

Hedges House Residential Care Hotel Ltd

Hedges House Residential Hotel Limited

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hedges House Residential Hotel Limited is a residential care home providing personal care to 24 people aged 65 and over at the time of the inspection. The service can support up to 34 people in one adapted building. The home has two lounge areas, a dining area, a conservatory and a secure garden.

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

People told us they felt safe living at the home. They told us they were satisfied with staffing levels and said staff were always at hand if needed. Systems and processes were established to ensure people were protected from risk of abuse. Staff had a good awareness of people's needs and risk was suitably managed. Infection control processes were followed, and the home was suitably maintained to promote safety. Medicines were managed safely, in line with good practice.

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 service had worked hard to ensure peoples' needs and choices were assessed in line with standards, guidance and the law. People said they had access to a GP and other health professionals. The service worked proactively to ensure people were supported to live healthier lives. Staff told us they had access to training and felt supported in their roles. People's nutritional needs were met, and we received positive feedback about the standard of food provided.

People and relatives all agreed staff were kind and caring. Staff worked discreetly to maintain people's privacy and dignity. There was a light-hearted atmosphere throughout the home. Privacy was promoted.

People told us they received person-centred care. They told us they were able to contribute to how they lived and were supported within the home. Organised activities took place. No one had any complaints at the time of the visit but were confident any complaints would be dealt with effectively by management. The registered manager spoke passionately about and was committed to providing high-quality person-centred end of life care.

Everyone we spoke with agreed the home was well-led. The management team was aware of their responsibilities and was committed to providing high-quality, person-centred care. This included having systems for continuous learning and driving up standards. Staff told us the home was a good place to work and morale within the home was high. Staff turnover within the home was low. The registered manager had a system for monitoring quality and safety within the home.

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 12 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Hedges House Residential Hotel Limited

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 Care Act 2014.

Inspection team

One inspector, an inspection manager and an Expert by Experience visited the home to carry out the inspection. 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

Hedges House Residential Hotel Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since registration. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also sought feedback from the local authority contracts and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the home and five relatives. In addition, we spoke with the registered manager, the deputy manager, four carers, two housekeepers and the maintenance person.

To gather information, we looked at a variety of records. This included care records related to three people, and multiple medicines administration records. We also looked at information related to the management of the service. These included audits, quality assurance documents and safety certification. We did this to check the management team had oversight of the service and to make sure the service could be appropriately managed.

We walked around the home and carried out a visual inspection and observed care interactions between people and staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had suitable systems for assessing, monitoring and managing risk. Individual risk had been assessed and plans had been implemented to keep people safe.
- People confirmed they felt safe at the home. One person said, "I am very safe, they [Staff] are very good. I do not know what I would do without them really."
- Although individual risk had been considered, we found good practice guidance relating to the safe usage of bed levers had not been consistently implemented. We discussed the highlighted concerns with the registered manager, who agreed to take immediate action.

Using medicines safely

- Medicines were managed safely, and people received their medicines in line with good practice guidance. Feedback included, "They bring them [medicines] to me at the same time, morning and night" and, "I only take paracetamol. They [Staff] are very good with my pain relief."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be implemented to keep people safe from harassment and abuse. Staff confirmed they received regular safeguarding training and were aware of processes to follow, should they need to raise any concerns.

Staffing and recruitment

- Staffing levels continued to meet people's needs. People and a relative told us they were satisfied with the staffing levels at the home. They told us staff were on hand when needed. Feedback included, "There is always someone around." And, "They [Staff] come straight away."
- Staff said they had time to carry out their duties and spend time with people. Observations made during the inspection visit showed staff were not rushed.
- The registered manager confirmed they continued to follow safe recruitment processes.

Preventing and controlling infection

- Systems and processes were established to prevent the spread of infection. The home employed a team of housekeepers to ensure the home was kept clean. Observations around the home showed us the home was well-maintained in line with good practice guidance.

Learning lessons when things go wrong

- The registered manager had systems to ensure lessons were learned when things went wrong. Staff documented accidents and incidents when they happened. Information was then analysed. We saw when

concerns had been identified by the registered manager action had been taken to try and reduce the risk of the same thing happening again.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Good health care was promoted. The registered manager had developed relationships with health care professionals and worked jointly and innovatively to promote effective and timely care. This had included using technology to hold appointments with GP's in the comfort of peoples' own homes.
- People told us the care was effective. One person told us, "If there is something the matter with you they will do something about it – they will call the doctor or my [family member]".

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 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.

- The provider had established systems to make sure people who lacked capacity were lawfully deprived of their liberty. Applications had been submitted to the relevant bodies detailing all restrictions placed upon people. Best interests discussions had taken place with all relevant parties to discuss support options when restrictions were in place.

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

- People's needs, and choices were assessed and considered so care could be delivered in line with standards, guidance and the law.
- We saw evidence of good practice guidance being considered when assessing and delivering care. For example, when people were at risk of falls, associated good practice guidance had been referred to and implemented.
- Care needs continued to be routinely assessed and monitored after people had moved into the home. Care plans were reviewed and adapted by a senior member of staff when people's needs changed.

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

- People were supported to maintain a balanced diet. Everyone we spoke with told us they were happy with the quality of food provided. Feedback included, "The food is so good. If you lived in a palace you could not have better food" and, "The food is excellent. If you did not like what is there they would try and find something else. It is always well cooked and well presented. Perfect."
- People at risk of unintended weight loss were referred in a timely manner to health professionals for advice and guidance. Records were kept for people at risk of malnutrition and weights were monitored to make sure care was effective.

