

# Raycare Limited

# Hillcroft

## Inspection report

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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

Hillcroft is situated in a residential area of Ormskirk. The home is on three floors, with passenger lift access. Accommodation is provided in both single and shared rooms for up to 34 adults, who need assistance with personal care. En-suite facilities are installed in all bedrooms, 25 of which have wet rooms and 9 having bathrooms. Communal bathrooms and toilets are available throughout the home. There are some amenities, such as shops, a post office, church and pub within a short distance and Ormskirk town centre is easily accessible by car or public transport. Some car parking spaces are available at the home.

This unannounced inspection was conducted on 19th January 2015 and was carried out by two Adult Social Care inspectors from the Care Quality Commission. The registered manager was on duty when we visited Hillcroft. She had managed the day-to-day operation of the service for eight years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run.

# Summary of findings

At the time of this inspection there were 32 people who lived at Hillcroft. We spoke with eight of them and two of their relatives. We asked people for their views about the services and facilities provided. We received positive comments from everyone. We spoke with nine staff members and the registered manager of the home. We looked at a wide range of records, including the care files of four people, whose care we 'tracked' and the personnel records of two staff members. We observed the activity within the home and looked at how staff interacted with people they supported.

Staff members were well trained and had good support from the management team. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at the home.

The recruitment practices adopted by the home did not consistently ensure that only suitable people were appointed to work with this vulnerable client group. Necessary checks had not always been conducted before people were employed and this created a potential risk for those who lived at Hillcroft.

**This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.**

The home had been tastefully refurbished throughout since our last inspection and a new well-designed 11 bedded unit had been added. The premises were safe and maintained to a high standard. Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to promote people's safety.

The planning of people's care was based on an assessment of their needs, with information being

gathered from a variety of sources. Regular reviews were conducted with any changes in circumstances being recorded well. A range of assessments had been conducted within a risk management framework and strategies had been implemented to promote people's safety and well-being.

People were helped to maintain their independence. Staff were kind and caring towards those they supported and interacted well with the people who lived at Hillcroft. Assistance was provided for those who needed it in a dignified manner and people were enabled to complete activities of daily living in their own time, without being rushed.

Staff we spoke with told us they received a broad range of training programmes and provided us with some good examples of modules they had completed. They confirmed that regular supervision sessions were conducted, as well as annual appraisals.

Staff spoken with told us they felt exceptionally well supported by the registered manager of the home. They spoke in a complimentary way about her management style and described her as being, 'approachable', 'lovely' and 'an excellent manager'.

The management of medications did not always promote people's safety. Medication records were well maintained and detailed policies and procedures were in place. However, we noted the treatment room door was left unlocked whilst the room was vacant. The medicine storage cupboard was also unlocked, which created a potential risk for those who lived at the home.

**This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.**

# 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?

This service was not consistently safe.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Hillcroft.

Necessary checks had not always been conducted before people were employed to work at the home. Therefore, recruitment practices were not thorough enough to ensure only suitable staff were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Hillcroft.

The premises were maintained to a high standard and infection control protocols were being followed, so that a safe environment was provided for those who lived at Hillcroft.

Medication records, policies and procedures were detailed and well maintained. However, people who lived at the home were at risk, because the treatment room and medicine cupboards were left unlocked and unattended, providing easy access to the medications.

Requires Improvement



### Is the service effective?

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their liberty because legal requirements were followed.

The menu offered people a choice of meals and their nutritional requirements were met. Those who needed assistance with eating and drinking were provided with help in a discreet manner.

Good



### Is the service caring?

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability.

Good



# Summary of findings

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were treated in a respectful way. They were supported to remain as independent as possible and to maintain a good quality of life.

## Is the service responsive?

This service was responsive.

People received person centred care. An assessment of needs was done before a placement was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in circumstances being recorded well.

