Raycare Limited

Hillcroft Residential Care Home

Inspection report

16-18 Long Lane
Aughton
Ormskirk
Lancashire
L39 5AT

Date of inspection visit:
31 January 2017

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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?	Requires Improvement

Summary of findings

Overall summary

Hillcroft is located in a residential area of Ormskirk. The home is on three floors, with passenger lift access. Accommodation is provided in single rooms for up to 34 adults, who need assistance with personal care. There are some amenities, such as shops, a post office, a church and a pub within a short distance and Ormskirk town centre is easily accessible by car or public transport. Some parking spaces are available at the home, but on road parking is also permitted.

The last inspection of this location was conducted on 19 January 2015. Although an overall rating of 'Good' was awarded at that time, we did find two breaches of the previous Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These were in relation to the management of medicines and the recruitment of staff. We asked the provider to tell us what they were going to do in order to address the shortfalls identified. The provider submitted an action plan, as requested.

This inspection was conducted on 31January 2017 and it was unannounced, which meant that people did not know we were going to visit the home.

The registered manager was on duty at the time of our inspection. 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.

At our last inspection on19 January 2015 we found that the registered person had not implemented robust procedures for the safe keeping of medicines. Therefore, this area was in need of improvement. We made a requirement about this. The provider sent us their action plan, which showed that actions would be completed by 20 March 2015.

During the course of this inspection we assessed the management of medicines. We found that on this occasion improvements had been made in this area, which helped to protect people from any risks associated with the unsafe use of medicines. Therefore, the previous breach of the Health and Social Care Act regulations had been met.

At our last inspection on 19 January 2015, we found that recruitment practices were not always sufficiently robust, in order to ensure that people employed were fit to work with this vulnerable client group. Therefore, this area was in need of improvement. We made a requirement about this. The provider sent us their action plan, which showed that actions would be completed by 20 March 2015.

At this inspection we looked at the personnel records of four staff members, who had been recruited since our last inspection on 19 January 2015. We found that on this occasion new staff had been appropriately appointed and therefore people who lived at Hillcroft were protected by the recruitment practices adopted by the home. Therefore, the previous breach of the Health and Social Care Act regulations had been met.

We found that a varied training programme had been provided for the staff team, which helped them to keep abreast of current practices and any changes in legislation. Regular supervision sessions for staff and annual appraisals were also being conducted.

At this inspection we found the environment to be warm and well maintained throughout. However, we did note an unpleasant smell in one area of the home. We observed staff members interacting well with those who lived at Hillcroft. People looked happy and comfortable in the presence of staff and were enjoying their company.

Records showed that although a wide range of risk assessments were established at the home, in relation to people's health, safety and welfare, these had not always been fully completed and did not always accurately reflect people's needs. Staff we spoke with were able to discuss people's needs well and it was quite clear that they were able to provide the care and support each person required in a kind and caring manner. However, people's plans of care were not always reflective of their current needs. The recording of information could have been better in some areas and documentation could have been more accurate. We made a recommendation about this.

Fire procedures were easily available, so that people were aware of action they needed to take in the event of a fire and records we saw provided good information about how people needed to be assisted from the building, should the need arise. Records showed that equipment and systems within the home had been serviced in accordance with the manufacturer's recommendations. This helped to protect people from harm.

People's privacy and dignity was consistently respected. Records showed that Mental Capacity Assessments had not always been conducted, in order to determine capacity levels, prior to important specific decisions being made. We made a recommendation about this.

The service had reported safeguarding concerns to the relevant authorities and suitable arrangements were in place to ensure that staff were deployed, who had the necessary skills and knowledge to meet people's needs safely. A range of health and safety training was provided for the staff team.

People we spoke with were aware of how to raise concerns, should they need to do so. A complaints procedure was in place at the home and a system had been implemented for the recording of complaints received.

The service worked well with a range of community professionals. This helped to ensure that people's health care needs were being appropriately met. Meals were being well managed.

