

# The Magdalen And Lasher Charity Old Hastings House

## 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Old Hastings House is a residential care home providing accommodation and personal care to up to 60 people. The service provides support to older people with a range of support needs including dementia and issues affecting their mobility. At the time of our inspection there were 45 people using the service.

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

Safeguarding policies were in place and staff knew what steps to take to protect people. People were safe and were protected from harm. People had risk assessments in place and care plans that were person centred and documented all support needs. Staff had been recruited safely and there were sufficient numbers of staff on every shift to support people safely. Medicines were stored, administered and recorded safely. When accidents and incidents occurred, they were managed appropriately with all details being recorded and close analysis of what had taken place. Steps were taken to minimise the chance of a recurrence and any learning shared with staff.

Pre-assessments were carried out by the registered manager or senior staff members to ensure that the service could support people's needs. New staff went through an induction and were then supported by regular supervision and appraisal meetings. We were shown a training matrix confirming that staff had been trained in all areas required to support people. People's nutrition and hydration needs were met and people all spoke highly of the food provided. People were supported by the service to keep social and medical appointments. 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.

The registered manager was a visible presence and had developed a positive culture at the service. Auditing processes were thorough and people, relatives and staff all had opportunities to provide feedback about the service. The registered manager had complied with the duty of candour and had fostered positive working relationships with other health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 November 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective

and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old Hastings House on our website at [www.cqc.org.uk](http://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?**

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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Old Hastings House

## 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 was carried out by two inspectors.

#### Service and service type

Old Hastings House 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. Old Hastings House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We looked around the service and spoke with the people that lived there. We spoke with 6 people and 7 members of staff. Staff included the registered manager, the deputy manager, the chef, the maintenance lead, two senior carers and two carers. 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 looked at a range of documents relevant to people's care and support. These included 6 care plans. Care plans contained a range of risk assessments relating to people's needs. We looked at documents relating to medicines including multiple medicine administration records (MAR). We looked at documents relating to auditing, quality assurance and 4 staff files. We spoke with 6 relatives and 6 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 requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection the provider had failed to ensure that medicines had been recorded correctly when administered, liquid medicines did not show the date when opened. No risk assessment was in place for people receiving blood thinning medicines and there were no 'as required,' (PRN) protocols. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We looked at how medicines were administered and observed that this was done safely. We questioned one process where records were marked with a dot rather than a signature until after the medicines had been administered. This process was not in keeping with the provider's medicines policy. The registered manager immediately responded to this by changing the process.
- Medicine administration records (MAR) had all other details recorded correctly to demonstrate safe administration and recording of medicines. This included, the name and quantity of the medicine, the date and time of administration, and the name and signature of the staff member concerned. Training records confirmed that staff had completed medicines training and had regular refreshers.
- Medicines were stored and then disposed of safely. Staff knew what steps to take if a medicine was refused. A professional told us, "Medicines management systems appear to be safe and secure."
- A separate protocol was in place for medicines that were taken 'as required', (PRN). These medicines included those taken for occasional pain relief. Staff told us they recorded these medicines separately on the MAR charts and would always ask advice if they were not prescribed.

### Assessing risk, safety monitoring and management

At the last inspection risks to people had not always been managed safely. There were no risk assessments in place to support people living with hallucinations. Some people had experienced falls but there had been no review of their support since the falls. Some people lived with dementia and required hourly checks. These checks had not been recorded.

Enough improvement had been made at this inspection in these areas.

- We looked at six care plans and each contained a range of risk assessments relevant to people and their specific needs. For example, risk assessments were in place to help manage skin vulnerability and outlined steps that staff could take to minimise risks. These included the use of pressure relieving equipment, closer staff monitoring and consulting the tissue viability nurse if needed. Risk assessments were also in place for people at risk of falling.
- People that lived with dementia and other forms of mental health issues had specific risk assessments in place. These included those people that experienced anxiety and suicidal thoughts. Clear processes were in place for staff to follow including the use of distraction techniques and spending time with people, supporting them one to one during challenging times.
- Personal emergency evacuation plans (PEEPs) were in place for everyone. These plans described the support people needed during an emergency and were contained within care plans with a copy close to the entrance to the service for quick access in an emergency.
- Fire safety equipment had been regularly checked and the service carried out weekly fire alarm testing. Safety certificates were in place covering legionella, gas and electricity. A member of staff was dedicated to maintenance work and a daily log book was used to record issues which were then signed off when complete.