The plans of care were well written and person centred. Staff anticipated people's needs well. The management of risks helped to ensure that strategies were implemented and followed, in order to protect people from harm.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Good



## Is the service well-led?

This service was well-led.

The registered manager of Hillcroft had embedded a wide range of good practices within the home, which promoted a well-led service. Staff spoken with felt well supported and were very complimentary about the way in which the home was being run by the long standing manager.

There were systems in place for assessing and monitoring the quality of service provided, with lessons learnt from shortfalls identified.

The home worked in partnership with other agencies, such as a wide range of external professionals, who were involved in the care and treatment of the people who lived at Hillcroft.

Good



# Hillcroft

## Detailed findings

### Background to this inspection

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We last inspected this location on 4th September 2013, when we found the service was meeting all the regulations we assessed.

This unannounced inspection was conducted on 19th January 2015 and was carried out by two Adult Social Care inspectors from the Care Quality Commission.

Prior to this inspection we looked at all the information we held about this service, such as notifications informing us of significant events, including serious incidents, reportable accidents, deaths and safeguarding concerns.

During this inspection we spoke with eight people who used the service and two relatives. We tracked the care of four people who lived at the home and interviewed nine members of staff. We toured the premises, viewing a selection of private accommodation and all communal areas. We also conducted a Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at a wide range of records, including four care files, a variety of policies and procedures, training records, medication records, two staff personnel records and a range of quality monitoring systems.

# Is the service safe?

## Our findings

One person we spoke with commented, “No harm will come to me here. I feel very safe.” A family member told us, “The care people get here is first class. I have no worries. When I go home from here I am happy knowing my relative is safe.”

We spoke with eight people who lived at the home. They all said they felt safe living at Hillcroft. We noted people looked comfortable in the presence of staff members, without any indication of fear or apprehension. They were chatting together in a respectful way. People who lived at the home looked happy and content. A comment written on one of the very recent surveys stated, ‘No-one is ever rude to me.’

Staff told us they were confident in reporting any concerns they had about the safety of those who lived at the home. We noted the induction programme covered the area of safeguarding adults. This helped new staff to understand the principles of abuse and know what to do should they be concerned about the safety of someone who lived at the home. One member of staff told us, “If I had any concerns or worries about any of our residents, I would go to see the manager straight away. She is so approachable and always there for us.”

Assessments within a risk management framework had been introduced, particularly around the recent building work, which had taken place. The registered manager told us about action they had taken during this period and it was evident the situation had been carefully thought through and managed well. Other risk assessments included areas of health and safety, infection control, moving and handling, mental capacity, nutrition, falls, medications and management of dangerous substances. These identified any areas of risk and were supported by strategies implemented to reduce the likelihood of injury or harm. Data sheets were available, which instructed staff about first aid action they needed to take should someone come into contact with dangerous chemicals or substances hazardous to health.

Accidents were documented appropriately and these records were stored in line with data protection guidelines, so that personal information was retained in a confidential manner.

We noted that individual Personal Emergency Evacuation Plans (PEEPS) had been developed and were included within the care files we saw. These provided the reader with details about how each person should be evacuated from the building in the event of an emergency situation, such as fire or flood. It may be beneficial if this information was located at a central point within the home for easy access for staff and emergency services, should the need arise.

People who lived at the home told us they felt there were enough staff on duty to meet their needs. People told us their call bells were answered in a timely manner and they did not have to wait long for assistance to be provided. This was observed during our visit to Hillcroft. We also noted people were able to move around the home freely and safely, including those in self-propelled wheelchairs.

We established that a registered manager was on call at all times, should additional staff be needed or if an unforeseeable incident occurred. One relative told us, “There’s always plenty of staff on and if you ask them for anything they are straight over.”

Staff we spoke with confirmed that in general, there were sufficient staff deployed to allow them to provide the care and support people needed. We noted staff members to be present within communal areas of the home at all times. This helped to ensure the safety of people who used these areas of the home was promoted.