People we spoke with were complementary about the staff team. They felt that they were treated in a kind, caring and respectful manner. People expressed their satisfaction about the home and the services provided.

Regular meetings were held for the staff team. This enabled those who worked at the home to discuss topics of interest in an open forum.

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

This service was safe.

Recruitment practices adopted by the home helped to ensure that only suitable staff were appointed to work with the vulnerable client group.

The home was clean and well maintained throughout. However, we did note an unpleasant odour in one area of the home. Risks assessments were in place and medicines were being well-managed.

Safeguarding referrals had been made to the relevant authorities and emergency plans had been generated, so that people were kept safe. Staff members were aware of the procedures to follow should they have concerns about the welfare of those who lived at the home.

Is the service effective?

Good

This service was effective.

Records showed that staff received a good induction programme when they started to work at the home. This was followed by a range of training programmes, regular supervision and annual appraisals.

Mental capacity assessments had, in general been conducted. However, these were not always decision specific.

The premises provided pleasant surroundings for people to live in and meal times were being well managed.

Is the service caring?

Good

This service was caring.

Staff were seen to be kind, caring and respectful of people's needs.

Those who lived at Hillcroft were supported to access advocacy services, should they require this service.

Records were retained in a confidential manner and people's privacy and dignity was consistently respected.

Those who lived at the home were supported to maintain their independence, as far as possible and staff members communicated well with those in their care.

Is the service responsive?

Good

This service was responsive.

The plans of care were based on assessments of people's needs and they were, in general person centred and well written documents. However, there were some gaps and assessed needs were not always incorporated into the planning of people's care. However, staff we spoke with were very conversant about the assessed needs of people and were able to discuss how their needs were to be best met.

We received varied comments about activities provided. Some people gave us examples of community based activities, in which they were involved, as well as in-house activities, whilst others told us this was an area which could be improved.

Complaints were being well managed.

Is the service well-led?

Requires Improvement

This service was not consistently well–led.

The views of people who had an interest in the home were sought annually. The most recent surveys provided consistently positive responses.

The home had established methodologies for assessing and monitoring the quality of service provided and a wide range of policies and procedures were in place at Hillcroft. However, the recording of information could have been better and paperwork could have been more organised.

Management meetings were held and meetings for the staff team were evident. This allowed important information to be disseminated and so that those who worked at the home could discuss any relevant topics in an open forum.

Hillcroft Residential Care Home

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 had addressed the breaches identified at the previous inspection, if they were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a new rating for the service under the Care Act 2014.

This inspection was unannounced and was conducted by two Adult Social Care inspectors from the Care Quality Commission (CQC) and an expert by experience. An expert by experience is a person who has experience of the type of service being inspected. At the time of our inspection there were 34 people who lived at Hillcroft. We were able to speak with eight of them and five relatives. We received positive comments from those we spoke with.

We also spoke with four members of staff and the registered manager of the home. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of six people who used the service. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We also looked at the personnel records of four staff members, which helped us to establish the robustness of the recruitment practices and the level of training provided for the staff team. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

The provider completed and submitted a Provider Information Return (PIR) within the time frames requested. A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents, deaths and safeguarding incidents. We also looked at the information we had received from other sources, such as the local authority and community professionals involved in the care and support of those who lived at the home.

Good

Is the service safe?

Our findings

People said they felt safe living at Hillcroft and relatives we spoke with told us they had no concerns about their loved ones safety. Comments we received from those who lived at the home and family members included, "I've no problems here"; "Everybody's so nice and friendly"; "There's always someone there if you need them. You're never on your own"; "The people [staff] are fantastic"; "It's fantastic. I know some of the staff and they are familiar faces"; "She's safe here, because they understand her condition"; "I come in every day. I think she's perfectly safe. They've got everything in place"; "We come in unexpectedly and I've never seen anything to concern me, apart from some bruising on her arm a year ago." And, "There's a pressure mat in his room and they know when he's wandering. They've provided him with a walking frame which is easier for him than a stick."

