

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Hastings Court provides accommodation and nursing care for up to 80 people, who have nursing needs, including poor mobility and diabetes, as well as those living with various stages of dementia.

Accommodation was provided over three floors and split into four units. Peony unit provided nursing care, Poppy and Sunflower units provided care and support for people who lived with dementia and Bluebell unit provided 13 residential beds. There were 74 people living in the home during our inspection.

People's experience of using this service and what we found

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I'm very content here, feel safer than I did at home."

Care plans and risk assessments meant peoples' safety and well-being were promoted and protected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was clean, well-maintained and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service.

The provider's governance systems were being used consistently to improve the service. There had been improvements made, to areas identified from audits, such as adjustments made to the meal service and the introduction of hospitality staff, who worked alongside the care team.

The manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Feedback from staff about the leadership was positive, "We are a strong and supportive team, who want to deliver the best care we can."

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

Rating at last inspection

The last rating for this service was Good (published 03 March 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and delivery of care. A decision was made for us to inspect and examine those risks. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hastings Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hastings Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Hastings Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Hastings Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We looked around the service and met with the people who lived there. We spoke with 15 people to understand their views and experiences of the service and we observed how staff supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, community leads (who are care leaders on each unit) and ten further staff members.

We reviewed the care records of ten people and a range of other documents. For example, medicine records, staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety. We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and two health care professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm by staff who were trained to recognise the potential signs of abuse.
- Staff demonstrated a clear understanding of their responsibilities for safeguarding people. Staff were able to describe different forms of abuse and knew the signs and symptoms to look for. One staff member said, "I wouldn't hesitate to report a concern."
- Safeguarding incidents had been reported appropriately in line with the provider's policy. For example, wounds and injuries.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed and managed. When a risk was identified, action was taken to ensure people were referred to the relevant health care professional and the risk mitigated.
- People and their relatives told us they felt people were safe at Hastings Court. Comments included, "I feel staff look after me very well, I feel safe here," and "Safe as can be, no complaints at all."
- People and their relatives told us that they were included in decisions about managing risks. For example, one person was identified to be at risk of falls from their bed. Their relative told us they had been included in the discussion about the risks and proposed changes to the person's care plan to reduce the risk of further falls without the use of bed rails. They had agreed that a lowered bed with a special cushioned mattress placed next to it in the event of the person rolling out of bed was safer than restrictive bed rails.
- Each person had individual risk assessments with associated care plans. For example, some people were at risk of choking due to swallowing difficulties. Advice had been sought from the Speech and Language Therapist (SaLT) who had identified the type of modified meal that was appropriate. This was clearly identified in people's care plans.
- Staff who were responsible for supporting people with food and drink had received appropriate training including International Dysphagia Diet Standardisation Initiative (IDDSI) training. Staff explained how they would know if a person required a modified diet and we observed people being supported with eating and drinking as described in their care plan.
- Risks associated with the safety of the environment were identified and managed safely. Personal Emergency Evacuation Plans were in place to ensure people would receive the right support in the event of a fire or other emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. For example, an DoLS application for use of bed rails had been submitted and agreed for one person. The condition of monthly review every month had been met and the restriction reviewed monthly and documented in the care plan.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels based on people's support needs. These levels were reviewed on a daily basis.
- Staff deployment had ensured people's needs were met in a timely manner and in a way, that met their preferences. To assist the staffing team, each unit had a hospitality person. This person answered call bells, served drinks and assisted at mealtimes. This had meant that care staff could concentrate on delivering care and support.
- People told us, "There seems to be enough staff, I have never had any problems," "Great staff," and "I ring my bell when I need help, they always come quickly." A visitor said, "We get greeted, there's always staff around, I speak with the nurse most visits, they make time to speak with me and give me an update." Staff told us, "Definitely enough staff, it's a good place to work, the hospitality team is a good addition, it means we don't get disturbed when giving personal care."
- Staff personnel files have been computerised and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so their knowledge, skills and values could be assessed.
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status.

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way. The service used an electronic medication administration record (E-MAR). The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature.
- We asked people if they had any concerns regarding their medicines. One person said, "No worries at all, very organised and let me know any changes from my doctor." Another person said, "It's taken any worries away, the staff order and then give me my pills."
- Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. This included senior care staff as well as registered nurses. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. We saw that people had received pain relief

when requested.

