difficulties. To mitigate risk people's weight was regularly monitored and documented in their care plan. Some people didn't wish to be weighed and this was respected. Staff said, "We use different ways to monitor their weight such as clothing if they don't want to be weighed." The registered manager said, "The kitchen staff and staff talk daily about people's requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy. The chef told us staff kept the kitchen informed of any changes to people's dietary needs and also told the kitchen staff of people who needed their food fortified.

Staff 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 as thickened fluids are easier to swallow. 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. Staff told us of various ways they fortified people's food, "We use cream for soups and add cream to sauces, we make milk shakes as well."

People's individual needs were met by the adaptation of the premises. The service was purpose built, with safe accessible gardens and plenty of communal areas. All communal areas of the service were accessible via a lift. There were adapted bathrooms and toilets and hand rails in place to support people. Visual aids in communal areas helped to support orientation of people with dementia to move around the home and increase their awareness of their environment. One person told us, "We are lucky to live here."

Good

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in April and May 2017. At that inspection we found a breach of the legal requirements and areas to improve. This was because the provider had not ensured that people were consistently shown dignity and respect by staff. At this inspection we found improvements had been made and the provider/service now met the previous legal breach of regulation.

The culture had changed and people were treated with respect and dignity. The home had a relaxed atmosphere. People responded positively when staff approached them in a kind and respectful way. People nodded and smiled when asked if staff were kind and caring. Relatives felt staff offered the care and support people needed and wanted. One relative thought the staff were, "Really kind and patient" and, "Nice atmosphere, always upbeat." One person told us staff didn't try and rush them to get everything done. One staff member said, "The staff team is really focussed on caring, we have all learnt from the past experiences and really want to do our best, our residents deserve the best."

People were treated with kindness and respect and as individuals. It was clear from our observations that staff knew people well. Staff made eye to eye contact as they spoke quietly with people; they used their preferred names and took time to listen to them. Staff knocked on people's bedroom doors before they entered, saying, "Good morning (name) would you like me to help you," and, "Shall I take you to the lounge?"

People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. When staff assisted people to move using an electrical hoist in communal areas they ensured their modesty was protected and they were moved respectfully. Staff told them what was happening and explained what they were doing. One person said, "I used to worry when they first used the machine but the staff are very good." Staff told us, "People need a lot of support with their personal care and we keep in mind at all times that some things are very private." This showed staff understood the importance of privacy and dignity when providing support and care.

People's equality and diversity needs were respected and staff were aware of what was important to people. People were encouraged to be themselves. One person said, "I know that I can express myself and staff will support me." Another person liked to look smart and told us staff ensured that their clothes were clean and pressed, we were also told, "I like to wear make-up especially if I am going out, I can't do it myself but staff help me."

We saw several lovely interactions, staff used affectionate terms of address and gentle physical contact as they supported people, and people responded with smiles. We also saw a care staff member sit with a person during a late breakfast and encourage them with eating independently with gentle prompting, "Do you want help?" and, "Let me help you with that." This enabled the person to retain their dignity whilst accepting help. The SOFI told us that staff and people engaged positively using verbal and non-verbal communication. During the meal service staff sat alongside people and maintained eye contact whilst

assisting people. The pace that staff assisted people was set by the person and not the staff member, which meant that the person was not rushed and enjoyed their meal.

Staff promoted people's independence and encouraged them to make choices. We saw that those people who liked to move around independently were supported discretely by staff. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "Shall I help you to the table, its lunchtime soon." They leant down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "We encourage people to be independent as they can be. We give them space and respect their independence" and, "We let people to make their own decisions if they can. For example, if someone doesn't want to do something then we make sure we offer later." Some people were able to confirm that staff involved them in making decisions on a daily basis. One person said, "I can choose to have breakfast in bed or in the dining area. Staff always ask me." Another person said, "Due to my health I spend a lot of time in bed, but staff do what they can to relieve my frustration, they pop in all the time and ask me if there is anything I need."

People's preferences were recorded in the care plans and staff had a good understanding of these. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and told us each person was different; they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly, and they enabled people to do this as much as possible. People chose how and where they spent their time. People, who wanted to sit and read, rather than participate in activities, were supported to do so.

People's rights to a family life were respected. Visitors were made welcome at any time and were able to have meals with their loved ones. Lounge areas were welcoming and we saw people enjoying spending time in this area with visitors during the days of our visits. Newspapers and books were available. There were items of interest from the provider, such as their vision and values, newsletters, details of events that had taken place, the weekly activities programme, health information booklets and advice about advocate services. Information on the use of advocacy services was available and the registered manager confirmed the home worked in partnership with Independent Mental Capacity Advocates (IMCA) when required. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. One relative told us, "We are always welcomed and feel at home, tea, coffee and cake is always offered." Another relative said, "I join in activities with my mother in law, the children love visiting her here, they feel comfortable and fun, always something going on."