We looked at the care records of one person who was known to display behaviours that challenged the service. We saw there were a number of incidents for the individual, which had impacted on other people who lived at Hillcroft. The service had rightly raised safeguarding alerts and referred the individual to relevant external agencies for mental health support. However, it is recommended that care records consistently reflect day to day activities, so that the staff team are provided with clear guidance about the management of people in their care.

Staff members we spoke with told us they were happy with the current staffing levels. We were told that the number of night staff had recently been increased, in order to facilitate an increased demand in peoples' assessed needs and in response to staff members' requests.

Records corresponded with the number of staff on duty and the registered manager confirmed this to be accurate. When we asked about staffing levels, the comments we received were mixed, although people did confirm that on the whole they knew their care workers and that the use of agency staff was minimal. Responses included, "I think there are enough staff. They're very good"; "I think they're rather short staffed"; "I always see staff around"; "I can always find staff." And one relative told us, "There are certainly enough during the day, but I don't know about night."

We looked at four people's care records associated with the administration of medicines and we viewed stocks of medications within the home. We found that medicines were managed in a robust way. Accurate recording systems had been implemented and staff were fully aware of the processes and protocols in place for the safe management of medicines.

Medicines were stored in a secure room and maintained at safe storage temperatures. All the records we viewed contained a photograph of the relevant person to help reduce the risk of identification errors. Important information, such as any known allergies had also been included. We looked at how the service managed controlled drugs. We found that these were stored safely and the recording of administration was accurate.

During the course of this inspection we toured the premises and found that the home was warm, safe and

comfortable. The environment was clean and well-maintained throughout. However, we did note an unpleasant odour in one area of the home. We looked at infection control practices adopted by the home. There was an infection control policy in place. However, we found that personal protective clothing [PPE] was not stored in a hygienic way, as PPE was left out in communal bathroom areas and this increased the risk of cross infection. This was discussed with the manager at the time of our inspection, who assured us that the storage of PPE would be reviewed. We observed staff to access PPE prior to providing personal care and during meal service. Good practice was maintained around the disposal on clinical waste.

We saw that a wide range of environmental assessments had been conducted, within a risk management framework, in order to keep people safe. These included health and safety, security, fire safety, the environment, storage of toiletries and domestic products. Records showed that some internal checks were completed regularly in order to protect people from harm. Information was readily available for staff in relation to fire safety and records showed that a simulated fire evacuation practice was instigated from time to time. We were told that some staff members had been selected as fire marshals. This helped to ensure that the staff team was competent to follow the fire procedures of the home.

Evidence was available to show that one senior member of the staff team had been appointed as infection control champion and health and safety champion. She told us that she enjoyed the responsibility and attended link meetings, so that she could gather any important information and disseminate it amongst the work force. This helped to ensure that the staff team were knowledgeable and kept up to date with any changes in legislation or good practice guidelines.

A business continuity plan had been developed, which outlined what action staff needed to take in the event of an emergency situation arising, such as gas leak, power failure, flood, fire or utility disruption. This helped to ensure that people were protected from harm.

Records showed that systems and equipment within the home had been serviced in accordance with the manufacturers' recommendations. This helped to make sure they were fit for use and therefore promoted people's safety. Any accidents were recorded in line with data protection guidelines. This helped to protect people's identity and to ensure records were maintained in a confidential and secure manner.

During the course of our inspection we looked at the personnel files of four staff members. We found that robust recruitment practices had been adopted by the home. References had been obtained and Disclosure and Barring Services [DBS] checks had been conducted before people started to work at Hillcroft. DBS checks allow managers to establish if any prospective employees have a criminal record or if they have received any cautions, to enable employers to make a decision about appointing them. Staff we spoke with talked us through their recruitment and process. They felt that their recruitment was thorough.

