HRS Care Limited

Hastings Lodge & Hastings Cottage

Inspection report

20-22 Althorp Road & 6 Althorp Road
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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

Overall summary

This unannounced inspection took place on 21 April 2015. Hastings Lodge and Hastings Cottage is registered to provide accommodation and personal care for up to 14 people, including older people and people with sensory, physical and learning disabilities.

There was a registered manager in post; 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.

People were protected from receiving unsafe care. The recruitment procedures carried out at the home

Summary of findings

protected people from being cared for by staff that were unsuitable to the work in a caring environment. The staff were appropriately trained and had the knowledge and experience to meet people's needs.

The staff had a good understanding of what constituted abuse and were knowledgeable of the safeguarding reporting procedures.

Safe systems were in place for obtaining, storing, administering and disposing of medicines.

Staff followed strict protocols when giving medicines to people prescribed to be given when required (PRN).

The managers and staff where knowledgeable about the codes of practice relating to the Mental Health Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received a varied, healthy and nutritious diet and people at risk of not receiving adequate nutrition where encouraged by staff to follow a healthy diet. Relevant healthcare professionals were also involved in promoting good health and wellbeing.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. The care staff were attentive and responded in a timely way to people's requests. They understood their duties and carried them out effectively. Their manner was friendly and they encouraged people to retain as much independence as their capabilities allowed.

People were supported to engage in occupational and recreational activities, within the home and the community.

Systems were in place to continually monitor the quality of the service. The managers and staff listened to and acted upon what people said, including the views of people's relatives or other representatives. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they witnessed or suspected any abuse.

People were cared for by sufficient numbers of experienced staff that had been appropriately recruited.

The risks associated with people's care, were assessed before they came to live at the home and where regularly reviewed to ensure peoples continually received safe care and support.

Established systems were in place for the obtaining, storing, administration and disposal of medicines.

Is the service effective?
The service was effective

Good

People were cared for by staff that had been trained and appropriately supervised, they had the required skills and experience to effectively meet people's needs.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) codes of practice.

People's healthcare needs were continually met and the staff provided support to ensure they received a healthy nutritious diet.

Is the service caring?
The service was caring

Good

People's rights to be treated with dignity and respect were promoted.

People were involved in making decisions and planning their own care. Their views were listened to and acted upon.

Staff encouraged people to do what they could for themselves but promptly responded requests for assistance whenever this was necessary.

Is the service responsive?
The service was responsive

Good

People's care was individually planned with them, or where this was not possible with their representatives.

People were fully supported to engage in occupational and recreational activities within the home and the community.

People's needs were regularly reviewed so that they continually received the right care for them.

Summary of findings

The service listened to people's experiences, concerns and complaints; they were taken seriously and responded to appropriately.	
Is the service well-led? The service was well led A registered manager was in post that understood and acted upon their responsibilities. Staff at all levels fully understood the standard of care that was expected of them and the principles of providing good care. The service and was open and transparent in their dealings with people, visitors, staff and stakeholders. There were suitable systems in place to monitor the quality and safety of the service.	**Good**

Hastings Lodge & Hastings Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 21 April 2015, it was unannounced and was carried out by one inspector and a specialist advisor who specialised in the care of people living with physical and learning disabilities.

Before the inspection we contacted health and social care commissioners who helped place and monitor the care of people living in the home. We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we made general observations, including the interactions between staff and people living at the home. We viewed people's bedrooms by their agreement. We also took into account people's experience of receiving care by listening to what they had to say. We spoke with five people living at the home as well as two visitors.

We also spoke with the registered manager, the deputy manager, two senior care staff, four care staff and the homes activity person.

We reviewed the care records and risk management plans of three people living at the home. We also looked at records in relation to medicines management, staff recruitment, staff training and the provider's management quality assurance records.

We also undertook general observations in the communal areas of the home, including interactions between care staff and people. We viewed three people's bedrooms by agreement. We also took into account people's experience of receiving care by listening to what they had to say.

During this inspection we spoke with three people who used the service, as well as three visitors to the home. We looked at the care records of six people. We spoke with the provider, registered manager, assistant manager, three care staff and a visiting healthcare professional. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. The people we spoke with said they felt safe at the home. A visitor said "I have no doubts at all about the safety of my [relative] living here, I know they are safe."

There were clear systems and process in place to help assess and manage risks to people in the home. A range of risk assessments were in place and we saw that these were regularly reviewed. They considered the risks of people receiving unsafe care, for example, risks due to poor mobility and falls, pressure area skin damage, nutrition and hydration. Manual handling assessments were carried out that outlined the support people needed to mobilise safely and were linked to personal emergency evacuation plans. These provided information about how to support each person's mobility in the event of an emergency requiring evacuation of the building.