People were able to express their views and were involved in making decisions about their care and support and the running of the home. Residents' meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. We saw that ideas and suggestions were taken forward and acted on. For example, menus, activities, trips out and laundry services.

Care records were stored securely in the staff offices. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training.

Good

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in April and May 2017. At that inspection we found a breach of the legal requirements. This was because there was a lack of person-centred care planning and lack of adequate activities to meet people's individual needs. At this inspection we found improvements had been made and the provider had now met the previous legal breaches.

People were involved in developing their care, support and treatment plans as much as they wished to. A senior staff said "Not everyone wants to be involved but we encourage and try to involve them, it's an on-going mission with this, we will be approaching people again when we review." One person said, "Yes I know what is in my file, due to my health issues staff sit and discuss what is happening, they make sure I see a doctor immediately when I feel poorly." Another person told us, "They came to see me before I moved in, at the hospital. We talked about how I felt about moving in to the home and what support I wanted.

Care plans had been reviewed regularly and updated when people's needs changed. A new computerised care plan was to be introduced in February 2018. The management team had organised training and were looking forward to introducing this new technology to enhance person centred care delivery.

Staff undertook care that was suited to people's individual needs and preferences. The care delivery was person specific and in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People change and we adapt their care accordingly with help from family, friends and our staff."

Each care plan looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person's need was assistance with mobility. The outcome was for staff to ensure their walking aids were always near them and that their footwear was correctly fitted for maximum support. Staff followed these care directives and this person was seen walking confidently around the home. Another person who lived with diabetes had guidance within their care plan of how staff were to respond if their normal blood sugar varied and what action to take. For example, if their blood sugar was lower than their normal range, staff were to give a glass of milk or a biscuit and to retake their blood sugar. This meant that care delivery was responsive to people's individual needs.

The staff team had a good understanding of the Accessible Information Standard and discussed ways that they provided information to people at Hastings Court. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff told us of pictorial methods used for those on Sunflower and of how this enabled people to make choices. For those who had a visual impairment staff used large print and said they could provide information on tape so people listen to the information.

Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage in these conversations, with the person's permission, discussions had been held with family and those closest to them. We looked at the care plan for one person who was receiving end of life care. The documentation had reflected that care had been adjusted for this stage of their life. It emphasised the need for constant monitoring of pain and of ensuring that food and fluids should be offered regularly in small amounts. On discussion the RN stated "It needs to be more person centred but we are working on this. The new care plan system will enable a much more person centred approach than our current system."

Activities at Hastings Court were planned and tailored to meet peoples' preferences and interests as much as possible. We were told that the format of activities may change on the day depending on who chose to attend and how many. A programme of events was displayed in the communal areas of the home. These included one to one sessions, quizzes, craft sessions and musical and film sessions. During our inspection we saw a number of activities taking place and enjoyed by people. There was biscuit making session on Sunflower and staff ensured that people who were on a soft diet were able to participate in the making and then ensured it was safe for them to participate. A quiz session was held in the afternoon in the café area. This was well attended by people from all communities. Praise and encouragement was done in a respectful manner and people were relaxed and enjoying this activity. This inspection showed that staff were committed to improving people's lives by ensuring that they were not isolated either in their room or in the communal areas either reading to them or putting music on. The activity person had introduced still life art classes and arranged trips to the local art gallery. It had been acknowledged by the management team that more trips out would be beneficial and more one to one time for those people on continuous bed rest. The activity co-ordinator told us of Oomph (older adult well-being specialists to provide regular outings to people to enrich their activity programme being introduced which has really been beneficial. Hastings Court was partnering with Oomph, this will include a monthly timetable of trips tailored to people's interests and needs.

The activity team consisted of two co-ordinators and they had the support of staff at group sessions. At the bingo session held in the reception area we saw staff from different communities bring people down to join in and stay and support them. Sunflower had continued to be an area that staff were constantly contributing ideas to develop as staff gained knowledge and confidence in providing care for those who live with dementia. One senior care member said, "We are constantly looking at ways to engage with our residents and ensure that we give them as much mental and physical stimulation as possible." Another staff member said, "We have so much more to offer now, there are lots of interactive objects that catch our residents eye and it stops a lot of frustration." We saw items in the corridors to engage people as they went past, such as bright coloured scarves. Magazines that reflected people's specific interests and past hobbies had been brought in and were left open to capture people's attention. We saw people actively engage with items in the communal areas such as life dolls and therapy cats throughout our inspection. People who had previously been restless and agitated were now calmer and interacting positively with staff.

There was good interaction seen from staff as they supported people with activities throughout the home. We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "We have worked so hard and it's a pleasure to come to work."

Regular staff and resident/family meetings are now being held, times of meetings were displayed and

details of suggestions and discussion points were recorded and actioned. For example, meal choices. The action plan included surveys and regular meetings with the chef. The minutes of meetings were shared with people and families and displayed in the home.