Systems and equipment within the home had been serviced in accordance with manufacturer’s recommendations. This helped to ensure the health and safety of everyone on the premises was promoted. A wide range of internal checks were regularly conducted, such as fire alarms, emergency lighting and hot water temperatures. This helped to ensure people were protected from harm.

At the time of our inspection we toured the premises and found the environment to be maintained to a good standard of safety. A written policy in relation to fire awareness was in place at the home and this was supported by a fire risk assessment, which covered all the areas of the home. A business continuity management plan had been developed, which instructed staff about action they needed to take in the event of an environmental emergency. Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies

# Is the service safe?

and procedures in place at the home. One member of staff told us, “We all have bleeps, so we can get help really quickly if we need it. We help each other and work as a team.”

Clinical waste was being disposed of in accordance with current legislation and the written policies of the home. Staff spoken with were fully aware of good practices in order to reduce the possibility of cross infection. Records showed that staff had completed training in relation to infection control.

Detailed policies and procedures were in place at the home, which covered all relevant areas of medication management. We saw Medication Administration Records (MAR) had been completed appropriately and two members of staff had recorded and witnessed any transactions made. Records showed staff had received training in the administration of medications and regular audits had been conducted, which highlighted any areas in need of improvement. At the time of our inspection we noted the medication room door to be unlocked whilst the room was vacant and the medication storage cupboards inside the room were also unlocked. This created a potential risk and did not protect people from harm.

**This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.**

The plans of care included one page medication profiles. These clearly described people’s medication needs and information was easily accessible for staff about each prescribed medication. For example, the care files outlined why each medication was given, when it should be administered and the possible side effects. This helped to promote good medicine management.

We noted the last food hygiene inspection conducted by the Environment Health Officer received a level 5 rating of ‘very good’, which is the highest result achievable. We saw all staff at lunch time wearing protective clothing to promote good food hygiene practices. However, later in the day we did observe one staff member entering the kitchen area without wearing protective clothing.

We looked at the personnel records of two people who worked at Hillcroft. One of these files demonstrated that relevant details had been obtained before this person started to work at the home, such as a completed application form, two written references and a Disclosure and Barring (DBS) check. DBS checks are conducted to ensure prospective employees are fit to work with vulnerable people.

The second staff file showed that advice provided by the DBS had not been followed by the provider. A DBS first had been obtained before the person commenced employment. A DBS first is a preliminary check showing if any match is found on the register against an individual’s personal details. This does not inform the provider of any past or present convictions, which may need to be explored further. The DBS first in this instance stated, ‘Please wait for the DBS certificate before making a recruitment decision.’ This employee started work five weeks before the DBS certificate was received, which outlined several convictions that should have been formally explored further. The letter offering employment to this individual showed the date they were to commence work ‘subject to a DBS check’. One written reference for this person was from a colleague and was not dated. Therefore, we were unable to determine if this was obtained prior to employment commencing. The second reference was from a friend and was dated four months after employment commenced. In discussion the registered manager told us this member of staff had been constantly supervised whilst waiting for the DBS certificate to be received. However, there was no written record to support this information. This showed that the recruitment practices adopted by the home were not robust and therefore did not ensure that only suitable people were appointed to work with this vulnerable client group.

**This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.**



# Is the service effective?

## Our findings

At the time of this inspection there were 32 people who lived at Hillcroft. People told us they were happy living at the home and that their needs were being met by a kind and caring staff team. They were very complimentary about the staff team and the registered manager.

Plans of care showed that where necessary physical and mental capacity assessments had been undertaken and clearly recorded. It was evident the registered manager was fully aware of the process for making a Deprivation of Liberty Safeguards (DoLS) referral. We saw that a DoLS application had been appropriately submitted for one person and relevant forms were retained within their care file. We observed that care and support was being provided in the best possible way, in order to maintain comfort and promote dignity. The training matrix showed a good percentage of staff had completed training in relation to the Mental Capacity Act (MCA) and DoLS.