Staff support: induction, training, skills and experience

- Staff confirmed systems and processes continued to be implemented to ensure staff were suitably skilled and supported within their role.
- All the people and relatives we spoke with considered the staff team to be well trained. One person told us, "The staff are very well trained and if they are not sure they will ask another member of staff."

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

- The environment had been adapted to meet people's needs. People had personalised their bedrooms to make them homelier. Signage had been considered to support people living with dementia.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Respecting and promoting people's privacy, dignity and independence

- People were well treated and supported by staff. Staff were repeatedly described as patient, respectful, kind and caring. Feedback included, "Very kind and caring" and, "I have been so impressed by the kindness and patience of staff."
- We observed positive interactions between people and staff. There was a light-hearted atmosphere where people laughed and joked with staff. One person told us, "We are always having a laugh." One staff member told us it was important to make people laugh. They told us, "I like to give them the best care. I talk to them and smile, make them laugh and feel better."
- The registered manager and the staff team understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained. A relative told us, "Each person is treated as an individual."
- Independence was promoted and encouraged. People's told us they were encouraged to maintain their own independence. Feedback included, "So long as they see you are capable they let you get on with it." And, "I try my best, but there are things I can't do, and I get help from the girls [staff.]"
- Privacy and dignity were respected. We observed staff knocking on doors and waiting for a response before entering. When people wanted privacy, this was supported. The service had a dignity screen to use in emergencies should people's dignity be compromised.

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

- People were involved in making decisions about their care where appropriate. We observed one-person declining care and support, the person's wishes at that time was respected.
- People were able to express their views. We saw evidence of residents meetings taking place. Records showed people were asked for their feedback on a regular basis and staff listened to them. Additionally, people and relatives had been encouraged to complete feedback questionnaires to say how they felt about the service. Feedback was overwhelmingly positive.
- The registered manager understood the importance of working with advocates when people required support to express their views and had no family members to help them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care was promoted. People and relatives where appropriate told us they were involved in developing their own care plan. One relative said, "It is early days yet, we are still putting it together."
- People confirmed they had choice and control within their lives whilst living at the home. One person said, "It feels like home because it is my home. I never feel lonely. I am quite contented."
- The registered manager said they took people's individual needs into consideration before offering people a place at the home. They understood the importance of checking people's compatibility to promote happiness and contentment for people.

End of life care and support

- Processes were in place to ensure people received high quality, end of life care. Staff had received accredited training in end of life care and systems were in place to work alongside other healthcare professionals when people required support at the end of their life.
- The registered manager spoke positively about the staff teams ability to provide high-quality person-centred end of life care. They told us how they ensured care was personalised for each person at the end of their life.
- We reviewed several pieces of evidence which confirmed people received high-quality personalised care at the end of their life. One family member told us, 'Hedges House also took time to explain to me what to expect at end of life care. I knew I could ask the Manager and Carers any questions and they would always reassure me and request visits from the doctors surgery/district nurse as required. Always ready to make me cups of tea and give me hugs.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the need to provide information in an accessible manner. Care records included ways in which to communicate effectively with people. Additionally, the registered manager had systems to ensure equipment required to communicate effectively was suitably maintained.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider understood the importance of supporting people to build and maintain relationships to

combat isolation. Links had been built with various community groups. A nursery visited the home monthly, so children and people could interact.

- Relatives told us they were able to visit the home at any time and said they were always welcomed.
- Activities were planned and organised. Although we saw no group activities taking place during the visit, people and relatives confirmed they took place. One person said, "I am aware of activities, but I don't often join in."

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure for managing complaints. They told us the service was proactive at dealing with any concerns and had not received any formal complaints. One person said, "I have never complained in the ten years I have been here."
- People and relatives told us they were happy in how minor concerns were dealt with by management.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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, relatives and staff confirmed there was a positive, person-centred culture within the home. Everyone we spoke with agreed the home was a good place to live. Feedback included, "It is very nice. I would recommend it to anybody" and, "I went around twenty other homes, before we chose this one and I would recommend it".
- Staff told us Hedges House Residential Hotel was a good place to work. Feedback included, "There is no stress here which passes on a relaxed atmosphere for the people who live here" and, "This is the best place I have worked. I can't fault it."
- People, relatives and staff told us they considered the service to be well-managed. Feedback included, "[Registered Manager] is tip-top" and, "[Registered Manager] is on the ball." Staff spoke highly of the management team within the home. They confirmed teamwork within the home was high and said staff turnover was low. This meant people were supported by staff who knew them well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff confirmed they were consulted with about the service and were confident any suggestions made would be acted upon. We received written feedback from one family, who praised the way in which the service had exceeded expectations when they had made a suggestion to improve the care of their family member.
- The registered manager understood the importance of promoting equality and diversity.
- The service worked in partnership with other professionals. They said they welcomed support and guidance from all relevant people to help them improve service delivery. Additionally, the service had been involved in community projects aimed at driving up standards and improving care for people across the county.

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

- The registered manager was clear about their responsibilities and had a good understanding of quality performance. As part of their role, they ensured regular quality audits within the service took place. This enabled the registered manager to see where improvements were required and so they could be assured they were compliant with the regulations.
- There was an emphasis upon continuous learning and improving care. Since the last inspection, the

registered manager had reviewed systems and processes and had introduced technology to assist with the care planning process.

- Staff spoken with were knowledgeable about their working roles and responsibilities.

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;

- The registered manager understood the importance of being open and honest when things had gone wrong.