

Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Morecambe

Inspection report

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Morecambe
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Date of inspection visit:
13 September 2017
14 September 2017

Date of publication:
25 October 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit at Hillcroft Morecambe Nursing Care Home took place on 13 and 14 September 2017 and was unannounced.

Hillcroft Nursing Home Morecambe is one of six nursing homes in the Hillcroft group. There are three units, two catering for people living with dementia and one with general nursing beds. The home is located in a residential area of Morecambe and has attractive grounds including an enclosed garden. At the time of our inspection there were 53 people living at the home.

The service had a registered manager. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection, the service remained Good.

During this inspection, we received comments that demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing good care and support to people who lived at the home.

Records we looked at indicated staff had received safeguarding from abuse training. Staff we spoke with told us they were aware of the safeguarding procedure and knew what to do should they witness any abusive actions at the rest home. One person told us, "Everything is fine, I feel perfectly safe. I never feel unsafe in here; in fact I am safe and happy." A member of staff commented, "We have got a good culture here, we know we can report anything."

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the home. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was structured to meet the needs of people who lived at the home.

Staff responsible for assisting people with their medicines had maintained their professional qualifications to ensure they were competent and had the skills required. Medicines were safely managed and appropriate arrangements for storing medicines were in place.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. One person told us, "The staff here are very good, the carers and nurses are always respectful."

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. One person told us, "I particularly like the stews, pies and fish; they also keep me well stocked with biscuits."

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems.

Care plans were organised and had identified care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Hillcroft Morecambe Nursing Home. The activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how they could continually improve. The registered provider had regularly completed a range of audits to maintain people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>The provider had ensured there were clear lines of responsibility and accountability within the management team.</p> <p>The management team had a visible presence throughout the home. People and staff we spoke with felt the provider and the management team were supportive and approachable.</p> <p>The management team had oversight of and acted to maintain the quality of the care provided.</p> <p>The provider had sought feedback from people, their relatives and staff.</p>	<p>Good ●</p>

Hillcroft Nursing Home Morecambe

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 is 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 rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspection manager and an assistant adult social care inspector. An expert by experience was also part of the inspection team. 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 had experience of supporting older people.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority and a national consumer champion in health care, to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone shared their experiences of life at the home. We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about Hillcroft Morecambe Nursing Home. They included four people who lived at the home and four relatives who visited people during our inspection. We spoke with the registered manager, three members of the management team and six staff. We spoke with two visiting health professionals on the second day of our inspection.

We had a look around the home to make sure it was a safe environment and spent time observing staff interactions with people who lived there. We checked documents in relation to five people who lived at Hillcroft Morecambe Nursing Home and five staff files. We reviewed records about staff training and support, as well as those related to the administration of medicines and the management and safety of the home.

Is the service safe?

Our findings

All the people we spoke with told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed they were relaxed in the company of staff supporting them. One person who lived in the home told us, "Everything is fine, I feel perfectly safe." They further commented, "I never feel unsafe in here, in fact I am safe and happy." A second person said, "I definitely feel safe here." A relative told us, "As far as I can see yes, my [relative] is perfectly safe here. In fact my [relative] was brought here to make sure that they are safe and I am quite happy that they are here." A second relative said, "People here are very safe."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. Records we viewed indicated the registered provider had notified relevant authorities when required in relation to any safeguarding incidents that had occurred.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. For example, we saw a risk assessment for one person to manage their ongoing health problem. This showed the registered provider had systems and processes to assess and manage risk.

We found staff had been recruited safely. Staff were appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The registered provider had their own training academy to induct new staff and refresh the knowledge of experienced staff members. The registered provider told us they were looking to expand the way they recruited and trained staff. For example, they were investigating the role of the apprentice carer and filming an instructional fire safety film featuring members of the management team. This showed the registered provider had systems to reflect on current training, be creative and develop new ways of sharing information to ensure staff member's knowledge and skills were up to date.

The registered provider monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit, staffing levels were observed to be sufficient to meet the needs of people who lived at the home. One person told us, "Oh yes there is enough staff, and they are very helpful." We saw staff members were present in the communal areas to provide supervision and support to people.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed, stored and disposed of correctly. We observed one staff member administering medicines during the lunchtime round. We saw the medicine trolley was locked securely whilst attending each person. One person told us, "I always get what I am prescribed." A second person said, "They are very good timekeepers with my medication."

People were sensitively assisted as required and we observed consent was gained from each person before having their medicine administered. The medicine was then recorded as having been administered. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. The service employed staff for cleaning the premises who worked to cleaning schedules. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. This meant people and staff were protected from potential infection when delivering personal care and carrying out cleaning duties.

Is the service effective?