We observed staff members transferring people and helping them to mobilise on several occasions. These manoeuvres were always conducted in a safe and competent manner, whilst good explanations were provided to the individual being assisted, with reassurance, encouragement and praise being offered throughout.

The service had reported safeguarding concerns to the relevant authorities and suitable arrangements were in place to ensure that staff were deployed, who had the necessary skills and knowledge to meet people's needs safely. A range of health and safety training for staff was provided.

We looked at records relating to incidents of abuse within the home, which showed that referrals had been made to the local safeguarding authority for most resident on resident altercations. However, we found that

there had been two incidents between service users that had resulted in physical altercations, which had not been reported. We discussed this with the registered manager of the home and senior staff members. It appeared that the home had stopped making safeguarding referrals, in relation to altercations between service users, because inaccurate information had been provided by the Multi-Agency Safeguarding Hub. However, staff members we spoke with demonstrated strong knowledge of safeguarding practices and they fully understood referral procedures. They told us, "Safeguarding is about the protection of people in our care"; "I am confident to raise a safeguarding alert." And, "We have access to the safeguarding hub contact details." We clarified the correct procedure with the safeguarding manager and shared this with the home.

Good

Is the service effective?

Our findings

We asked people if the staff knew their likes and dislikes. One person who lived at the home said, "They do. They know I don't like chicken and turkey." And another remarked, "They know me better than I know myself!"

We asked people about the standard of food served. Comments we received were varied and these included, "The food's alright"; "It's reasonably good"; "Very good, I enjoy it"; "Very good at times. She's a good little cook"; "I'm well satisfied with the food. It's good quality"; "It's good, but not very varied"; "The food's very good, excellent." And, "It's [the food] OK, but I'm not a big eater."

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. The application procedures for this in care homes and hospitals are 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 were being met.

A policy was in place at the home in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). We looked at four peoples' care records in relation to compliance with principles of the MCA. We found that the service did not always consider a person's mental capacity prior to asking them to take part in decision making. For example, one person had been involved in writing an advanced care plan for their end of life care. However, the person's mental capacity had not been assessed prior to the advanced decisions being made. Another person had a mental capacity assessment in their care records. However, this was generic and not decision specific. It is recommended that Mental Capacity Assessments be conducted to demonstrate that people have the capacity to make specific decisions about their care and treatment.

We asked staff about their knowledge of the MCA. All staff we spoke with demonstrated good understanding of the act and DoLS. One staff member told us, "DoLS are important in care work. It helps us demonstrate that we are supporting people in the least restrictive way."

Records showed that consideration had been made in relation to decision making for those who lacked capacity to make specific decisions, such as the administration of medications. Evidence was available to show that these decisions had been made in people's best interests.

During the course of our inspection we toured the premises and found that the environment was of a very

good standard throughout. The dementia care unit had been very well designed to cater for those who lived with dementia. It was quite clear that a good amount of research and thought had gone into the development of the space, both inside the home and within the external grounds, which was commendable. The décor was tasteful and the furnishings were of a good quality. The environment was very well maintained. Pleasant and attractive sensory gardens had been introduced, which were enclosed, to ensure people's safety and privacy. Sturdy garden furniture had been provided and the gardens created a variety of familiar settings within various areas of the grounds, such as country walks and beach outings. This made Hillcroft safe, comfortable and enjoyable for those who lived at the home.

New employees were issued with a good amount of information, which helped them to understand what was expected during their employment at Hillcroft. An employee handbook, job descriptions relevant to specific roles and terms and conditions of employment were given to all new staff. Together these contained relevant information about important policies, such as disciplinary and grievance procedures, equal opportunities and effective communication. This helped to ensure that new staff were supported to do the job for which they were employed.

Staff personnel records showed that interviews were conducted before people were offered a position at Hillcroft and these included discussions around any gaps in employment. This helped the management team to determine the suitability of each applicant.

