

# Hillcroft (Carnforth) Limited

# Hillcroft House

## Inspection report

Hillcroft House  
Tel: 01524 825328

Date of inspection visit: 8th August 2014.  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out on the 5 August 2014.

Hillcroft House is one of six nursing homes within the Hillcroft group. It is located in the village of Galgate, south

of Lancaster. The home is registered for 30 people and provided care and support for people with general nursing needs. The home has two floors and staff were flexible to work on both floors.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

The registered manager assessed staffing levels to ensure there were enough staff to meet the needs of people who lived at the home. Staff told us they were satisfied with the amount of personnel on the ground floor. However

# Summary of findings

they felt not enough staff were deployed on the first floor at certain times of the day. We also received comments from relatives and people who lived at the home, telling us they felt staff were 'always very busy' on the first floor.

Suitable arrangements were in place to protect people from the risk of abuse. People who lived at the home told us they felt safe and secure. One person said, "Yes I feel safe here, especially at night when there are a lot of staff around checking on us." Safeguards were in place for people who had been unable to make decisions about their care and support.

We found people were involved in decisions about their care and were supported to make choices as part of their

daily life. Individual care records we looked at contained a detailed care plan which covered people's support needs and personal wishes. We saw care plans had been reviewed and updated on a regular basis.

Staff spoken with were positive about their work and confirmed they were supported by the registered manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

Staff had access to ongoing training to meet individual needs of people who required nursing care support. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

# Summary of findings

## 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 not always safe.

Relatives and people who lived at the home told us they felt safe living at Hillcroft House. Staffing levels were continually assessed and monitored on both floors, to ensure there were sufficient staff available to meet the needs of people who lived at the home. Staffing levels on the first floor of the home were insufficient to ensure that all people's care needs were met.

Staff spoken with had an understanding of the procedures in place to safeguard vulnerable people from abuse and had received training and attended relevant courses. This meant staff knew how to recognise and respond if they witnessed or suspected abusive practice.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. Staff had a good awareness of the code of practice and confirmed they had received training in these areas.

Requires Improvement



### Is the service effective?

The service was effective.

Staff had access to ongoing training to meet individual needs of people who required nursing care support. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

People who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. People who lived at the home and relatives all told us the quality and choice of food was good.

Good



### Is the service caring?

The service was caring.

Staff supported people in a kind and caring way. People we spoke with felt valued and cared for. People's views were respected and listened to. We saw people had their wishes about care recorded in their care plans.

Relatives and people who lived at the home told us staff were caring. We observed during the day good interactions between staff and people. Staff had a good understanding of individual needs of people.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People who lived at the home and their family members told us they had been involved in making decisions about what was important to them.

People's care needs were kept under review and staff responded quickly when people's needs changed.

People who lived at the home and staff we spoke with told us they felt supported by the manager and they felt comfortable sharing any issues or concerns with them. They felt confident they would be listened to and action taken where necessary.

## Is the service well-led?

The service was well led.

There was a registered manager in place who was open and approachable. The registered manager was visible and demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw they interacted with people who lived at the home and staff. Everyone looked comfortable and relaxed with the management team.

There was a commitment to continually improve the home throughout the organisation, in order to deliver the best possible care and support for people who lived at the home. This was achieved by a range of quality audit systems in place.

Good



# Hillcroft House

## Detailed findings

### Background to this inspection

The inspection team who visited the home consisted of a lead inspector, a second inspector 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. The expert by experience that took part in the inspection had a nursing care background.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home such as formal notifications, safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection to Hillcroft House.

During our visit on the 29 July 2014 we spoke with people from the organisations management team, people who lived at the home, the registered manager, nursing, care and domestic staff. We were able to speak to a number of relatives and friends who were visiting the home. We also had responses from external agencies including social services and the contracts and commissioning team. They told us the home worked well with Social Services to ensure people received quality care.

On the day of our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

We were able to speak with people in communal areas and their personal rooms. Throughout the day we observed care provided in all areas of the home. We observed breakfast and lunchtime periods on both floors. We also observed some organised activities in both the morning and afternoon.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

We looked at how the home was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at Hillcroft House. We observed that on the ground floor of the home was being managed well and one staff member said, “We have a great staff team and down here we have enough staff around to provide time and support for residents.” This meant people were being cared for by a staff team with the knowledge and time to meet the needs of people who lived there. However comments we received from staff, people who lived at the home and relatives about the first floor of the home were that not enough staff were deployed at certain times of the day. People told us this was not impacting on the care provided for people. They told us during these times staff were busy and sometimes people might have to wait to be supported. Comments included from staff, “I feel when working upstairs we are pushed a bit.” And, “We could do with an extra staff member upstairs at times so we can spend more time with residents.” A relative said, “I have noticed they are pushed upstairs. However I must say they are fantastic carers.” A person who lived at the home on the first floor said, “They come reasonably quick at times when I press the buzzer.”