Our findings

"My [relative] has said that she would like to bring a TV crew here to show the country how good this place is." In addition, "The staff are all well trained. Hillcroft have their own training school." These are two of the responses we received when we asked about the care people received at Hillcroft Morecambe Nursing Home. Other people we spoke with were also complimentary about the care within the home. A third person commented, "The staff are very good and very easy to talk to, no matter who they are." A fourth person said, "The staff are very skilled."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

We talked with people and looked at care records to see if they had consented to their care, where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do. For example, one person told us, "They always listen. If I say I do not want to do anything, I will not do it and the staff do not push me." A second person commented, "They always ask my permission before they do anything."

We observed lunch in the dining room. The support we saw was organised and well managed. The dining area was clean and uncluttered and the tables set with clean tablecloths. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal. The TV was switched off during lunch and a selection of old songs were played which people enjoyed.

One person's care plan had recorded they liked generous portions as they had a good appetite. We saw different portion sizes and choice of meals were provided as requested. Food served looked nutritious and well presented. We observed one person initially declined lunch. They then requested an alternative meal that they also declined. They enjoyed and ate all the third option presented to them.

People told us they enjoyed meals provided for them and were happy with choices made available to them. One person commented, "I particularly like the stews, pies and fish. They also keep me well stocked with biscuits." A second person told us, "There is always plenty of food, I am putting on weight." A relative said about the meals, "My [relative] has to have pureed food but it is very good, I have tasted it." They further added, "The staff are aware of what [my relative] likes." This helped ensure people ate and drank sufficient amounts to meet their needs.

We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risk of poor food safety. The service had been awarded a five-star rating following their last inspection by the Food Standards Agency. This graded the service as very good in relation to meeting food

safety standards about cleanliness, food preparation and associated recordkeeping.

The provider and chef had knowledge of the food standards agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. All the people we spoke with said staff would notice if they were unwell and were supported to see a doctor if they needed one. One person commented, "The staff would notice if I am unwell and call a doctor and they have done." They added, "One day I just did not fancy anything to eat for breakfast. Without me saying anything, an hour later a doctor came to see me and made an appointment at the hospital for a thorough check up." A second person commented, "I can see a doctor whenever I want."

Relatives we spoke with confirmed, where appropriate, they were informed of any changes in people's health. One relative told us, "I am always kept informed if my [relative]'s condition changes." A second relative stated, "The staff do notice if my [relative] is unwell and ring me right away." This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

We asked if staff were kind and caring. People and their relatives consistently praised the caring attitude of the staff and management team. Feedback and observations during our inspection visit showed people were well cared for. One person told us, "Oh yes, they [staff] are very caring. They are also very patient and understanding." A second person commented, "The staff are very caring and very knowledgeable." A third person shared with us, "I had only been here two months when it was my birthday and the staff put on a birthday party for me, it was a lovely surprise."

A relative said about the care at Hillcroft Morecambe, "They are very kind. I often see the staff holding residents hands and generally comforting them; they are amazing." A second relative commented, "The staff are very kind and very caring."

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. One person told us, "They always knock before entering and close the curtains when I am having treatment." A second person told us, "The staff here are very good. The carers and nurses are always respectful." About maintaining a person's dignity, a relative commented, "My [relative] is a very private person and the staff always respect that."

We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "They always listen to me." A second person told us, "The staff are very friendly." We observed how staff communicated with people. When chatting, we noted they spoke with the person as an equal contributor during their conversation. They listened to the person, acknowledged what they were saying and feeling. They offered sensitive and appropriate responses. This demonstrated staff considered their approach to people and ensured they were engaging with people in a respectful way.

We observed several people being helped to mobilise and saw this was carried out with compassion and appropriate humour. We saw people responded to staff presence and interactions positively. For example, one person told us, "They are always very careful with me as I get hoisted everywhere; into bed, into my wheelchair and into my comfy chair. We always have a good laugh about it." This demonstrated people were comfortable in the presence of staff. This was supported by comments received. One relative told us, "You can ask them anything and they respond immediately." A second relative said, "The staff do listen, I am always talking to them." This showed the registered provider guided staff to develop positive caring relationships.

We discussed advocacy services with the registered manager. They told us no-one had an advocate at the time of inspection. They confirmed should advocacy support be required they would support people to access this.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been

supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their homely surroundings, supported by familiar staff. This showed the registered provider respected people's decisions and guided staff about positive end of life support.

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to their changing needs. Staff had a good understanding of people's individual needs, likes and wishes. For example, one person who lived in the home told us, "The staff know what I need." A relative commented, "I agreed my [relative]'s care plan with the staff and they always keep me involved when there are any changes."

People who lived at the home told us they received a personalised care service that was responsive to their care needs. They told us the care they received was focused on them and they were encouraged to make their views known about how they wanted their care and support provided. One person told us, "I always speak up, even to the manager. They wanted to change my routine but I was not happy with that, so it stayed the same. They fully respected my wishes." A relative commented, "The staff changed my [relative]'s chair but the new one did not give her the support she needed in her back. I complained to the staff and they obtained another chair which did give her the support she needed." A relative confirmed they contributed to the planning of their relative's care saying, "I have signed my [relative]'s care plan." This showed the registered provider worked with people and relatives to ensure care and support was responsive and personalised.