Staff members spoken with were fully aware of the provider's policy, in relation to safeguarding adults, which covered the key principles of the Mental Capacity Act 2005. Staff were observed consistently gaining consent from people before supporting them with day to day activities and we were told verbal consent had been obtained in a variety of areas. However, there was little evidence of written or signed consent in relation to bedrails, night time checks or sharing of information. The provider should review and implement guidance on obtaining and documenting consent.

Staff spoken with had a good understanding and knowledge of people's individual care needs. They were able to discuss the care and support people needed in a confident and caring manner. When asked about agency staff, one person said, "I am not sure if any agency staff work here, but the staff know everything about us. They are great with everyone."

People we spoke with told us their health care needs were being met. Records showed a wide range of external professionals were involved in the care and support of those who lived at Hillcroft, so that people received the health care and treatment they required. One person told us, "If I am not feeling very well the staff will ask if I need a

doctor and they will call and arrange it for me." A member of staff said, "We speak with residents all day long and if we think they need a doctor then we contact one immediately. In fact we have asked for a doctor today."

At the time of our inspection one person had a pressure ulcer. This person's records clearly outlined the care and support provided by the staff team and outside agencies, in order to promote healing and comfort.

We noted that an employee handbook was available for all staff. This contained a wide range of relevant information and provided staff with a good basis for commencing their employment. Areas covered included codes of conduct, data protection, disciplinary and grievance policies, fire safety, safeguarding people and complaints. Each member of staff had a job description relevant to their role. This helped new employees to complete the duties expected of them in an effective way.

Records showed that new employees received an in-depth induction programme, which helped them to familiarise themselves with Hillcroft, the people who lived there and the policies, procedures and practices adopted by the home. This information was confirmed by staff we spoke with. One member of staff said, "I have only been here a couple of months. My induction was really good and the rest of the staff support me all the time."

Staff spoken with told us they received a lot of training and records seen supported this information. They gave us some good examples of training modules they had done, such as moving and handling, safeguarding adults, food hygiene, health and safety, infection control and fire awareness. This information was supported by certificates of training held on staff personnel files. One person commented, "The staff seem very well trained. They all seem happy doing their jobs and I think a lot of that is because of the manager."

Training records showed a high number of care staff had achieved a nationally recognised qualification in care and several were working towards this award. This helped to ensure the staff team as a whole, were sufficiently trained to provide the care and support needed by those who lived at the home. One member of staff told us, "I have been here seven years and I was supported to get my NVQ 3 (a nationally recognised qualification in care). I was encouraged to do it."



# Is the service effective?

Evidence was available to show the registered manager was in the process of developing a six month training programme for the staff team, which was very clear and organised and covered all mandatory training modules, as well as training specific to the needs of those who lived at the home. Records showed that staff training was an important aspect of maintaining a knowledgeable work force at Hillcroft. A new training system had been introduced designed to help the registered manager to monitor this area more effectively and to ensure all staff members received training in every area of the programme at regular intervals.

We saw the staff duty rotas and established staff turnover was very low. This meant the work force was very stable which helped to maintain continuity of care. People told us their needs were being met by the staff team and they felt staff were competent to do the job expected of them.

Records showed that staff attended regular formal supervision meetings and we were told annual appraisals were also conducted. These enabled members of staff to discuss their work performance with the registered manager of the home and to identify any additional training needs. However, staff spoken with told us they could meet with the manager at any time to discuss any concerns or if they had any suggestions to make.

Dietary needs and nutritional requirements had been well recorded within the care plans we saw. People's nutritional needs were being met. This was supported by risk assessments to reduce the possibility of malnutrition. We

ate lunch with some people in the dining room. This was a pleasant experience. The tables were attractively set and the dining room nicely presented. There were several choices on the four weekly menu and people were served a nutritious meal. One member of staff told us, "I talk to all the residents every day and ask what meals they would like. I do know to be honest because I know what they like, but I still ask!"

