

Sanctuary Care Property (1) Limited

Hastings Residential Care Home

Inspection report

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Date of inspection visit:
08 May 2019

Date of publication:
05 June 2019

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

About the service:

Hastings Residential Care Home offers purpose built accommodation and, is registered to provide personal care for up to 63 older people some of whom live with dementia. At the time of the inspection 59 people were living at the home.

People's experience of using this service:

People were complimentary about the caring nature of staff who they described as considerate and thoughtful when supporting them with their individual needs. Staff promoted people's right to make choices in every aspect of their lives and actively supported them to maintain their independence for as long as possible. People were supported with the utmost dignity and respect and end of life care was centred around each person being comfortable and pain free.

People's safety was promoted by staff who knew how to recognise and report any concerns to keep people safe from harm and systems were used to learn from incidents. Risks to people from harm had been identified with action taken to promote people's safety without taking away their levels of independence. Staff supported people in the least restrictive way possible and policies and systems supported this practice.

People who lived at the home and staff felt there were sufficient staff, so people did not have to wait for unreasonable amounts of time for staff to support them. This was an improvement made following our last comprehensive inspection.

The provider had strong recruitment procedures which the registered manager followed so people were not placed at avoidable harm by potential staff who were unsuitable to provide care. People were supported by skilled staff with the right knowledge and training which was reviewed on a regular basis to ensure staff competency in their roles. Staff practiced effectively to prevent and control infections and the management of people's medicines was safe.

People enjoyed the meals offered and told us they could have anything they wanted to eat or drink, at any time of day or night. Staff worked in close liaison with local health and social care services to ensure people had access to any specialist support they required. Continual improvements were made to the home environment and facilities to ensure these were suitable for people's needs. One project was to build an orangery in the garden for people to enjoy.

People's care and support met their needs and reflected their preferences. People had the opportunity to participate in a variety of fun and interesting things to do both on a one-to-one basis and in groups.

The registered manager was committed to continual improvements within the service. This included documenting additional care plans on the electronic system so staff continued to have all the guidance they required to successfully carry out their roles. There was a positive, open and empowering culture which was

led by the registered manager.

A range of effective quality checks were in place to monitor the quality and safety of the service provided so people continued to receive quality care.

Rating at last inspection:

The rating at the last comprehensive inspection undertaken on 1 and 2 March 2016 was good overall and in four of the key questions apart from 'responsive' which was rated as requires improvement. The report was published on 13 April 2016.

Why we inspected:

This was a planned inspection based on previous overall rating of good.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Hastings Residential Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

On 8 May 2019 this inspection was carried out by one inspector, one specialist professional advisor (SPA) who is a registered nurse 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.

Service and service type:

Hastings Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

We looked at the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and we sought feedback from the local authority and health professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with 11 people who lived at the home and six relatives to find out their views of the quality of the care provided. During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. Following our inspection visit we spoke to a further two relatives by telephone.

We talked with the registered manager and deputy manager. In addition, we spoke with the administrator, two senior care staff, three care staff, and a member of the housekeeping team and activities coordinator.

We looked at a range of records. This included sampling seven people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for staff recruitment, managing incidents, and the checks undertaken by the registered manager and the provider's senior management team on the quality of care provided.

The registered manager sent us additional information which included monthly staff newsletter and a care assessment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff had received regular training about abuse. Staff understood the signs of abuse and how to recognise and protect people from any potential abuse.
- The registered manager understood their responsibilities for keeping people safe, including reporting and managing previous incidents in line with the provider's procedures.

Assessing risk, safety monitoring and management:

- People told us they were confident staff provided the care and support they required to remain as safe as possible. One person told us, "I feel ever so much safe here. There's the alarm bell and they are very cautious ensuring everything is safe." A relative described how the registered manager acted to reduce the risks of their family member falling by ensuring equipment and aids were obtained and used safely.
- People's safety needs and risks were assessed when their care was planned and reviewed regularly. For example, staff considered whether people needed extra assistance to move around the home environment safely or if people required any specific support to maintain healthy skin.
- Staff promptly supported people when they required any assistance with their safety.
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there. These included checks on the fire prevention systems and any trips and hazards.
- During our inspection there was a fire alarm test and people were advised of this, so they would be aware the fire alarm would be sounding.

