

Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Caton Green

Inspection report

Caton Green Road
Brookhouse
Lancaster
Lancashire
LA2 9JH

Tel: 01524770334

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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 Caton Green is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 31 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. However, documentation did not always show the provider was working within the principles of the Mental Capacity Act. We have made a recommendation about following good practice guidance related to the Mental Capacity Act.

Staff were caring, patient and took time to ensure people felt valued. They worked in partnership with people, offered choices and promoted people's independence. However, sometimes the language used did not promote person-centred care. We have made a recommendation about the use of positive language within a care setting.

Medicines were managed safely, however, guidelines did not show how to administer variable dose, as and when medicines. All other risks people faced were assessed and safely managed. People and relatives felt the care and support kept people safe. Staff showed good knowledge of safeguarding procedures. Infection prevention was ongoing, and the home was clean and well maintained.

The provider had strong links with health professionals. This promoted timely support and positive outcomes for people. People had access to food and drinks, 24 hours a day if requested. Staff told us the training ensured they had the skills to carry out their roles effectively and the management team were supportive.

People took part in valued activities within the home and in the local community. People became more sociable and less reliant on medicines as they participated the activities on offer. The registered manager delivered end of life care to ensure people stayed in a familiar environment with people they knew. People's communication needs were identified, and appropriate support offered. There was a complaints procedure which was made available to people and their families.

The management team had good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well-led. 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 20 January 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 Nursing Home Caton Green

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 team included two inspectors and an Expert by Experience on the first day. One inspector visited on the second day. 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 Caton Green 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 on the first day.

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, professionals who work with the service 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 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 used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at Hillcroft Caton Green Nursing Home. Not everyone was able to speak with us. We used observations during our visit to assess people's experience of the care provided. We spoke with four relatives and two visiting health professionals about their experience of the care provided. We spoke with the registered manager, deputy matron, the director, and three members of the Hillcroft Limited heads of department. We spoke with four carers, four nurses and the chef on duty.

We reviewed a range of records. This included five 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 now remained the same good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Nurses administered prescribed as and when required medicines. When there was a variable dose, such as one or two tablets, the nurse used their discretion on how many to administer. There was no guidance on when to offer as and when medicines and the suitable dose to administer. We discussed this with the registered manager and nurses. They said they would review their paperwork to reflect their knowledge of people.
- 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 found the medicines we checked matched with the records kept.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. The provider recruited staff in a safe way. All the necessary background checks, including criminal records checks being carried out with the Disclosure and Barring Service were carried out. This ensured only suitable people were employed to support people.
- People, relatives and staff told us staffing levels were enough to keep people safe. We observed the service had appropriate staffing levels and deployment strategies to keep people safe. One relative said, "Yes I do think there is enough staff." One staff member commented, "Staffing levels are excellent." However, we received some feedback staffing levels should be increased on one unit to enhance the care people received. We shared this with the registered manager during our visit. The registered manager told us they assessed people's care needs and staffing levels reflected the level of help required to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. One person told us, "I am very safe, this place conforms really well."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively. One staff member told us, "We had safeguarding training it was interesting. If I saw anything, I would report it to [registered manager] or higher."

Assessing risk, safety monitoring and management

- The service 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, people had been assessed against the risk of falling and using equipment to keep them safe.
- Staff knew how to support people in an emergency. For example, people had personal emergency evacuation plans which ensured in case of a fire staff had appropriate guidance on how to support people out of the building.

Preventing and controlling infection

- People were protected against the risk of infection. 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.
- 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.

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 Caton Green and shared with the five other homes owned by Hillcroft Limited. 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 has remained the same, 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

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 registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff had received training in MCA and DoLS. They knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw people's consent to care and treatment was routinely sought. However, there was a lack of documentation that showed the provider was working within the principles of the MCA. For example, decision makers were not always identified.

We recommend the provider follow current legislation guidance on the documentation of MCA related decisions.

- The director of Hillcroft Limited told us they had identified learning was required in this area. They had planned for a clinical health professional to speak at a head of department meeting, so the knowledge could be shared and implemented in all six Hillcroft homes.

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

- The management team assessed people before they moved into Hillcroft Caton Green. 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 staff member told us, "The care plans have all the information we need in them."

- 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.

Staff support: induction, training, skills and experience

- The provider had its own training academy that ensured all staff received effective ongoing training throughout their employment. Staff told us they were supported by the registered manager to develop their knowledge and skills through shadowing experienced staff, induction, and training. One staff member told us, "I got on really well with [trainer] he is brilliant. The training really opened my eyes."
- 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 said they could contact the registered manager for advice and guidance in between supervisions.

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

- The provider made sure people were supported effectively with food and drinks. We observed when one person was reluctant to eat, a staff member was patient and offered several alternatives until a preferred option was found. Drinks were available and offered throughout the day. Alcohol free cocktails and shakes were offered as an alternative way of increasing people's fluid intake. One person told us, "The meals are very good. We have plenty of choice and plenty to eat."
- Staff monitored people's food and fluid intake, when appropriate. The chef prepared separate meals for people who had ongoing health conditions. Staff monitored people's weight for signs of changes and were necessary referred people for medical assessment.

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

- The service worked effectively with healthcare professionals, so people received a good standard of care to maintain their health. Care records showed contact with health care services including GPs, community based nurses and mental health professionals.
- People told us they were able to access healthcare services when they needed to. One person told us, "They have sent me to hospital once because my legs were bad."