Five care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. One person required a specific approach to ensure their care needs were met. Staff were able to tell us how best to support the person. They were knowledgeable about the support people in their care required.

We found there was a complaints procedure, which described the investigation process and the responses people could expect if they made a complaint. We noted when appropriate the directors of Hillcroft Nursing Home Limited became involved to resolve complaints. Staff told us if they received any complaints and people were unhappy with any aspect of their care, they would pass this on to the registered manager. People and relatives we spoke with all told us they would not hesitate to raise concerns and felt they would be listened to. One person told us they had complained once and this was sorted out quickly to their satisfaction.

Is the service well-led?

Our findings

The home demonstrated good management and leadership. There was a clear line of management responsibility throughout Hillcroft Morecambe Nursing Home. The service had a registered manager who was supported by a deputy manager and they were both clearly visible within the service. The management team had good knowledge of all people living there and their relatives. One person told us, "The staff set very high standards, this is like a hotel." One relative told us, "I know who the manager is; she is always available in her office." A second relative told us, "I see the manager a lot; she regularly comes to speak to me."

Everyone we spoke with was very positive about the registered manager and management team at Hillcroft Morecambe. The registered manager demonstrated good management and leadership. One person told us, "The manager is always available when I need her." A second person said, "I do know the staff and I do see the manager, she is very pleasant." A relative commented on the management of the service saying, "I see staff here doing their absolute utmost to care for the residents. [Member of the management team] is worth her weight in gold." One staff member told us, "The management team are very supportive." A second staff member told us the registered manager knew everything that happened on each unit, stating, "She has silent shoes. She watches everything."

The Hillcroft group employed a quality manager and a services co-ordinator. Their roles were to assess how well the service was meeting people's individual needs and ensure the home was and remained safe for people staff and visitors. These included regular audits on specific aspects of the service, such as the management of people's medicines, health and safety arrangements and infection control.

We noted the registered manager was required to submit all audit information gathered to the quality manager and services co-ordinator on a regular basis. We spoke with the quality manager on the benefits of doing this. They told us they had monthly safeguarding meetings with the registered manager to analyse the information and manage any potential risks. They also commented they attended forums related to safeguarding, stating, "We want to know what to do and to get it right."

The registered provider had developed a range of quality assurance systems. These included action points to correct any areas for improvement that were found. For example, one person had been involved in an incident in their bedroom. The provider implemented corrective action; they drafted a work safe alert, to minimise the risk of the incident being repeated. This was distributed to all staff in all six Hillcroft homes. This showed the registered provider had a system where risks were minimised by reflection and shared learning throughout the homes.

The provider also looked at near misses within their quality assurance. The services co-ordinator has shared a work safe alert reminding staff that it is a legal requirement that all accidents and near miss incidents are reported. The provider shared with staff alerts on the safe selection and use of slings and the safe use of airflow mattresses.

We asked about what meetings took place at Hillcroft Morecambe. The registered manager attended several regular meetings within the Hillcroft group. They attended the 'Monday huddle'. The provider, other registered managers and directors of the Hillcroft group attended. This looked at what support people may require in the coming week. Staff were employed by the Hillcroft group and may be asked to work at other homes if there is a need. This allowed the provider to manage resources effectively to provide quality care.

We saw minutes, which indicated regular staff meetings, took place. The format for staff meetings included, 'Hot off the Press' which was a report from the directors, Matron's report and any other business. The minutes from staff meetings included information on safeguarding and near miss incidents. One member of staff told us, "You all get chance to have your say." A second staff member told us, "[Registered manager] will ask if we have any problems and we get to say our piece." A third staff member said, "We have meetings every month and things do get done if we ask for it." This showed the provider offered opportunities for staff to contribute and be included in the service delivered.

Records showed the provider had ensured gas, emergency lighting, fire extinguisher and legionella checks were completed as required. We saw records that indicated regular checks had taken place, which included boiler temperature, fire door checks, bed rails, fire drills and call bells were operational. They told us all checks were included in an end of month report, which was sent to the services coordinator. The quality manager audited checks annually and health and safety audits every six months. They also told us they were responsible for the ongoing maintenance within the home. This showed the provider had effective and robust quality assurance systems to maintain the home and keep people safe.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

It is a statutory requirement registered providers of health and social care services display their performance assessment from the last Care Quality Commission (CQC) inspection report. Registered providers must ensure their performance assessment is displayed clearly at each location delivering a regulated service and on their website. We checked to see the registered provider had met this statutory requirement. We found the rating from the CQC inspection carried out in 2015 was displayed on the registered provider's website and within the home.