We spoke with the registered manager about the mixed feedback we had received. They told us in light of the feedback they would review staffing levels on the first floor.

People told us they were happy with the level of support around the home and felt safe and protected. One person said, “If I need help there are staff around, also if I press the call bell they come straight away.” We tested the call bell system on both floors and staff answered in a timely manner so that people would be assisted quickly.

During our (SOFI) observations on the first floor which accommodated 19 people, we found at times staff were rushing around and people had to wait for drinks. This was because two staff members were attending to a person who required assistance with a hoist and the other member of staff was looking after a person in their room. For the most of the day three staff were on duty on the first floor and this was found at times to not be enough to provide a quality service. We observed one person requested a drink calling out ‘hello’. No staff came for ten

minutes. Eventually one member of staff attended to the person and apologised for the delay. This meant there was a potential risk to people not having enough staff to provide oversight and keep people safe.

People told us they felt safe at the home and with the staff who supported them. One person who lived at the home said, “The way the home is laid out and the staff support I must say I feel safe and secure here.” We observed during the day staff constantly checked on people especially those who spent more time on their own. People told us they felt more secure knowing staff were around to ensure they were alright.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the manager and senior staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. This meant clear procedures were in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

Staff we spoke with were able to confidently describe to us what constituted abuse and the action they would take to raise concerns. One staff member said, “Safeguarding training is mandatory and we are always updating our knowledge.” Training records confirmed staff had received training on issues of safeguarding vulnerable adults. This included care staff as well as domestic staff.

Systems were in place to make sure the management team and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helps keep people safe.

We saw evidence in the care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might cause concern. Staff spoken with were aware of the individual plans and said they felt able to provide suitable nursing care and support, whilst respecting people’s dignity and protecting their rights.

## Is the service safe?

People were protected against the risks of abuse because the registered manager had a thorough recruitment process in place. This was confirmed by talking with staff members about their experiences of the recruitment procedure. One staff member said, "Everything had to be in place before they would take me on." Every member of staff we spoke with about the recruitment process said it was thorough and they did not start their employment until all checks were completed.

The registered manager had a thorough recruitment procedure. This was confirmed by staff we spoke with and examination of staff recruitment records. For example references, criminal record checks and full employment histories had been obtained prior to any staff commencing work. One staff member said, "No they would not let me start here until all the proper checks had been completed."

# Is the service effective?

## Our findings

Staff had received training in safeguarding vulnerable adults, food safety, moving and handling, health and safety and medication. In addition to this training, further courses were available such as Infection control. We confirmed this by looking at training records and from what staff told us. This training was regularly updated. In addition there was a range of training taking place which reflected good care practices for people who lived at the home. This included staff development training on infection control and basic first aid. Staff members we spoke with told us they had accessed additional training courses for example, supporting people who require nursing care and behaviour that challenged the service. This additional training was in place as well as mandatory courses. One staff member said, "If I feel a course would benefit me and my work outside the normal training, the manager will always support me." One relative we spoke with said, "The staff seem highly skilled in the way they go about caring for the residents."

All staff we spoke with told us they received regular supervision sessions as well as annual appraisals. This meant staff were being supported in their roles as well as their being an opportunity to identify their individual training needs. One staff member said, "We have regular supervision sessions every three months." Another said, "The manager always makes sure we have our supervisions on a regular basis."

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. There was a choice of hot meals provided at lunchtime on the day of our visit. We confirmed this by observing the meals being cooked in the kitchen and talking with the chef. Fresh vegetables and home baked produce was on offer. A staff member we spoke with said, "We bake a lot of cakes and pies, the residents love it." A person who lived at the home said, "They do a lot of home baking which is nice."

Liquidised meals were presented separately such as meat and vegetables. This was to ensure they looked appetising for people. Some people chose to eat in the dining room others in the lounge or their own room. The people we spoke with after lunch all said they had enjoyed their meal.

One person who lived at the home said about the quality of food, "The food is good and tasty." Also, one relative told us they were always offered a meal when visiting their relative, they said, "The food is first class." We observed the meal was well presented and looked and smelt appetising. We saw people were provided with the choice of where they wished to eat their meal.

We spoke with a staff member responsible for the preparation of meals on the day of our visit. They confirmed they had information about special diets and personal preferences provided to them by staff. We found this was recorded in care records of individual people. They told us this information was updated if somebody's dietary needs changed. Staff told us they would check each day what people had to eat and drink. This would be monitored and recorded to ensure any changes in diet would be identified and action taken.

Staff worked very closely with people and their relatives to understand people's likes and dislikes. This was confirmed by talking with relatives and people who lived at the home. One person said, "I understand the information I am given about my care. They know my likes and dislikes."