People's weights were monitored and action was taken, should the results vary. However, the weight chart for one person was not up to date and therefore her weight was not being monitored as frequently as the plan of care instructed. The registered manager acknowledged our concerns and assured us action would be taken to address this. Staff members we spoke with were aware of the dietary requirements of people who lived at Hillcroft. This helped to ensure people received a nutritious diet, in accordance with their needs and preferences.

A community health care professional wrote on their feedback, 'The home has recently had a major refurbishment, during this process the staff have ensured that the residents had minimal disruption.' And another said, 'I would describe Hillcroft as a homely home - the staff are very friendly and caring towards the residents and there is lots of fun and laughter!' Recently an activities co-ordinator has been employed to stimulate some interest in various activities, which seems to have made a real impact especially as the dementia residents are also included.'

# Is the service caring?

## Our findings

One person we spoke with commented, “The staff are really kind and helpful. They never stop.” Another told us, “We come here a couple of times a year on respite and one of the reasons we come here is the staff. They are always there for you.”

We noted the home’s Statement of Purpose clearly outlined the aims and objectives of Hillcroft and the Service User’s Guide told people about the facilities and services available at the home. Together this information helped people to make an informed choice about accepting a place at Hillcroft.

We saw staff treating people with respect and providing assistance in a kind and caring manner. Staff members and those who lived at Hillcroft seemed to have easy and friendly relationships. People told us they were happy with the care and support they received.

Staff we spoke with were fully aware of people’s needs and how they wished care and support to be delivered. Those who lived at the home looked well presented, being dressed in appropriate clothing. We saw staff members interacting in a positive way with those who lived at the home, whilst anticipating their needs well. Those we spoke with confirmed they were given the opportunity to make some decisions about the care and support they received and confirmed that staff acted upon their wishes. The care plans we examined supported this information.

The plans of care we saw incorporated the importance of promoting people’s independence and respecting their privacy and dignity. People told us their independence was

encouraged in a positive way and this was observed during the course of our inspection. We saw staff to be patient and supportive whilst assisting people with their activities of daily living and help was provided in a respectful and considerate manner. However, we observed staff entering people’s bedrooms without knocking on their doors and waiting to be invited to enter. This did not consistently respect their privacy and dignity. The registered manager acknowledged our concerns and assured us they would take action to address this.

People looked well-presented and were appropriately dressed. Relatives we spoke with told us the staff team were very caring and attentive to the needs of those who lived at Hillcroft. One relative told us, “One of the young girls only started a while back but all the residents love her. She is very good with them.”

Policies and procedures incorporated the importance of providing people with equal opportunities, whatever their age, religion, race or disability. This was confirmed through our observations and by talking with staff and those who lived at the home.

The plans of care we saw showed that people’s spiritual needs had been recorded in line with their beliefs and preferences. Records showed that four members of staff had completed the ‘six steps to end of life care’ training. This helped to ensure people received appropriate care and support when nearing the end of their life.

One community professional wrote on their feedback, ‘Staff at the home have always been accommodating and appear to have a good rapport with the residents.’

# Is the service responsive?

## Our findings

When we asked one person about making a complaint, she commented, “Oh yes, no problem. If I had any complaints I would see one of the staff, or the manager – she’s lovely!” People who lived at the home told us they would be quite confident in making a complaint, should they need to do so. They were aware of what they would need to do. The complaints procedure was included in the Statement of Purpose and a system was in place for documenting complaints received by the home, which clearly covered the circumstances surrounding the complaint, the outcome of the investigation and actions needing to be taken. Evidence was available to show the service had learnt from complaints received and improvements had been made as a result. This helped to ensure complaints were taken seriously and were thoroughly investigated.