- Medicine audits were completed on a daily basis through the E-MAR and weekly for all other medicine checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Staff supported people to receive visits from their friends and family when they chose to.

Learning lessons when things go wrong

- Systems were in place to identify when things went wrong. Incidents were recorded and analysed to determine the cause and identify changes that would prevent a reoccurrence. Safeguardings and complaints were discussed at staff meetings and used as reflective thinking exercises as to what had gone wrong and how to improve to prevent it happening again.
- Staff told us they reported incidents and described how learning was discussed with them. One staff member said, "We are told about any changes during handovers and we get updates on our handover sheets."
- The management team consistently assessed staff practice and identified ways staff could improve the care and support they provided.

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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that the staff culture was friendly and that all staff engaged with them positively. Comments included, "The staff are lovely, there is a nice atmosphere and I have everything I need," "Everyone here is friendly, I think of staff as family, they don't disappoint," and "Couldn't ask for a nicer bunch of staff, always ready for a laugh."
- The management team spent time on the units to meet people and staff and observe interactions and care delivery. We observed that the registered manager assisted with the meal service, she said this gives her the opportunity to see people, observe staff with people, the meal presentation and if the meals were enjoyed. She said, "It's part of my day and important."
- People's care plans included information about peoples' lives before Hastings Court, family and details of what was important to them and what may cause distress. There was also information of how staff should manage the person if they should be anxious or distressed.
- People's relatives told us the home had a nice atmosphere and they were made welcome when they visited. One relative said, "Always offered a coffee or tea, we can make use of the café area and help ourselves to cakes. Its clean and always smells nice, wonderful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Statutory notifications were submitted appropriately by the provider to CQC.
- The registered manager understood their responsibilities around duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager regularly undertook audits of the quality of the service. Each aspect of people's experience of the home was regularly assessed to ensure people received safe, consistent care. The checks included audits about medication, the environment, people's care plans and the health and safety of the home. Any issues identified through these audit processes were added to the service improvement plan with a time scale and responsible staff member to action.
- There were some areas during the inspection discussed that were immediately taken forward. For example, there had been some medicine errors, which were not reflected in the monthly medicine audit.

The errors were appropriately recorded as incidents but lacked analysis of cause and action taken by staff as to prevent errors occurring going forward.

- The registered manager explained that they had changed to a new care documentation system. This was still being embedded and there were areas of recording to be improved. For example, there were some inconsistencies in fluid monitoring due to the way staff recorded fluids on the system. This was being addressed.
- 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.
- The provider also made regular quality checks on the service to assess the service's compliance with regulations.
- People and staff were positive about the registered manager and the management team. One person told us, "The manager is very kind, always pops in to say hello." Another said, "I know the manager and if I had a problem, I would ask to see her."
- Staff were positive about the registered manager. Comments included, "The management team is good, they work well together, the atmosphere in the home is good, all teams are strong and we support each other," and "It's a really good place to work, the team work now has really improved and we are proud of Hastings Court."

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

- Staff held regular meetings with people to discuss the running of the home and receive feedback on their experience of living at the home. We saw that where people had made suggestions, these had been acted on by staff.
- People and their relatives were sent surveys to feedback on the care and support provided by staff. The registered manager had made a written response to all the comments raised and a copy of this was available for people and their relatives to read.
- Staff meetings regularly took place. During staff meetings, the registered manager discussed best practice with staff and fed back to staff comments and suggestions people had made. Each unit had their own meetings and then joint meeting for all units. All heads of department met at 10 am daily to discuss what was going on at the home, peoples' health, admissions to the home and any planned events or excursions.
- People's relatives told us that staff were responsive when they raised concerns or asked for changes to be made. One person's relative told us, "Everything is dealt with as soon as you ask."

Continuous learning and improving care

- The management team discussed regulations during staff meetings to ensure that staff knew what was expected of them and how the regulations relate to their practice.
- The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen, increase in staffing levels and from the staff we spoke with. One member of staff said, "We monitor all falls and injuries, we contact the GP for advice, and this has really helped to reduce falls." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.

Working in partnership with others

- Health professionals were positive about working with staff at the home. One professional told us, "The staff are really kind, they know people well. The consistency of staff means they know people well and what's going on at all times. Staff listen to my advice and call me if they are concerned."

