

Hillcroft Nursing Homes Limited

Hillcroft House Galgate

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

Hillcroft Galgate is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 43 people.

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

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 provider was in the process of reviewing how their documentation reflected how they supported people effectively with decision making in line with law and guidance. Staff had received training and were knowledgeable about the principles of the Mental Capacity Act 2005.

People told us they felt safe and they received their medicines on time. Staff told us they knew how to manage risks effectively and identify signs and symptoms of abuse and who to report concerns to. The registered manager had robust recruitment procedures and staffing levels delivered responsive support to people. The home was well maintained, clean and staff had access to protective equipment to protect people from the risk of infections.

People received regular review of their care needs. Staff received training at the start and throughout their employment to ensure they had the skills to provide effective care. Staff felt very supported by the manager and management team. One staff member commented, "I love [registered manager] she genuinely cares about the residents and cares about the staff." People told us food and drinks were of a good quality and plentiful. We saw the provider worked with community health professionals to ensure people received effective care.

People told us staff treated them with dignity and were respectful. Our observations supported these views. One person told us, "[Staff] they're just like friends really, I love them." We saw lots of positive interactions between people and staff, no one was rushed, and activities were person centred. One person told us, "Staff are fantastic, very caring and kind. You can't fault the staff here they give 100%."

Care plans contained personalised information on people's health and communication needs plus their likes and dislikes. Activities were available for people to participate in if they wished. There was a complaints policy that supported positive engagement and timely action. The registered manager was passionate about ensuring they provided empathetic, compassionate person-centred end of life care.

The service was well led. People, staff and relatives spoke positively about the registered manager and management team. There was a positive culture throughout the service which focused on providing care that was individualised. The registered manager used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

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 01 February 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hillcroft House Galgate

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

The inspection was carried out by one inspector, one inspection manager 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

Hillcroft Galgate 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.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

During the inspection

We spoke with nine people who lived at Hillcroft Galgate Nursing Home and four relatives, we asked them about their experience of the care provided. We spoke with the registered manager, two directors, the chef

and receptionist. We spoke with one nurse, five carers and four members of the housekeeping team.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at a variety of records relating to the management of the service and walked around the building to make sure it was a clean and safe environment for people to live in.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Using medicines safely

- People received their medicines when they should. The registered manager was aware of good practice and the importance of ensuring medicines were safely managed. The service had systems to protect people from unsafe storage and administration of medicines.
- We looked at records related to the administration of creams. Not all the records we looked at had signatures to indicate creams had been applied. The nurse on duty said they would review their systems to ensure records were accurate.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. People and relatives gave examples of what made people safe. One person said, "Security, there's always somebody about. You can get hold of somebody when you want." One relative commented, "The staff are always looking out for people."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose. They knew what action to take if they suspected abuse or poor practice and felt confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- The provider assessed and managed risks to keep people safe. There were risk assessments within care plans to guide staff on safe working practices and to keep people safe from avoidable harm. For example, risks around people's mobility had been identified and appropriate actions were taken to help reduce these risks.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. Each person had a personal emergency evacuation plan which detailed the support they required to leave the home in an emergency.

Staffing and recruitment

- During our visit we saw there were enough staff to ensure people received support in line with their assessed needs. When people requested support from staff, the staff responded to these requests promptly. One person said, "There's always someone there if I need them."
- The registered manager followed robust recruitment procedures. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way a provider can make safer recruitment decisions and prevent unsuitable people from working with people who may be vulnerable.

Preventing and controlling infection

- People were protected against the risk of infection. The home was visibly clean, and people said they thought the home was kept clean. One person said, "My bedroom is cleaned every day and bottomed once a week." A relative commented, "The cleaners are brilliant."
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. We observed staff used personal protective equipment (PPE), when providing care and support to people. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. The provider had a quality manager that met with the registered manager regularly to review all incidents and look for themes and patterns. Any necessary actions to prevent future occurrences would be implemented at Hillcroft Galgate and shared with the five other homes owned by the provider. Lessons learned would improve the service delivered across all six homes.

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 remained the same.

This meant 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

- The registered manager assessed people before they moved into Hillcroft Galgate. This was to check their needs were understood and could be met effectively. When people's care needs changed a review was completed to see if their care plan needed changes to reflect their current needs. One person told us, "Yes, they [staff] knew how to support me from early on." Staff told us care plans had all the information they needed to meet people's needs.
- The provider used current legislation and best practice guidance to improve quality and deliver effective outcomes for people. We saw up-to-date information related to hydration, skin care and oral health were included within care plans. For example, the nurse told us about Public Health England safety alerts related to medicines. Staff told us about changes in how soft foods are classified so people received safe effective support.

Staff support: induction, training, skills and experience

- People were supported by trained staff who had a good understanding of their needs. The provider had their own training academy. All new staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care. One staff member commented, "I would recommend Hillcroft training to everyone."
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. Staff told us they could contact the registered manager for advice and guidance in between supervisions. One staff member commented, "The supervisions are always helpful."

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

- The registered manager ensured people were supported effectively with their meals and drinks. The menus offered people a choice of hot or cold meals at each sitting. We overheard one person choose a meal that was not on the menu. The staff member respected their decision and documented their choice. One person told us, "[The food is] very good, you can have what you want when you want."
- Staff supported people to maintain a well-balanced diet and remain as independent as possible with their meals. Each unit had a small kitchen that people had access to. A second person commented, "I can have a drink whenever I want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager had arranged weekly GP visits to the home. This allowed people to have access to regular medical support. People also told us senior staff would send for medical support should it be required outside of GP visit times.
- Care records we looked at showed people had been referred to healthcare professionals. We saw advice given by healthcare professionals was acted upon and included in people's care records.