Induction programmes for new staff were extremely detailed and covered a wide range of learning modules, such as fire awareness, the management of accidents, health and safety, staff attitudes, effective communication, the role of the social care worker, the use of Personal Protective Equipment, health and safety, discipline and grievance and safeguarding. One care worker told us, "I had a thorough induction when I started to work at Hillcroft."

Staff personnel records showed that new employees received a three months probationary period. This helped to ensure that new staff were suitable for the position for which they had been appointed and that they wished to continue as a permanent employee. The probationary period encompassed monthly meetings with line managers. Topics discussed in these meetings were clearly recorded and covered a detailed breakdown of clients' personal care needs, individual work performance and training needs.

Records showed that employees received regular, structured supervision sessions and annual appraisals. This enabled staff to discuss their work performance and training needs with their managers and allowed them to highlight any areas of concern or difficulties experienced, so that any issues could be addressed promptly.

Staff we spoke with told us they felt supported by the management team and that they received effective training. They were able to give some good examples of learning modules, which they had completed. Records we saw supported this information. Certificates of training were retained on the personnel records we saw. These covered learning modules such as, emergency first aid, fire awareness, infection control, medication, moving and handling, challenging behaviour, health and safety, food hygiene, dementia awareness, diabetes, end of life care, safeguarding and the Mental Capacity Act and Deprivation of Liberty Safeguards. We were told by the registered manager that some senior staff had achieved the 'Train the trainer' certification in moving and handling and the management of medications.

One member of staff remarked, "The training is brilliant!" This member of staff went on to tell us that on an occasion she had requested additional training and it had been facilitated. Other comments we received from staff members included, "I have been provided more training and personal development since my

employment here, than I have in the 11 years that I have been working in the care industry." And "If I require extra training I can ask the manager and it will be arranged."
Staff also told us, "I have supervision with the manager on a regular basis and it is very supportive"; "I have been developed in my role and supervisions are regular." And, "Supervisions are every three months. They are about my development and the manager listens to me."

Each new member of staff was provided with a work book, which covered a wide range of training modules. This was completed during the probationary period and knowledge checks were then conducted throughout supervision sessions, to ensure competency in the areas assessed.

One community healthcare professional wrote, 'I visit Hillcroft on a frequent basis along with some of my colleagues. Overall our impression is that staff are knowledgeable in terms of their residents. In the daytime there does seem to be a good number of staff on duty and activities taking place in the home has been seen with residents engaged in these. The staff do carry out any suggestions made to use non-pharmacological strategies to support their residents. They also take action when suggestions are made to contact the right healthcare professional when needed. My only concern, which I do intend to inform the manager of on my next visit, and this has been noticed from recent visits, is an unpleasant odour which seems to be gaining in intensity is present in the dementia care unit.'

We observed people being offered a variety of choices throughout the day. We observed the meal service at lunch time. The menu was designed to cover a five week rotational period and provided a variety of choices, allowing people to receive wholesome and nutritious meals. A full English breakfast was available for those who wanted it. People appeared to enjoy the food served. Snacks and drinks were available between set meal times. Where needed staff were observed supporting people to eat in a person-centred, dignified and caring manner. However, independence was also encouraged, as appropriate.

One member of the inspection team dined with those who lived at the home. There was a pleasant atmosphere at lunch time, with a buzz of conversation in the dining room. We saw that some people did leave part of their main course. Some people told us that they thought the meals were good, but that the portions were too big for their smaller appetites. We observed care workers showing people the meal options available, so that they could choose which they preferred. We also saw one person leave a good amount of their main course. However, they were asked if they would like something else, although were not provided with alternative meals to choose from. We observed one person ask for an alternative dessert, which was not on the menu and this was provided without question. Two people enjoyed a glass of wine with their lunch. Tea or coffee was also served after the meal. Evidence was seen to show that dietetic advice had been sought, as was needed.