We selected the care records of four people who lived at the home, who had quite different needs. These files were well organised, making information easy to find. We chatted with the people whose records we examined and discussed the care they received. The care files we looked at contained some good information for staff about medical conditions. This helped to increase their knowledge in specific clinical areas. Records showed a proactive approach to person centred care was adopted by the home.

Needs assessments had been conducted before people moved into the home. This helped to ensure the staff team were confident they could provide the care and support required by each person who went to live at Hillcroft.

Plans of care had been developed from the information obtained at the pre-admission assessment and also from other people involved in providing support for the individual. The needs of people had been incorporated into the plans of care. All four plans of care contained a section entitled, ‘All About Me’, which clearly outlined the person’s interests and social history. Regular reviews of needs had taken place and any changes in circumstances were recorded well. Care was evidently provided in a person-centred way. We found the plans of care to be well written, person-centred documents. This helped the staff team to develop a clear picture of what people needed and how they wished their care and support to be delivered.

We noted that specialised equipment was available for the prevention of pressure sore development and for assisting in safe moving and handling techniques.

An activity co-ordinator was employed at the home. On the day of our inspection she was off duty, but came into work, as she wanted to be involved in the inspection process. We spoke at length with this member of staff. She was very enthusiastic and keen to provide people who lived at Hillcroft with leisure activities and pastimes, which they enjoyed and which were in accordance with their wishes.

Evidence was available to demonstrate a wide range of activities were provided, both inside the home and within the local area. The home had developed strong links with individuals and groups in the community, such as the local councillor, a well-known football club and nearby schools. Pupils from a local primary school had visited the home recently to paint murals on the corridor walls, so those who lived at the home could enjoy the colours and pictures displayed.

One visitor to the home told us, “During the Christmas period older lonely people in the community were invited to join Hillcroft residents for their Christmas Lunch. The registered manager was involved throughout the day helping to ensure that everyone was comfortable and enjoyed their Christmas Lunch.”

Recent in-house events included a cheese and wine evening, a coffee morning with poetry, an indoor dummy horse racing afternoon, an Hawaiian day and a film evening. At the time of our inspection people were enjoying a game of indoor ten pin bowling. People who lived at the home told us they were satisfied with the level of leisure activities available. A wide range of photograph albums showed people enjoying a variety of events, such as birthday celebrations, lunch out at the Hilton hotel, trips to local places of interest, such as Llandudno, New Brighton and the horse races and visits to the home by outside entertainers, such as the Skelmersdale Community Singers. Individual albums were being developed for each person who lived at the home, which would be of interest to them and would help to generate topics of conversation.

We saw care staff interacting well with some people on an individual basis, which helped them to remain interested and to maintain their individuality. We observed people being offered a variety of choices throughout the day. This was done in a respectful manner. However, choices offered

## Is the service responsive?

to people could have been more specific and informative. For example, we heard a member of staff politely ask one person, “Would you like egg and chips for your lunch or would you like a salad? You could have chips with your salad, if you want to.” This person was not offered a choice of salads, such as ham, cheese or beef, for example and therefore the full choices available were somewhat restricted on this occasion.

People we spoke with told us they were able to make decisions about how they spent their time. For example, when they went to bed, when they got up in the morning and where they sat during the day. One person told us, “We are continually involved in what goes on here. We get a choice of food, activities and places to go and visit.” People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

During our tour of the premises we noted great improvements had been made to the environment since our last inspection. The home had been refurbished throughout and a new ten bedded unit had been added for people living with dementia, which was well-designed and welcoming. A key pad system was installed for access to this area of the home. This helped to promote the safety of those who lived on this unit. The entire home was tastefully decorated and good quality furnishings had been installed. The premises were warm and comfortable, providing people who lived at Hillcroft with homely and relaxing surroundings in which to live. We observed the communal areas, such as bathrooms to be very well equipped with moving and handling equipment and specialised accessories. A member of staff told us, “We have all been involved with all the alterations and building work. There’s been a meeting this morning. What a difference it’s made!”