People told us that they valued the extra facilities within the home that were available, such as a hair dressing salon and a beauty therapy room. There is a gym but this is rarely used at present but there were plans for a physiotherapy team to work within the service and this room would then be utilised. Photographs that showed people enjoying events and visits from outside entertainers and visitors were displayed across the home and on a television screen in the reception area. Families told us that the varied communal facilities enabled them to visit and have private times which were 'Really appreciated."

The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. The complaint system was also available on the website for the service. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints were recorded and responded to as per the organisational policy. A complaints log is kept and monitored by the registered manager. There was evidence that complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.

When compliments and thank you cards had been received these were shared with staff at meetings and showed staff they were appreciated.

Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people families and staff. The actions to be taken were also shared. One visitor said, "I have been asked to complete forms about food - I give feedback all the time."

Good

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in April and May 2017. At that inspection we found a breach of the legal requirements. This was because the systems for monitoring quality were not effective. At this inspection we found improvements had been made and the provider/service now met the previous legal breach.

The registered manager had been in post for ten months and was supported by a deputy manager and clinical lead. There was also an area manager and provider that completed the management team. Effective management and leadership was demonstrated in the home. The registered manager was knowledgeable, keen and passionate about the home and the people who lived there. There had been a large turnover of staff in the past seven months but this had provided a fresh and open culture which had benefited the service. The management team were open and transparent about the challenges they had faced, but were very proud of what the staff team had achieved in the past six months. They were committed to embrace the changes and continue to grow and develop the service.

Staff told us that the philosophy and culture of the service was to make Hastings Court a home. Staff of all denominations had contributed to developing values for the home. The values were "Live, love and be loved, joining our home is joining our family, caring with spirit, ,making life an adventure, feeling good together and company, comfort and choices. Staff spoke of the home's vision and values which governed the ethos of the home. The ethos of the home was embedded into how care was delivered and the commitment of staff to provide good quality care and person specific care. The registered manager and staff had a strong emphasis on recognising each person and their identity. Staff wanted to provide care that was individual to that person and it was clear staff recognised each person in their own entity. From observing staff interaction, it was apparent staff had spent considerable time with each person, gaining an understanding of their life history, likes and dislikes. Care was personal to each person and staff clearly focused on the individual and their qualities.

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. The culture of the service was described as open, honest and friendly, by people and staff. The registered manager said their door was always open if staff, people and visitors wanted to have a chat with them. One member of staff said; "You're not going to get any better bosses," Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns.

Quality monitoring systems had been developed and sustained since the last inspection. There were a wide range of audits undertaken to monitor and develop the service and we looked at a selection of these. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so quality of care was not compromised. Areas for improvement were on-going such as care documentation. The registered manager said recording was an area that they wanted to continuously improve. All care plans were up to date and reflective of people's needs. Where recommendations to

improve practice had been suggested, from people, staff and visitors, they had been actioned, such as laundry service and menu choices.

Falls, accidents and incidents were recorded, monitored and an action plan put in place to prevent a re-occurrence. Call bell responses were monitored to ensure staffing levels were sufficient. On discussion with the registered manager, future actions of persistent falls may include looking at a more suitable room location for certain people. This would only happen if it is in the best interest of the person. Medicine audits looked at record keeping and administration of medicines and the manager said action would be taken through the supervision process if issues were identified.

The management team had been working consistently to develop the support and care provided at the home. The manager said, "Whilst we feel we have really improved, we want to continue to improve to deliver really outstanding care." Staff were proud of the improvements they had made, they said the morale of staff was strong and they worked as a team. All the staff spoken with were enthusiastic and felt Hastings Court was a really good place to work. One staff member said, "The manager really supports us, doesn't stand for nonsense but will compliment us when we do well." Another staff member said, "We are encouraged to develop our skills, and ensures we get the training we need."

Systems for communication for management purposes were established and included a daily meeting with the senior staff. These were used to update senior staff on all care issues and management messages. For example, discussion around who had fallen and what risks had been identified. Staff felt they could feed into these meetings. One staff member said, "The manager is open to suggestions, staff meetings give us the opportunity to raise issues and solve problems." Each shift change also had a handover meeting so staff changing shifts shared information on each person. A handover sheet given to staff facilitated this process with key aspects of care being recorded. Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings. Staff said, "We are involved in developing the service here," "I think the management is really approachable" and, "We feel listened to."

The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Visiting health care professionals were positive about the way staff worked with them and this ensured advice and guidance was acted on by all staff. Comments received included, "The staff are knowledgeable about the people they care for and want to get it right" and, "They listen, take advice and act on the advice."

Relatives felt they were able to talk to the manager and staff at any time and the relatives meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it." The management team were constantly looking at ways to involve people in the running of the home, this included inviting them to staff interviews, occasional staff meetings that focussed on improving the service such as activities and event planning.
The service had notified us of all significant events which had occurred in line with their legal obligations.