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

- People were protected from harm and told us they felt safe. Comments from people included, "I feel very safe. They look after and support me all of the time" and "Staff are very good, I feel safe." Similarly relatives told us they felt their loved ones were safe, one telling us, "Definitely safe, they have kept her going."
- Staff had completed safeguarding training, and records confirmed this. Staff were able to tell us the steps they would take if they thought a person was at risk. A staff member told us, "I'd make them safe and go straight to the manager. Any concerns and I'd contact adult social care." Another staff member added, "I would report any sign of abuse."
- Staff were aware of the service whistleblowing policy and were confident to raise concerns if needed. Whistleblowing protects the anonymity when concerns are raised.
- The registered manager had developed good working relationships with the local authority safeguarding team and had discussed any issues of concern when required.

#### Staffing and recruitment

- We saw enough staff working during our inspection to provide safe care and support to people. This included health care assistants, senior staff and domestic staff. Staff rotas confirmed that safe staffing numbers were in place across all shifts. We saw there were staff in communal areas of the home at all times and people who chose to spend time in their bedrooms were regularly visited by staff.
- Staff recruitment had been carried out safely. We looked at staff files and confirmed they contained the necessary documents to show that appropriate checks had been carried out. For example, Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.



- 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.

Government guidelines relating to visiting during the recent covid-19 pandemic had been followed by the service. Relatives told us they were kept informed of any changes. A relative told us, "During covid-19 we had to make appointments but they were always kind and hospitable."

#### Learning lessons when things go wrong

- Accidents and incidents had been dealt with by staff, records made and copies attached to people's care plans. Each report described in detail what had happened, documented any possible ongoing risks and set out agreed actions. Some people had experienced a number of falls, but each record was cross referenced with any patterns or trends identified.
- The registered manager and their senior team carried out monthly audits for accidents and incidents. Falls were subject to a separate audit with the effectiveness of preventative measures, such as changing footwear, using sensors and medicines reviews looked at. Any learning was shared with staff.
- Following a death or other significant incident the registered manager carried out a 'significant event analysis.' These were documented meetings with staff that looked at the event and discussed if anything could have been done better. Any agreed learning was shared with all staff.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good

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

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

At the last inspection the provider had failed to consistently follow the legal process to assess people's mental capacity. Deprivation of Liberty Safeguards (DoLS) had not always been applied for in a timely way, resulting in some people having restrictions placed on them without the legal safeguards in place. People's ability to understand decision making had not regularly been assessed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service had a wing of the building dedicated to supporting people living with dementia. People were still encouraged and supported to make day to day decisions for example, what to wear each day and what food they would like.
- Staff had completed training in mental capacity awareness. Staff understood the importance of gaining consent from people and supporting people to understand the tasks and care that they were providing. A

member of staff said, "Important to relax people, tell them what I'm doing and the benefits. I want their views, not what they want me to hear."

- People needing support to make decisions had decision specific mental capacity assessments within their care plans. These included for example, decisions relating to medication, accommodation and changing clothes. People needing this support had details recorded of relatives or advocates to support making decisions in people's best interests.
- Some people had DoLs decisions in place. These had been applied for in a timely way and were subject to monthly reviews.

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

- Pre-assessments were carried out by the registered manager or senior members of staff. All areas of people's care and support were discussed with people and their loved ones. Assessments would ensure that staff had the necessary experience and training to be able to safely support people.
- Relatives told us they had been involved in the pre-assessment process. A relative said, "I was involved right from the start, they take on board my thoughts." Professionals were consulted to get specialist advice when needed.
- Pre-assessment paperwork formed the basis of care plans. These plans were then subject to regular reviews and updates whenever there was a change in support needs or following any incident or accident.