Care plans reviewed contained good information about people's food and drink preferences. Care plans also contained evidence that people's nutritional requirements had been assessed. Assessments were monitored on a regular basis. Where there had been changes to a person's care needs, care plans had been updated.

Care records of people we looked at contained information of visits to healthcare professionals such as dentists, doctors and opticians. One person who lived at the home said, "I know they make sure I keep my treatment up at the dentist." The service ensured people were supported to maintain their health by accessing health professionals in the community.

We had received information from external agencies including social services and the contracts and commissioning team prior to the inspection taking place. Comments were positive about how the service provider cared for the people living there. The contracts team told us they had developed relationships with the management team and were supportive of the care provided by the home. A staff member we spoke with said, "We try and make sure we communicate with professionals and we feel we have good relationships with outside agencies."

## Is the service effective?

We looked at care records of people following our discussions and observations made during the day. Each person had an individual care plan with up to date risk assessments. Care plans were personalised and it was clear people's specific needs, choices and preferences had been discussed with them and their family members. This was confirmed by talking with staff, people who lived at the home and relatives. People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records confirmed this approach.

All staff also received training on the care of the dying person and put these principles into practice. Staff we spoke with all confirmed this. One staff member said, "We have received a lot of training and support around dignity in care and staff are knowledgeable how to treat people who are close to end of life." Care records of people who lived at the home contained a specific end of life plan. This meant staff had the information to ensure the person received the care and support they needed at the end of their life and that their choices were respected by the staff team.

# Is the service caring?

## Our findings

Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and described a sensitive and caring approach to their role. One staff member who worked from an agency said about the home, "This one is excellent, the matron and staff are very good."

The registered manager informed us they were waiting for accreditation after completing the 'Six Steps to Success End of Life Care Programme for Care homes'. One staff member said, "We are much more aware and informed after completing the programme." The home ensured everything was in place to support people and their family, whilst ensuring people ended their life with dignity and respect. Families were given support leaflets identifying some changes that happen as end of life approaches and also related to bereavement.

People were seen to be supported by attentive and respectful staff. We saw that nurses and carers showed patience and gave encouragement when supporting people even though at times they were seen to be rushed. People told us their relatives were shown dignity and respect by all the staff. One relative said, "I always see them knock on bedroom doors before entering. They also are so kind and caring to all the people when I am here." One staff member said, "Although it is hard upstairs the caring for people is not compromised." A person who lived at the home said, "They are all so caring and considerate."

During our observations we checked on people who were being nursed in bed so that we could see how their care was being delivered. We saw that people were comfortable and were attended to regularly throughout the day. We checked call bell systems both on the ground floor and first floor, they were responded to quickly when people required support and assistance. One person who lived at

the home said, "They come reasonably quick when I press the buzzer. I have a special nurse [to me] who keeps me up to speed about my illness and she gives me care and lots of support."

We looked at care records and found information to demonstrate that staff kept relatives up to date and informed about the care of their loved ones. Relatives were involved decisions regarding support and treatment people required. Care plans included people's wishes regarding their care so their requests were respected by staff so ensuring dignified care was provided. One relative said, "My Mum is always told what is going on with her healthcare. They are very good at letting us know if there are any changes."

We observed appropriate moving and handling with people who had mobility problems and good practice when they approached people. In one instance we observed staff announced their presence and said who it was and asked about what they wanted to do. They then said when they left the person that they were going to leave. This showed a caring and understanding attitude to someone who had mobility problems. The person said, "They always handle me with care because they know I am unsteady."

We observed evidence of positive interaction between staff and people who lived at the home. For example one staff member was gently talking with a person who seemed upset. The staff member quietly led the person to a part of the room where no one was. This was so they could sit together and talk in private. Staff were always available for people during this period. Staff were patient, caring and supportive to people. There was a relaxed atmosphere as staff and people who lived at the home moved around the building freely.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, "Every person is an individual and is treated as such."

# Is the service responsive?

## Our findings

There was a complaints procedure which was made available to people who lived at the home and relatives. This was provided to people when they moved into the home. There had not been any recent complaints about the service. One person who lived at the home told us, "Most of the staff know me well and if there is something I am not happy about, I tell the carers." The registered manager told us the staff team worked very closely with people and their families and any comments would be acted upon and fully investigated.

Relatives we spoke with told us they were aware of how to make a complaint and felt confident these would be listened to and action taken to address their concerns. One relative said, "The manager is always willing to listen and encourages us to talk to her if we have any concerns."

Information was provided by the organisation to ensure people who lived at the home were aware of advocacy services. This was important as it ensured people's interests were represented and the staff would help access to appropriate advocacy services if requested.