We found that people were referred to external health care professionals in a timely manner. Care records showed that multi-disciplinary professional health and social care reviews were undertaken and partnership working was evident. For example, one person had been experiencing distressed reactions and was diagnosed with dementia. This person's care records showed that the service had sought multidisciplinary involvement and informed community mental health professionals, as the person's mental health started to deteriorate. People's care records showed they were regularly reviewed by chiropody and optical services. A staff member told us that they had been trained in venepuncture. This meant they could work in liaison with district nurses and GP's to ensure that timely action was taken to undertake physical and person centred examinations. This helped to ensure that people's health care needs were being appropriately met.

Good

Is the service caring?

Our findings

There were 34 people who lived at Hillcroft at the time of our inspection. We spoke with eight of them and five relatives, who provided us with positive feedback about the level of service they received and the caring attitude of the staff team. Staff were described as being friendly, helpful, caring and fun. One person, who lived at the home, told us, "They [the staff] are absolutely brilliant. I've no complaints. They never lose their temper. I can't praise them enough." And another commented, "They're [the staff] very good. I have a laugh and a joke with them. They're brilliant and they do a fantastic job." Everyone we spoke with told us that the staff respected people's privacy and dignity at all times.

We observed people receiving good support throughout the day. We saw staff interacted well with people in a pleasant and kind manner and approached them with respect. Personal records were retained in a confidential manner and staff promoted people's privacy and dignity by knocking on bedroom doors before they entered. Those who were sitting in communal areas of the home were all offered comfortable lap blankets. This helped to protect their dignity and promoted their comfort.

Records showed that people were offered a bath or a shower before the delivery of personal care and it was evident that these were provided at least weekly, but more often if people preferred. We saw staff members providing explanations and involving people in decisions about their care before this was delivered. This helped to ensure that those who lived at the home received support in the way they preferred.

We saw that people appeared relaxed in their surroundings and comfortable in the presence of staff members. Everyone looked well-presented and it was evident that people were treated equally. We overheard staff members speaking with people in a respectful manner and staff were seen to approach people in a kind way. They also helped people to remain as independent as possible. It was evident from our observations that staff knew those who lived at the home well.

There was evidence available to show that people were supported to maintain contact with their family and friends and that they would be assisted to access an advocate, should they wish to do so. An advocate is an independent person, who will support people to make specific decisions, which will be in their best interests. This demonstrated that people's best interests were considered and that they were supported to access services relevant to their needs.

Good

Is the service responsive?

Our findings

We asked everyone how they spent their time during the day. Comments we received included, "I'm quite happy with reading the paper and watching TV"; "I read a lot and I go out to the luncheon club on Wednesdays"; "I'm bored, but I do go out occasionally"; "I sit on the chair and fall asleep. I would like to do something. We have a good lady who organises things. I don't know what we would do if we didn't have her"; "I watch the telly or I like messing about in the garden in the summer"; "I go to play Bridge on Wednesdays. I do handicrafts and aerobics and go to the luncheon club. One of the carers pushes me in a wheelchair up the road." One person told us that they would like to go to the pub. We mentioned this to a carer, who said she would put it in the diary, so that someone could take them the following day.

A family member told us, "She [relative] gets involved in the activities, such as bingo and quizzes." Another relative said, "They have quite a few activities, such as exercises, drawing and singers." A third visitor commented, "She [relative] gazes into space. There's no sign of the activities that are listed on the sheet. She joins in when the activities are offered." We established that three activity co-ordinators were appointed at the home. However, we did not see any activities taking place during our inspection. One care worker told us they were going to do a quiz later in the day.

Care plan reviews did take place each month on a separate document and any changes in needs were recorded on these. However, on one occasion this information had not been cross referenced to the related plan of care. This may have caused some confusion for staff when orientating themselves to this person's needs. However, staff we spoke with were very conversant about the assessed needs of this individual and were able to discuss how their needs were to be best met. Whilst care planning was not always reflective of behaviour management needs for the people we pathway tracked, observations of care interactions throughout the inspection were positive. Staff understood the needs of people they cared for.