Staff support: induction, training, skills and experience

- There was a very low turnover of staff at the service. People and relatives told us they liked this as it demonstrated staff were happy and that they had the opportunity to get to know their loved ones well.
- New staff were provided with an induction period which included familiarisation of the service and people that lived there and safety and fire procedures. New staff were given opportunities to shadow more experienced staff and this was further supported by 'spot' checks, unannounced supervision of their work.
- Ongoing support was provided to staff through supervision meetings and annual appraisals. Staff told us these were a two-way meeting where they could raise issues, concerns or suggestions, knowing that they would be listened to. A staff member said, "We meet every eight weeks but we liaise all of the time."
- We were shown a training matrix confirming all staff were up to date with training and refresher sessions scheduled. Training covered all essential areas for staff including safeguarding, moving and handling and medicines training. Staff told us that training provided all of the skills they needed to support people. A staff member said, "It's regular in all areas, mandatory and clinical." Training evaluation took place to look at the effectiveness of staff training modules.

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

- People were offered a choice of food and drink every mealtime and if there was nothing on the menu they wanted they could request alternatives. There was a five-week, seasonal menu. People could choose where they wanted to eat, either in communal dining areas or in their bedrooms.
- Comments from people about the food included, "Meals are very good, menu choices every day," "Can't fault the food it's outstanding" and "The food is good." A relative added, "The food seems good too, mum has put on weight."
- The chef was knowledgeable about people and was able to talk about people's likes, dislikes and any allergies. Details of people's nutritional needs were clearly displayed on a board in the kitchen including people that required food cut up or blended. The chef had completed training in nutrition, diabetes and the preparation of soft foods.
- People's weights and BMI were recorded regularly and charts within care plans provided a quick way of highlighting any trends in weight gain or loss that needed investigation. The service had regular contact with the speech and language team when specialist advice was needed.

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

- Care plans recorded details of health and social care appointments for people. People were supported by staff to keep appointments, including visits to hospital. Relatives told us that their loved ones were supported. One relative told us that their relative had a medical condition identified by care staff shortly after their arrival at the service, which had previously been undetected. The relative said, "They are absolutely marvellous, have extended their life by years."
- We spoke with professionals who confirmed that the service supported people well and made sure that people had access to care services and health professionals when required. A professional told us, "We work together for the benefit of the service users, it's a very positive arrangement."
- The registered manager and staff team made sure that people had access to specialist services for example, podiatrists, speech and language teams, dentists and physiotherapists. Records were kept in care plans and relatives were informed whenever their loved ones had appointments.
- During the recent covid-19 pandemic virtual ward rounds had taken place every week with the local GP liaising with the clinical lead for the service and discussing every person living at the service.

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

- The service is split over two levels connected by stairs and lifts. There are two areas within the service, the Magdalen suite which supports people whose primary needs relate to dementia and the main building where people's needs are associated with frailty and other health conditions for example, diabetes and respiratory disease.
- There were communal areas within each area and on both floors. We saw each area being used by people, some engaged in activities and some speaking with friends or staff. Some people chose to spend most of their time in their bedrooms. We saw several bedrooms, and each had been decorated according to people's wishes. Bedrooms had been safely personalised with people's own furniture, photographs and personal effects.
- The building had several access points to patios and garden areas that people used during warm weather. These outside areas had been used a lot for visiting and activities during the recent covid-19 pandemic.

# 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 requires improvement. At this inspection the rating has changed to good.

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

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

At the last inspection the provider had failed to ensure effective auditing processes were in place. Auditing had missed the lack of risk assessments relating to mental capacity and the use of PRN medicines. Incomplete records of weekly fire equipment checks had not been detected. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Auditing processes were in place, overseen by the registered manager and senior staff. To support this process a monthly 'quality leads' meeting was held between the registered manager and clinical lead to ensure all auditing processes had been completed and issues identified had been actioned.
- Auditing covered all systems and processes including, risk assessments and care plans, medicines and fire and safety equipment. A separate DoLS audit provided monthly updates for people who required this support. Records showed when decisions had been made and the dates DoLS had been applied for. The updates showed the dates when applications had been acknowledged and granted.
- The service had a key worker system that involved named staff having specific responsibilities for supporting some people. This included updating family members and making sure people had their own toiletries and personal effects. Key workers were involved in care plan reviews and contributed to monthly audits by highlighting any changes in people's support needs.