Using medicines safely:

- Medicines systems were organised, and people received their medicines when they should from staff who had been provided with the training to do this. Staff followed the provider's safe protocols for the receipt, storage, administration and disposal of medicines.
- People told us they received their medicines when they should, and staff took steps to ensure they did not run out. On this subject a person confirmed, "I get my medicines on time and new deliveries always arrive on time."
- Where people received medicines 'as required', there were clear guidelines in place about when these medicines should be taken, and the reasons they may be required recorded.
- People's medicine stocks and medicine administration records were regularly checked to enable staff to identify any errors, so these could be rectified without any delay. However, there were no daily recorded medicine checks on two people's pain relief patches to ensure these remained in place. There was no

impact on people.

- A personalised approach was taken by a senior staff member when assisting people to take their medicines. For example, people were supported to take their medicines in an unhurried way and safe medicine administration principles were followed.
- In addition, a healthcare professional told us staff had contacted them to review people's medicines, so the times of administration did not impact on how people liked to live their lives.

Staffing and recruitment:

- The registered manager had measures in place, so they could assure themselves people's safety was not compromised due to staffing arrangements. For instance, documentation showed people's specific needs were regularly assessed to help the management teams' decision about the numbers and deployment of staff.
- People's views about staffing arrangements were varied. One person told us, "I wear my buzzer at night and they come within five minutes when I need them." Another person said, "There are not enough staff especially at night." However, the registered manager showed they monitored staffing arrangements on a regular basis. This included call bell response times, so they could be assured there were the right numbers of staff working at night to meet people's individual needs.
- Staff were confident staffing arrangements were enough to meet people's needs safely and we saw staff responded to people without any unreasonable delays.
- Staff told us before they started work at the home they had to go through the providers recruitment procedures. This included police checks and providing references to show they were suitable to provide care and support to people who lived at the home.

Preventing and controlling infection:

- The staff and management team worked together to make sure the home environment and equipment were well-maintained and clean.
- Staff told us they received training and were aware of the requirements to prevent the spread of infections to others. They followed good infection control practices. For example, staff checked mattresses daily to ensure these were clean and in good working order.
- The management also ensured mattresses were in good condition by checking these regularly for any damage. This practice was important as damaged mattress covers leads to contamination and is a major contributory factor in the spread of health-related infections.

Learning lessons when things go wrong:

- Staff reported incidents and accidents when they occurred. This included where people had experienced falls and the registered manager analysed the circumstances around people's falls to identify patterns or trends. We saw this helped the registered manager to identify actions which needed to be taken to mitigate the risk of people falling again such as, referring people to external healthcare professionals.
- Monitoring checks were also in place so any learning from incidents could take place, such as for medicines. For example, one medicine error resulted in a staff member being counselled and their competency was due to be reassessed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's care and support needs had been assessed and their needs identified prior to admission.
- People's needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- The staff team were supported by a range of health care professionals in the community. Care and support were provided in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience:

- People who lived at the home were positive about the way staff cared for them. A person told us, "It's a very good home. I'm getting looked after really well by the carers [staff]." A relative said the staff, "move them [family member] beautifully and care for them beautifully."
- Staff had opportunities to obtain the knowledge they needed to develop their skills further. Staff told us about the training they had completed, which was linked to the specific needs of people they cared for. Staff champion roles had also been developed in various subjects such as falls to promote effective care across the staff team.
- A staff member confirmed to us they attended training in the management and prevention of pressure ulcers. The staff member showed good insight into how to prevent skin damage and intervene early to promote healing of damaged skin. At the time of our inspection there were no people with pressure ulcers.
- New staff undertook an induction which included support from experienced staff, so people consistently received care from staff who knew their care needs and preferences.
- Staff received appropriate support which promoted their professional development and assessed their competencies. They told us they were given the opportunity to identify any additional training they needed during supervision [one to one meeting] and they could discuss any issues and concerns.

Supporting people to eat and drink enough to maintain a balanced diet:

- People told us they enjoyed their meals. One person told us, "The food is excellent, as good as a hotel." Another person said, "You can have snacks in between meals or late at night and if you don't fancy what's on the menu or you just want something light, the cook will make you an omelette or a salad and you can have a full cooked breakfast everyday if you want."
- People were supported to have enough to eat and drink to remain well. Where people needed a specific type of diet, or support to maintain their safety when eating this was provided by staff.
- Staff regularly encouraged people to have enough to drink and the timing of meals reflected people's

wishes.