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

- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people with limited mobility to make the whole building accessible. There were fire doors linked to automatic closers. This meant the doors closed if there was a fire.
- The home was tidy, well-lit and free from trip hazards. People's rooms had been personalised and they were able to bring their belongings when they moved to Hillcroft Galgate. People had access to call bells to request staff support should it be required.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was in the process of reviewing how their documentation reflected how they supported people effectively with decision making in line with law and guidance. Staff had received training and were knowledgeable about the principles of the MCA.
- We saw evidence where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant authorising body. A record was kept of when these were due to expire and when the home had chased updates from the local authority. People's care plans identified if they had a legal representative and the extent of the authority these representatives had, for example for decisions around property and finance and/or health and welfare.

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

- Staff treated people well and respected each person's individuality. People told us they valued the support they received. One person commented, "They [staff] ask you they don't force you. We have a laugh with them." A second person said, "They treat you like a friend with respect and very polite."
- People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff addressed people by their preferred name and seemed to know them very well. They were polite, very friendly and cheerful when supporting people. We observed people were comfortable in the company of staff and actively engaged in conversations.

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

- The service supported people with decision making. Care records contained evidence the person who received care or a family member had consented to the care, and were at the centre of developing their care plans.
- The registered manager involved all relevant people in decisions about the care provided. When people had advocates, the registered manager had sought copies of authorisation to ensure all appropriate views were considered.

Respecting and promoting people's privacy, dignity and independence

- People said staff always knocked before entering bedrooms and always made sure doors and curtains were closed during personal care.
- The registered manager ensured there was familiar staff on each shift. This allowed staff to know people and people to have confidence in the staff. One person told us, "We have regular staff and you get to know them." One relative commented, "They treat [family member] very well."

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

- The provider offered care and support that was focused on individual needs, preferences and routines. People told us staff explained things to them in a way to enable them to make informed decisions.
- People had details about their previous jobs, achievements and things important to them as part of their care plans. One person liked to go to bed wearing several items of clothing. This was documented in their care plan. One relative told us, "It's the nice things they do. [Family member] goes to bed with a drink of hot cocoa."

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.

- People's communication needs were identified, recorded in their care plans. These were shared appropriately with others, including professionals. One person told us they were waiting on new glasses being delivered after a recent assessment.

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.

- People told us they liked the events that occurred at Hillcroft Galgate. One person told us, "I like watching television and going on the trips." A second person said, "I read quite a lot and do crosswords, we have exercise and arts and crafts classes."
- Relatives told us they could visit whenever they wanted. One relative visited daily to help their loved one with their lunchtime meal.

Improving care quality in response to complaints or concerns

- The provider had systems to analyse complaints and concerns to make improvements to the service. Information relating to how to make a complaint was readily available throughout the service. At the time of our inspection the registered manager had no ongoing complaints. Historic complaints showed the registered manager took appropriate action to address the issues raised.
- Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally.

End of life care and support

- The registered manager ensured people received compassionate support at the end of their lives. They had developed strong links with the local hospice and community end of life professionals accessing relevant training to ensure people get the right support. The registered manager told us, "You get one chance with end of life care. It has to be right. Death has to be what people want it to be."
- People's care plans held their end of life wishes to meet their cultural and spiritual needs. Where people wanted to be when they died was recorded in their care plan. People's requests not to discuss their end of life care was also respected and documented.
- Staff told us they were proud to support people with their end of life care. One staff member commented, "It is nice to be there for the person and their family and give them the dignity they need." We saw a lot of positive feedback that included, 'You knew when hugs were required and just as importantly when they weren't! You are a kind, thoughtful, caring, passionate team who make the hardest times easier.'

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 and relatives said there was a friendly and relaxed atmosphere at the home. Our observations confirmed this. The registered manager and management team positively engaged with people, visitors and staff. One person told us, "The manager is lovely." A relative commented, "The manager and deputy manager are both approachable."
- Staff worked in all areas of the home, not just on one unit. This allowed them to have good knowledge of everyone's needs. One staff member told us, "I love working here, it is good to be part of the team."

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties, when appropriate. The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.
- People and their relatives told us the management team shared information with them when changes occurred, or incidents happened. One person told us, "The staff are all committed and it all seems to run very well."

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

- Staff were knowledgeable and enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide safe, responsive and effective care. One staff member told us, "We have a work pack that give us a plan, but we also work with what people want."
- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed.

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

- The provider maintained an open culture and encouraged people to provide their views about how the

service was run. People and their relatives knew who the manager and deputy manager were and said they were visible throughout the home. The service had sought the views of people they support and family members through care plans reviews and comment cards. Feedback was overwhelmingly positive. For example, we read, 'It was so important that we found a place [relative] felt safe, secure and cared for. In Hillcroft we found that place.'

- Staff told us they could contribute to the way the service was run. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. One staff member said, "That is the time to sit around and voice our opinions."

Continuous learning and improving care

- The registered manager was committed to ensuring continuous improvement. The registered manager and quality manager met monthly to review incidents, accidents and to look for themes. Any learning points were shared within the home and with the other five Hillcroft limited homes. Members of the senior management team attended health and social care forums.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and other health professionals. This helped to ensure a multi-disciplinary approach had been taken to support care provision for people they provided a service for.