During the inspection visit we observed staff supporting people to move safely using the mobility equipment that had been provided for them.

Records of accidents and incidents evidenced that staff responded appropriately to accidents and incidents and quickly arranged for emergency and non-emergency medical assistance as required.

The staff were knowledgeable about the type of situations that constituted as abuse. They knew about the safeguarding procedures and of their responsibility to act on any concerns or allegations of abuse. They also knew how to raise safeguarding concerns directly to the local authority safeguarding team and / or the Care Quality Commission.

The staff recruitment procedures included checks through the Disclose and Barring Service (DBS) that included Criminal Records Bureau (CRB) checks. The staff told us that the provider had carried out checks on their suitability to work at the home and they had CRB checks carried out on them and references had been obtained before starting work at the home.

Established systems were in place for the obtaining, storing, administration and disposal of medicines. All staff were trained to administer medicines, one member of staff said, "All staff attends the medicines training, we can't give people their medicines until we have completed the training." The staff were knowledgeable about each person's prescribed medicines and the individual support plans for giving people their medicines. Close monitoring was followed when administering medicines prescribed to be taken as required. (PRN) to ensure they were only given when necessary. A member of staff said, "We are very careful only to use medicine to settle peoples anxiety as a last resort, it's much better that we spend time with the person to help them feel relaxed than resorting to using medicines."

We observed a member of staff administering medicines to people following safe administration procedures. They took time to explain to people what their medicines were for and to ask whether they needed any pain relief medicine prescribed to be given PRN. The medicine administration record (MAR) charts were signed by the member of staff after they had observed each person take their medicines.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills needed to carry out their roles and responsibilities effectively. All staff confirmed they had been provided with induction training that had included working alongside an experienced member of staff before they fully started working at the home. One member of staff said, "I really enjoy working here, it is so friendly, we all get along really well and the managers are very supportive."

Staff told us they had also been provided with the training they needed to carry out their job and that they were supported to complete accredited training courses such as the Qualifications and Credit Framework QCF training courses. This was also evidenced within the staff files and training records viewed during the inspection.

People's needs were met by staff that were effectively supervised. We saw that a programme of staff supervision and appraisal was in place and dates for staff supervision meetings were planned between each member of staff and manager. Regular staff meetings took place and records of meetings confirmed that discussions focussed on reflective care practice, staff training needs, best practice and meeting high standards of care.

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. We saw that mental capacity assessments had been carried out and identified where people lacked capacity to make some decisions in their lives. For example, the ability to self-administer medicines and when staff support was required to ensure that medicines were taken as prescribed.

People had access to advice and support from health and social care professionals. People told us that the healthcare support they received was good, they confirmed they were supported to attend appointments at the dentist, opticians, chiropody and to see their GP. We saw that all visits and contact with the health and social care professionals was recorded within people's care plans.

People had given their consent to the care they received. For example, a person was assessed at high risk of acquiring a foot injury when using their wheelchair, to avoid the risk of injury they had agreed to wear foot straps and had signed their support plan affirming their agreement.

Nutritional assessments were carried out to identify people at risk of poor dietary intake. Based upon the assessments eating and drinking care plans were put in place outlining the type of support people needed to eat and drink as independently as possible. The staff closely observed each person's food and drinks to ensure they received healthy, balanced diets. People told us they liked the food and the meals provided and that they also liked going to the local shops to buy their favourite treats. One person had cultural dietary needs and their relative often brought in for them. The deputy manager told us that they had enrolled on a cookery course so that meals to suit the person's culture could be cooked for them. The person liked banana bread and the deputy manager had made some and brought it in for the person to enjoy.

People told us they were involved in choosing the meals to include on the menu each week. We observed staff providing people with assistance whilst having their lunch and during teatime. They quietly asked people if they needed any help with cutting up their food and sensitively encouraged people to eat their meal providing support when required. We concluded that the mealtime experience for people living at the home was a positive experience.

Good

Is the service caring?

Our findings

People received care from staff that treated them with respect and dignity. People said they were pleased with the care and support they received from the staff. One person said, “I have lived here a long time, the staff are lovely, they are always there to help me with anything I ask.”

A visitor said “The staff always seem very friendly; whenever I visit I am always made to feel welcome.” We saw that a room was available for visitors to meet their relatives in private, if they wished.

We heard staff ask people for their consent before providing them with any assistance. When staff supported people with communication difficulties, they used gentle touch and a soft tone of voice. From the exchanges that took place it was evident that the staff and the people living at the home knew each other very well. People told us they were involved in making decisions and planning their own care. We saw where possible, people had signed their care plans to show they were aware in agreement with what was written within them.