- People's eating and drinking needs were monitored. When concerns had been identified, health care professionals had been consulted, such GPs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People were provided with timely support when they become unwell. A person told us, "They [staff] contact the doctor if you are unwell; there are no delays in doing this."
- The staff team worked with external agencies to provide consistent, timely care. This included having key information readily available to support admissions to hospital and to promote consistency of care.
- Records showed people made full use of community-based healthcare services. When needed people attended healthcare appointments with staff support. Advice and guidance from healthcare professionals was documented and followed. A healthcare professional complimented the staff and management who worked with them to promote effective care. They commented, 'I have worked with the management and staff to update and ensure correct directions on emollients and barrier creams.' The healthcare professional further commented that the staff understood the importance of skin integrity to people's quality of life.

Adapting service, design, decoration to meet people's needs:

- People's personal rooms reflected what mattered to them and enabled people to connect with people who were important to them. People enjoyed communal areas across three floors to spend time quietly, or to socialise as they wished.
- The home environment had been adapted to support the needs of people with dementia. The provider had made sure the colours of paints used on different facilities supported the needs of people with dementia. For example, assisting people to recognise their own personal space and toilet areas.
- Improvements to the home environment to meet people's needs. For example, an orangery is to be constructed in the garden area to benefit people.

Ensuring consent to care and treatment in line with law and guidance:

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS and demonstrated a clear understanding of how to support people with decision making. We saw staff asked people for their consent before they provided any support and knew how to communicate information to enable people to understand what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the registered manager and

staff followed best interests processes and recorded the involvement and views of those who were important to the person.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People who lived at the home and relatives praised the management and staff team who they described as caring and compassionate. One person said, "The staff are lovely, nothing is too much trouble." Another person told us they were, "All the carers [staff] are marvellous. They are not doing it for the sake of doing it. They've got the right personality." A relative said, "[Family member] loves the carers [staff], [and] laughs and jokes with them."
- Staff told us they were supported to find out what was important to people who lived at the home and to build caring relationships with them. One staff member said they often chatted with people about their lives and interests. The staff member told us, "People have led such different lives and it is so interesting listening to their stories."
- There were many instances of staff speaking with people kindly and in a friendly way. Staff knew people well, took time to speak with them and responded to them quickly if they needed assistance. Staff made the most of moments throughout the day to spend time with people to help them feel valued and we saw they often shared laughter with people.
- People's diverse needs were supported by staff's caring approaches. We saw many examples of where staff knew what specific alcohol drinks people preferred and where people had their own cup or mug.

Supporting people to express their views and be involved in making decisions about their care:

- People told us staff respected their rights to make decisions about their care and this supported them to live their lives as they chose. This included how they wanted to spend their time, what time they wished to get up and retire to bed, and who would provide care to them.
- Staff sought people's views on the care proposed for them and listened to people's responses. For example, one person chose not to have a specific drink they normally liked, and staff respected this.

Respecting and promoting people's privacy, dignity and independence:

- People were positive about staff's attitudes when speaking with them and providing care and comfort.
- Staff were passionate about the care they provided to people living at the home. Staff acted professionally, whilst showing empathy, for example hugging people when they needed it.
- Staff cared for people in ways which supported people's individual needs and helped to maintain their dignity and right to privacy. For example, staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs.
- People were supported by staff to maintain their different levels of independence. We saw many examples

where people were assisted to be as independent as possible, such as during mealtimes people were supported to eat their meals with any adaptations in place to meet people's needs.

- The registered manager and staff conducted the daily sharing of information where people's care and treatment needs were discussed in private. These practices helped to make sure people's right to confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At our last inspection on 1 and 2 March 2016, we rated this key question as 'Requires Improvement'. This was because some people who lived at the home, relatives and staff told us there were not enough staff and people had to wait for staff to respond to their needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Since our last inspection the registered manager had analysed information such as, the time it took staff to respond to people's call bells. This was so the registered manager could see where improvements were required to ensure people were provided with support at times they needed, this without any unreasonable delays. This work had been successful as people who lived at the home, relatives and staff were more confident people did not have to wait for long periods for staff support to respond to their needs. During our inspection we did not see people waiting for support as staff responded and anticipated people's needs so care was provided at times people required this.
- People received care which reflected their needs and preferences. Staff gave examples of ways they worked to involve people to promote decisions with their care.
- People's electronic care and support plans had been reviewed regularly and updated to reflect any changes to people's needs.
- We discussed with the registered manager the information in the electronic care records of a person who had a pacemaker fitted. The registered manager acknowledged further information would be beneficial for staff although there was no impact on the person. The registered manager took immediate action to include further information in care records where this was required.
- People's wishes were listened to, so they were able to have a good quality of life.
- Staff were encouraged to let senior staff know if people need or preferences had changed. This ensured people would continue to have the care they wanted.
- People were positive about the range of interesting things which were regularly arranged to support them in pursuing their personal interests, based on their preferences. On this subject one person told us, "I join activities in the lounge and I do the washing up. They [staff] find little jobs for me like folding the serviettes or making cakes." Another person said, "I go to Upton twice a week accompanying another lady. We have dinner and I wash up." A relative described how staff cared about their family member having individual things to do such as looking at wildlife books. This was valued as the relative felt, 'Little things mean a lot.'
- The registered manager identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw

evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods. Staff gave us examples of the support they gave to people, so their communication needs would be met. This included individual ways of working with people, so their sensory and communication needs would be met.

Improving care quality in response to complaints or concerns:

- People who lived at the home and relatives told us they had not needed to make any complaints, because the care was good. One person said, "They've [staff have] told me that if I've got problems I can tell them. There's always someone to talk to."
- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.

End of life care and support:

- Plans to set out people's wishes at the end of their lives considered people's and their relatives' views.
- Staff gave us examples of the actions taken to support people at the end of their lives, so they would be free of pain, and their preferences would be met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People who lived at the home and relatives were complimentary about the way the home was managed and told us they found the registered manager and deputy manager approachable. One person said, "[There is] no question about it. You can go to [registered manager's name] about anything."
- One relative told us about the culture at the home, and how this focused on the needs of their family member. The relative said staff and the management team were, "very caring and helpful. They went on to say, "I have found [registered manager] exceptional. She gives me a good amount of information." This made the relative feel reassured about the care provided. The relative also told us, "Deputy manager - what a kind caring man. [They are] very friendly and approachable."
- An external healthcare professional who regularly visited the home emphasised how welcoming staff made the home. The healthcare professional commented, 'Over the years that I have been visiting the management and staff appear to work together to continually improve residents' care, not just regarding medication but in all aspects of daily living and quality of life.'
- Staff enjoyed working at the home. One staff member explained staff were encouraged to work together to ensure people received good care. Another member of staff told us about the support staff received from senior staff to care for people and said, "It means you get such satisfaction in being there for people."
- The registered manager had a vision to provide individualised care and help people lead happy, healthy lives. Their ethos was ensuring this chapter of people's lives was the best it could be. This was clearly communicated to the staff team and seen when supporting people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: continuous learning and improving care:

- The provider promoted strong effective systems and processes to monitor and improve quality and safety. This included supporting the registered manager through their Care Quality Commissions [CQC] inspections, such as regional managers completing regular quality checks as a continual way of developing the service. Service improvement plans were updated until all actions were completed.
- The registered manager was supported by a regional manager and by a skilled deputy manager and senior team. They delegated tasks appropriately to trained senior staff to help ensure the service ran effectively. Everyone worked together to improve and further develop the service.
- We saw the governance system provided a robust oversight so continual learning could be taken and where practices fell short these were identified with actions taken to continually drive through

improvements.

- Staff were clear about their roles and responsibilities and told us team working was very good. Staff working across the home in various departments met at the daily '10 at 10' meetings. These meetings were another method of helping ensure all staff were informed about daily changes in the home, so they could provide safe, effective care for people.
- The registered manager kept up to date with best practice through meetings with commissioners, training and research, so they could be sure people were supported to enjoy a good quality of life.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People who lived at the home and relatives told us they could share their views about their care and support and express any ideas they had. They told us they could do this during care reviews and meetings, and during daily conversations. One person told us, "Once a month there's a residents' meeting where you can give your point of view about how this place is run." A relative said, "We go and see [the registered manager] with any issues and to say good things as well."
- Staff told us that they too were encouraged by the registered manager to express their views and ideas for developing and improving the service provided. This included staff receiving a newsletter which included articles about their caring role. They said they felt the registered manager listened to them and respected their views.
- The registered manager shared their passion with their staff team about maintaining community links such as the local nursery coming into the home. People's relatives were also invited to the home for summer fairs and other events.
- There were systems in place, so people would have the support they needed. These included referrals to external professionals to support people's diverse needs.

Working in partnership with others:

- Staff worked effectively in partnership with agencies such as health and social care to ensure people's needs were met. People's care plans contained records of meetings and discussions with GPs and social care professionals.
- The registered manager promoted a positive ethos of ensuring staff had the knowledge and skills they required to meet the needs of people coming to live at the home and their ethos was to ensure people's care was personalised so they had the best possible outcomes to meet their needs.