# Is the service well-led?

## Our findings

The registered manager of Hillcroft had been in post for eight years. She was very co-operative during our inspection and we found her to be enthusiastic and eager to provide a good quality of service for the people who lived at the home. She was committed in supporting her workforce to deliver the care people needed.

There was a good atmosphere throughout the home. The surroundings were comfortable. The residents, relatives and staff members we spoke with all considered Hillcroft to be a good home. The home focused on a culture of openness and transparency. We observed family members visit people who lived at the home during our inspection, without any restrictions on times of day and all were made to feel welcome.

There was a good system in place for assessing and monitoring the quality of service provided, which identified any shortfalls, so that actions could be taken to better any areas in need of improvement. This extensive audit process was completed every month, following which a report was compiled. This included areas, such as accidents, infection control, mediations and care planning. However, the registered manager had recognised that she was slightly off target with the quality monitoring process because of the very recent extensive building work, which had taken precedence over other areas of activity. She advised us that she was now in the position to continue with the auditing process, so that the service could be formally monitored.

Surveys had very recently been conducted for those who lived at the home. This enabled people to submit feedback about the quality of service provided. The registered manager told us the results were to be produced in an overall format for easy reference and displayed within the home for people to see. One person reported, "Staff talk to us all the time and ask our opinions and every few months we are asked to complete a survey." A member of staff told us, "We carry out residents and staff surveys every six months." And a relative confirmed, "Yes I have completed surveys in the past but I also get asked my opinion about anything that concerns me, so it's ongoing."

Records showed that a variety of staff meetings were held, which involved all grades of staff personnel. This encouraged those who worked at Hillcroft to openly

discuss any areas in need of improvement and any areas of good practice. It also enabled the staff team to talk through any concerns they may have and to further develop solid working relationships.

The registered manager showed us her monthly reports, which she compiled following a clear analysis of an extensive range of audits, covering areas such as, infection control, accidents, involvement of community professionals, complaints, activities and deaths.

The registered manager told us that the provider was supportive and approachable. We noted the registered manager had an 'open door' policy and staff members we spoke with told us they felt well supported by her. This allowed those who used the service, their friends and relatives, staff members and stakeholders in the community to discuss any concerns or areas of good practice with her at any time.

A wide range of updated policies and procedures were in place at the home, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who lived at Hillcroft.

The registered manager told us strong links had been developed with a local primary school and as a result of frequent visits to the home the older children had developed a 'buddy' system with people who lived at Hillcroft. These 'buddies' from the school were in the process of becoming 'dementia friends' with those who lived at the home. This arrangement was a positive and innovative development within Hillcroft and promoted the engagement of strong community links.

Comments from relatives included, "I come in three or four times a week and talk to staff while I'm here. On the days I don't come in they ring me to see if there's been any problems." "The biggest compliment I can make is that if I ever had to come into a care home, I hope there is space for me in here!" "The manager is so approachable. You don't need to go and talk to her because she comes over to you for a chat." "You could not get a better manager. If it wasn't for her all the improvements around the home would not have been done. She has done it for the residents."

A group of health care professionals forwarded a joint feedback response, which stated, 'Always a relaxed atmosphere. Staff very nice and show caring attitude. Patients are at their ease suggesting that they are used to

## Is the service well-led?

being treated well. Clean and odour free. Visit requests are always clinically appropriate.' And another wrote, 'It is my view that this is a very well run home, led by a very

proactive manager, with very caring staff, educated in end of life care. The manager and senior members of staff have informed me that they are very well supported by the District Nurses and GPs.'

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The registered person did not operate safe recruitment practices in order to ensure that people employed were fit to work with vulnerable people.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The registered person did not protect people against the risks associated with the unsafe use and management of medicines, by means of appropriate arrangements for the safe keeping of medicines.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.