People confirmed they had good relationships with the staff team and it was evident from the interactions between the staff and people that they knew the individual needs and preferences of people living at the home. For example, one person wanting to go out to buy some beads and a necklace, a member of staff was heard talking to the person about how much they knew they liked to wear jewellery and how important it was to them. During the morning the person went out and returned pleased with some jewellery that they had bought from a local shop.

We observed staff greeting people who returned back to the home after spending their day at a local day centre, the staff showed genuine interest asking people how their day had been, people appeared to enjoy talking and sharing the events of their day. The staff stopped what they were doing and gave people their full attention and they respected people’s wishes as to what they wanted to do and where they wanted to spend their time.

Is the service responsive?

Our findings

People's care plans were detailed and contained personal profiles which described their physical and emotional care needs, individual wishes and aspiration, family involvement, religious and cultural and social interests. There was a section in the care plans entitled "my life so far" that evidenced that people were involved in putting together their care support plans. For example, they contained quotes such as, "staff should give me plenty of time to adjust to change and let me make my own choices "We saw that one person had bedrails in place that were considered to be no longer needed, however the person had stated, "I feel safer" detailing it was their preference for them to remain in place.

People's changing care needs were identified and are regularly reviewed with the involvement of the person, where it had not been possible for people to give their views, the views of family representatives had been sought. This helped to ensure the care plans continued to meet the current needs of people. The staff spoke on behalf of one person who had difficulty expressing themselves verbally to us, about how they liked to relax watching TV in their room and their love of watching rugby, after telling us the staff member turned to the person and said, "[person] have I got that right?" the smile on the persons face confirmed that what the member of staff said was correct.

There was information available about people's communication methods, their individual interests, likes and dislikes, choices and preferences. For example, one person communicated through a form of British Sign Language (BSL) called fingerspell and also through the use of pictures. Information was available for staff to follow on how to use finger spell and we observed staff using it to communicate effectively with the person.

The staff recognised the importance of people having social contact and companionship and people were supported to engage in occupational and recreational activities. On the day of our inspection 11 people attended a day centre to engage in social activities with other people. Of the five people that remained at home, three people went out within the local community with the support of the homes activity person. One person chose to spend time in their room and was being visited by their relative. Another person had chosen to stay at home, rather than going to visit their relative. We saw that people had a variety of social and one to one activities available to them. One person said they loved going shopping for clothes; the staff confirmed they facilitated people to go on outings to the cinema, restaurants and pub lunches and the local garden centre. They also talked fondly of enjoying supporting people on holidays to the seaside and Blackpool and day trips to a safari park. We were also told that some people regularly visited a local community school to use their hydrotherapy pool facility.

The service had strong links with the local community and people were able to keep relationships that mattered to them, such as family, community and other social links. The home employed an activity person who spent time arranging and supporting people to regularly go out into the community, to participate in local events and follow their hobbies and interests. We observed that the activity person was warmly welcomed by the people when she arrived on duty and it was evident they had a positive and therapeutic relationship with all of the people living at the home. .

The service listened to people's experiences, concerns and complaints and they were responded to appropriately. People living at the home and visitors told us they knew how to raise any complaints and knew who to speak to if they were unhappy with any aspect of their care. We saw that complaints information was also on display in an 'easy read' picture format. A visitor said, "I am aware of how to make a complaint, but to be honest, I have never needed to." They also said the manager and all the staff were very approachable.

All of the staff we spoke with said they had confidence that the registered manager and deputy would respond to any complaints brought to their attention professionally. We looked at records of complaints and saw that the registered manager had responded to complaints in accordance with their complaints policy.

Is the service well-led?

Our findings

There was a registered manager in post. 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 and associated Regulations about how the service is run.

The registered manager had a good understanding of people's needs to ensure good standards of care were provided. Comments from people living at the home, staff and visitors were positive. One member of staff said, "The manager and the deputy manager are very approachable, If I need advice they always help in any way they can." The management systems provided staff with consistent leadership and direction. They had a clear understanding of their roles and responsibilities and received effective supervision, support and training.

Staff meetings took place and minutes from the meetings showed they were well attended. The agendas covered health and safety matters, standards of care and on going staff training needs.

Checks were carried out on the premises and equipment, such as hoists, electrical appliances and fire detection systems. The registered manager told us they had recently enrolled on a course on advanced quality assurance monitoring.

Feedback was obtained from people living at the home and their relatives, through regular resident meetings. More formal feedback was also obtained from people living at the home through visits from an external advocacy service, during which the views of the service were sought from people using the service. The results of the surveys were positive, for example, people made comments such as, "I really do like the place, it feels homely and the staff are welcoming and helpful."

People and staff who raised concerns, including whistle-blowers were supported. People living at the home, the staff and the visitor we spoke with confirmed that any safeguarding matters they raised with the registered manager or deputy manager would be acted on professionally without any fear of recrimination.