We pathway tracked the care of four people who lived at Hillcroft. Pathway tracking is a system we use to ensure people are receiving the care and support they need. We found three out of the four care records contained a comprehensive and person centred pre-admission assessment, which had been undertaken, prior to people being offered a place at Hillcroft. This meant that people's needs were assessed before they moved into the home. This helped to ensure that the placement was suitable and could meet individual needs. However, when we looked at the fourth care file, which was in relation to the person most recently admitted to the home, we found some gaps in the pre-admission assessment and the information recorded was not always person centred. This meant that the service could not completely evidence what measures they had taken, in order to ensure they could fully meet this person's needs. We discussed this with the registered manager of the home, who assured us this was an isolated occasion. We briefly looked at a further two care records and found detailed pre-admission assessments were available on these files.

Personal history and life story information throughout people's care records were completed to a very good standard. 'Remember Me' documents showed a detailed approach to collating people's life story information and provided a thorough person centred reference for staff.

We looked at how the service recorded people's daily care routines and support provided by staff. We found some gaps between records and the way the service recorded this type of information was not always person centred or monitored. We discussed this with the registered manager who explained that the service had tried to implement an electronic version of recording daily records. However, it was agreed that the system was not working as they had planned and therefore needed to be reviewed.

Staff told us, "Residents receive good personal care"; "Residents are provided with person centred care." And, "We have time to sit and talk to the residents." Staff also told us, "We have regular team meetings"; "Team meetings are positive and well led." And, "The management and owner are very approachable." One staff member told us, "The owner and manager go over and beyond to support you as an employee. I am very happy in my employment."

Evidence was available to show that the service worked effectively with external professionals, such as community health care workers and social workers. This helped to ensure that the health and social care needs of people were being appropriately met.

Staff members who we spoke with were able to easily discuss the needs of those in their care and how these needs were to be best met. One community healthcare professional provided us with written feedback, which stated, 'There have been no issues of concern with Hillcroft. A member of staff always accompanies district nurses to patients and remains with them until treatment is completed. There is a caring, calm atmosphere within the home. Staff are quick to alert district nurses of any concerns regarding residents. Visits are usually for skin tears or concerns about pressure areas, but these are not excessive. Staff have needed close supervision when insulin dependent diabetic residents have been admitted and this is the only area of training need that has been highlighted.'

Staff presence in communal lounge areas was noticed throughout our inspection. We noted that people were supported to maintain contact with family and friends and we did observe visitors coming and going without any restrictions.

People we spoke with were confident in making a complaint, if they needed to do so, or they would ask a relative to support them in doing so. A complaints policy was in place at the home, which was clearly displayed and which was available in each bedroom. This included specific time frames to expect during an investigation and included external agencies that may be contacted, if it was necessary. A system was in place for recording any complaints received.

Requires Improvement

Is the service well-led?

Our findings

People described the registered manager as being, 'lovely', 'pleasant' and 'approachable'. One visitor told us, "I can chat to her [the manager] about anything." And another said, "She's really good. She's supported me as well as my Mum." Everyone we spoke with felt that Hillcroft was being well managed and it was well organised.

We asked people what they liked best about the home. Comments we received included, "Everyone's nice and friendly. I feel comfortable here"; "Some of it's extremely good"; "It's easy to adjust to the routine"; "I think it's very efficient"; "I've got everything I want. If I want a sandwich, they'll get me one." And, "The friendliness; we have a laugh and a joke." One family member said, "Hillcroft is homely. Everything about it makes sense and it's friendly." Another told us, "I'm able to come and go as I wish." And a third commented, "I think they look after my mother very well, which is the most important thing to me. The domestic staff chat to the residents as well. It doesn't matter who they are, they all get together. If I had to go somewhere I would be happy to come here."

We asked people what they thought the home could do better and although most people felt improvements were not needed; two people suggested more activities would be beneficial.

The registered manager was on duty at the time of our inspection. She had managed the day to day operation of the home for many years. She told us that the provider was very supportive and she felt that she was allowed full autonomy to manage the home. The previous rating awarded by the Care Quality Commission was clearly displayed within the home.