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

- The service was based in an older style property and had not been purpose built. Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people with limited mobility needed it to access the lower floor. There were fire doors linked to automatic closers. This meant the doors closed if there was a fire.
- We saw some dementia friendly signage was used in areas to act as visual cues to people. The corridors were free from hazards to promote people's independence. Call bells were positioned throughout the home to allow additional support to be requested, should it be required.
- People told us they were happy with their rooms and general environment. Bedrooms were decorated with personal items promote a homely feel. One person told us, "[My bedroom], it is very good! I am really impressed with it." There was a large garden people could access. We saw people throughout our visit spending time in the garden.

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 good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff sometimes used language that did not reflect the quality care people received. When people required two staff to support them with their personal care, they were referred to as, "Doubles."

We recommend the provider follow good practice guidance on the use of positive language within a care environment.

- The registered manager told us, after our visit, they would remind all staff about the use of person – centred language through staff meetings and team brief documentation.
- The service provided support that ensured people's privacy, dignity and independence were maintained. We noted people's personal private information was stored securely. There was no personal information left visible on desks or secured to the wall for visitors to read.
- Staff treated people with dignity and offered compassionate support. When one person became agitated, we observed a staff member, speak calmly to the person. The staff member used distraction techniques to soothe the person. They walked hand in hand around the home chatting. One person told us, "I think they [staff] are kind and caring." One relative commented, "They are all very nice people."

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

- 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. Care plan's guided staff to behave respectfully to people. We read in one plan, 'reinforce reality, without embarrassment.'

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

- People and relatives were involved in planning their support needs. Care plans were person centred and provided staff with information they needed to support people.
- Each person had a member of staff as a key worker to support them to ensure they were comfortable and had everything they needed.
- The registered manager supported people to access advocates, these are independent people who

support people to ensure their rights and best interests are being protected.

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 good.

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 management team completed an assessment of people's needs before they could move into Hillcroft Caton Green. This ensured the service was right for the person and the service could meet the person's needs. One person told us, "They got me a walker, so I can now get around."
- The registered manager ensured staff had access to the most up-to-date information. Care plans were detailed and contained relevant information on people's support needs.
- Staff were observed being responsive to people's needs. People had call bells to request additional support.

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.

- We saw people's communication needs had been assessed and where support was required this had been met. When people were non-compliant with wearing glasses or hearing aids additional information was included in the care plan. There were scheduled visits by opticians to support people who were visually impaired.

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 provided a variety of activities to enhance people's physical and mental health. There was a comprehensive schedule of activities for people to take part in. We observed people receiving nail care and several people enjoying the garden. The garden had its own pitch and putt golf activity and raised beds for people to grow fruit and veg. One person used their joinery skills to help build the raised bed. They had previously been socially isolated but are now proud of their achievements and building a network of friends. One person's challenging behaviours had diminished as their participation in meaningful activities increased. This led to a reduction of additional medicines. One person preferred their own company and with encouragement from a visiting art therapist has developed their love of art. This is displayed within the home.
- The registered manager supported people to maintain relationships with their families. One person told us, "They [relatives] can turn up when they like." There were links with local churches to ensure people

received spiritual and cultural needs were supported within the home and in the local community.

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. The registered manager had an 'open door' policy and people were actively encouraged to provide feedback or raise concerns. Members of the management team delivered personal care and were highly visible within the home.

End of life care and support

- The registered manager knew how to access support for people at the end of their life. They worked closely with the GP and palliative nursing services to support people when needed.
- Staff spoke about how they would maintain people's dignity and support families. One staff member told us, "Knowing I have left a person comfortable and not on their own, it makes me feel better. If we need support the doctors are there straight away. I like to know people are peaceful at the end."

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 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

- The registered manager told us they enjoyed feedback. They told us, "I put one day a week aside, so people can chat. I like feedback, I like to listen." One staff member confirmed, "[Registered manager], is the first person I would go to if I had a problem. They are so approachable."
- The registered manager and staff created a warm and friendly atmosphere which made people and visitors feel relaxed and welcome. The registered manager was visible about the home and seen to engage with people in a kind and caring manner.
- The service was well-organised and there was a clear staffing structure. People spoke about how well the service operated. One relative said, "My impression is that it is well managed."

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

- People spoke positively about how the service was managed. They informed us the registered manager and management team had a good understanding of people's needs and backgrounds. One staff member told us, "[Registered manager] 100% knows her job, and she encourages us with our jobs."
- 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.

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

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Relatives and people who used the service were very positive about the quality of support they received.
- The service had quality assurance processes and systems to monitor and improve the service. The registered manager worked with the quality manager, services co-ordinator and handy person in auditing the home environment and service delivered.
- Discussion with the staff confirmed they were clear about their role and between them and management provided a well-run and consistent service. One staff member said, "I have a lot of confidence in [registered

manager] and [deputy manager]."

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

- The provider had systems to gather the views of people and relatives. We saw feedback from comment cards was overwhelmingly positive.
- There were good relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included risk management with GPs and managing people's ongoing health concerns with district nurses.
- There were links with local churches. Ministers visited to provide spiritual support to people who wanted it. People attended events within their local community.
- Staff told us they felt included in decisions made and were regularly asked their views on any changes or developments. One staff member attended regularly meetings with senior management. They told us, "I am the voice for this home." A second staff member commented, "Staff meetings give us a chance to 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. The home trialled new ways of working as a way of improving people's care.