The home had a range of activities in place to support people to participate in their chosen interests, There was evidence of organised events such as parties and birthdays of people who lived at the home which had taken place throughout the year which people told us they enjoyed. We observed staff members interacting with people and playing dominoes in the afternoon. Four people we spoke with told us they enjoyed dominoes with staff. However on the first floor lounge staff were at times too busy to spend time with people. One person said, "They all work hard but could do with extra staff up here at times." Also another person said, "The staff do come and see what interests I have and try and do things with me." We saw there was a varied programme of activities for people who lived at the home on both floors. We saw from care records that people's interests and wishes had been identified to provide information for staff to be aware of personal

preferences. People we spoke with told us their wishes for activities were carried out with the staff when they could. One person who lived at the home said, "I enjoy cards and they play with me often."

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. When asked relatives told us they were involved in the assessment process and were always consulted if their loved ones needs changed. A person who lived at the home said, "They ask me continuously what my wishes are and the support I feel is needed."

We spoke with the registered manager about their process for care planning when people were admitted to the home. They told us care plans are developed as part of the assessment process. They told us they involved relatives and any person who was involved in the persons care. This ensured they had as much information as possible so they could provide the right care and support for people. This was confirmed by looking at individual care records.

People were given information about the home and the organisation in the form of leaflets and booklets. This included information about the provider Hillcroft (Carnforth) Limited and the home Hillcroft House. The information was illustrated with photographs and set out in an easy read style. There was a wide range of information leaflets on display in the reception for people who lived at the home and their visitors.

People who lived at the home were allocated a named member of staff known as a key worker. This system allowed a named member of staff to support people on a one to one basis. This meant they were more familiar with people's needs, wishes and support they required. They could respond to any concerns people had because they became more familiar with the person and more aware of any signs of ill health. This was confirmed when we discussed individual needs of people with staff. They were able to tell us of the support and care in detail of the person they were responsible for. One staff member said, "It does work well I know if [the person] has a problem because of the way I have got to know him."

# Is the service well-led?

## Our findings

There was a registered manager in place managing the home on a day to day basis. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law as does the provider.

We found the home had clear lines of management responsibility and accountability. Staff we spoke with were knowledgeable and dedicated to providing a good standard of quality care for people. One staff member said, "I feel we have a good staff team with support from management and provide a very good service and care for people."

All staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. The registered manager and staff team worked closely together on a daily basis. This meant quality could be monitored as part of their day to day duties. One staff member we spoke with said, "Yes we do work well together I think. We all help each other out if there is a need to." Staff confirmed they were supported by the registered manager and the providers and enjoyed their role at Hillcroft House.

We spoke with the registered manager and observed how they and the management team interacted with staff members. This showed us the home embraced a culture that was centred on the individual people they support. We observed a member of the management team supporting staff and joining in with the activity in the afternoon of our visit." One staff member said, "The manager will always help out on the floor and is on hand all the time helping residents." All staff members we spoke with confirmed they were supported by their manager. One staff member told us, "This particular home is very well managed by a manager who is always approachable."

Where incidents or accidents had occurred, detailed records had been made and retained at the home. We saw they were maintained with regards to any safeguarding issues or complaints which had been brought to the registered manager's attention. Where appropriate these were reported to the Care Quality Commission (CQC). These records demonstrated what action had been taken at the home to ensure people were kept safe.

The registered manager told us that the views of people who lived at the home about how they felt about the service being provided, were sought by a variety of methods. These included informal daily discussions with people and their relatives and more formal reviews of care. The service also sent out survey cards annually to people in the home and relatives. The registered manager would analyse these and respond to issues or concerns that were raised. For example one person who lived at the home requested alternative activities. The staff responded by purchasing books on activities and social events. This was shown to people and alternative activities were introduced. One person who lived at the home said, "We are always chatting with the staff and manager asks our opinions how we felt or how things could be improved."

We found there were a range of audits and systems put in place in by the registered manager and the organisations management team, to monitor the quality of the service being provided. This enabled the management team to continually develop the service and ensure quality care and support was being provided for people. Regular audits carried out included monitoring the homes environment, care plan records, financial records, medication procedures and maintenance of the building. The management team reviewed all quality audits and any negative findings would be acted upon in order to improve the service. This meant the service was continually monitored and areas of improvement identified would be implemented, so people received a quality service.

Staff meetings were held regularly to discuss the running of the home and discuss how improvements could be made. On one occasion staff members had requested better quality of personal wipes to support people with personal hygiene care. This was raised and the management team explained to us they were looking into the cost issues, in order to provide the better quality wipes. Minutes of meetings were shown to us to confirm staff attended and participated in these discussions. One staff member said, "They are informative and it gives us a chance to raise any issues." Another staff member said, "I do attend these meetings they are held quite often."