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

- There was a positive culture at the service which concentrated on person centred care and putting the needs and wishes of people first. The registered manager was a visible presence at the service and people and their relatives spoke highly of them. During our initial walk around the service we were introduced to people and it was clear that the registered manager knew them well and took an interest in what they were doing that day.
- A person told us, "The boss is a nice guy, very experienced." Comments from relatives and loved ones

included, "The manager is always responsive," "He is good, spends time with people" and "I've heard him talking to people. He breaks down barriers and makes people feel comfortable."

- Similarly, staff spoke positively about the culture the registered manager had embedded at the service. A member of staff said, "He is supportive and listens to us."
- Care plans and daily records were recorded in a person-centred way. Any changes to people, including their daily frame of mind, were recorded, which helped staff starting their shifts to understand how people were feeling each day which then helped staff to support them appropriately.

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

- Legally services have to inform the local authority and the CQC of significant events that happen at their service. The registered manager and senior staff were aware of their legal obligation under the duty of candour and this requirement had been met.
- The registered manager was open and honest throughout the inspection and was responsive to us when we raised any issue or question about the service. They responded immediately by investigating concerns and changing processes or procedures straight away. For example, a practice of administering medicines, involved not always completing the MAR chart as soon as medicines were administered. A new process was immediately adopted to change this practice.
- The most recent CQC report was accessible from the service website homepage and a copy of the report was in the front reception area of the service.

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

- People, relatives and staff all had opportunities to provide feedback about the service. The registered manager encouraged feedback in several different forms and ensured that comments were recorded, acted on and information fed back about any changes made as a result.
- There was a regular meeting structure for people and relatives. These meetings were minuted, and copies provided to people and relatives who were unable to attend. The registered manager chaired a 'dignitea' meeting. These involved people, relatives and staff and focussed on fair treatment and kindness. We saw in a communal area of the service a cardboard tree that contained comments from everyone involved about what dignity meant to them.
- Relatives told us they felt informed and that they had opportunities to feedback and raise issues if needed. A relative told us, "We get regular e-mails from the manager with updates and chance to give our own feedback." Another said, "I'm definitely involved and get asked for feedback. I did raise a few issues and the manager discussed them with me and took on board my thoughts."
- Staff had regular supervision meetings and team meetings. The registered manager was a visible presence at the service, and we observed them speaking with staff and supporting them. Staff told us they had many opportunities to provide feedback and they felt confident they were listened to and action would be taken if needed.
- People's equality characteristics were recorded where appropriate and respected. A staff member told us, "Equality is absolutely embedded in the home. I have seen staff intervene when a resident has said or done something they consider insensitive to another resident." The member of staff said that this was done in a supportive way.

Continuous learning and improving care

- The registered manager was active in adult social care managers forums including being the chair of a registered managers network. They shared learning and best practice across the local area. They kept themselves up to date with information provided by the local authority, the UK Health Security Agency and

the CQC and then shared key information and updates with all staff.

- The registered manager demonstrated a clear vision of continuous improvement to the service. Business and contingency plans were in place. The contingency plan relating to the recent covid-19 pandemic had been effectively used for the duration of the pandemic. For example, visiting arrangements for relatives had been adjusted to ensure that people were able to maintain contact with their loved ones.

Working in partnership with others

- The registered manager had developed positive working relationships with other social and health care professionals. Comments from professionals included, "The manager is very supportive," "An ethical and compassionate leader keen to support his staff, we work together effectively" and "I have spoken to the manager regularly about new residents and ongoing medication reviews."
- The service was well established in the local community. Links had been made with local services and local places of worship. People often went out for short trips with relatives and sometimes staff, to local places of interest, shops and restaurants.