One person's care records showed that they had been restrained on one occasion. The registered manager subsequently informed us that she had interviewed the member of staff concerned; who strongly denied that restraint had been used, but confirmed that the recording she had made was inaccurately worded. This was therefore an error in recording information. However, this recorded entry should have been picked up and investigated by the managers of the home. The registered manager of the home subsequently told us that she had arranged training for all care staff in relation to accurate documentation and comprehensive record keeping, which will help to reduce the possibility of inaccurate entries being made in care records in the future.

Risk assessments were undertaken for areas such as moving and handling, weight management and skin integrity. However, we found that risk assessments were not always reflective of people's needs. For example, one person's Malnutrition Universal Screening Tool [MUST] did not accurately correspond with their weight loss. The records of another person who had been admitted to Hillcroft three days prior to our inspection showed that risk assessments had not been completed; this meant that a base line of the person's needs had not been established in order to manage associated risks.

We looked at a DoLS authorisation for a person who lived at the service; we found that their standard authorisation was still present in their care records, despite no longer being applicable. Evidence was

subsequently provided to demonstrate that the referral had been withdrawn. Therefore the DoLS paperwork for this individual could have been better.

It is recommended that care records be well maintained and these should consistently provide accurate and comprehensive information.

Systems had been established to assess and monitor the quality of service provided. These included a range of regular audits in relation to the environment, the catering facilities, care planning, nutrition, health and safety, infection control, falls, complaints and night time audits. Action plans had been developed following some audits, where shortfalls had been identified. These processes also helped to measure the quality of service provided, so that any areas in need of improvement could be identified and addressed in a timely manner.

A wide range of policies and procedures were available at the home. These included areas, such as infection control, fire safety, complaints, safeguarding vulnerable adults, health and safety and the Mental Capacity Act and Deprivation of Liberty Safeguards. However, it is recommended that these be reviewed and updated more regularly. This would help to ensure that current information was provided for the staff team and any other interested parties.

A system was in place for obtaining annual feedback from residents, relatives, staff and stakeholders in the community about the quality of service provided. The responses to the most recent surveys were all positive and the overall results were clearly displayed, so that any interested parties could access the views of those involved in the home.

Records showed that a range of meetings were held regularly for the staff team and the management of the home, during which time future plans, actions and outcomes were discussed. This enabled the staff team to discuss topics of interest in an open forum and to raise any issues or areas of good practice with colleagues and managers.

It was evident that relatives were able to visit their loved ones, when they wished to do so and people we spoke with confirmed that the registered manager of the home was accessible to discuss any concerns they may have, so that issues could be dealt with promptly.

Staff members we spoke with told us that they felt well supported and were happy working at Hillcroft. One member of staff told us, "It is a really lovely home. It is marvellous." Another commented, "I love it here. To be honest I came back because of my love for Hillcroft. We have an amazing owner and manager."

The manager of the home was aware of the need to notify the Care Quality Commission of certain events, such as allegations of abuse, unexpected deaths and incidents resulting in serious injury.

The company had been accredited with an external quality award, which involved an independent professional organisation periodically auditing the business, to check if acceptable standards were being maintained.

One community healthcare professional wrote on their feedback, 'I have not had any concerns with respect to the service and care that is provided by the staff. The home has had extensive works done, which has greatly improved their provisions and the quality of care and comfort they can provide their residents. Staff always seem cooperative and caring to the patients.' Another told us, 'I have visited people in Hillcroft for years. I find that the residents are well understood and cared for by sensible staff. [Name removed] in

particular knows the residents well and she has a caring and pragmatic approach to the problems they face. They [the staff] are generally very reliable in their assessments of when it is necessary to call in the primary care team. They will always accompany us on a visit. The staff are friendly and welcoming, and well prepared when we arrive. No concerns. In fact it is a home I always enjoy visiting.'