

Hillcrest House Limited

Hillcrest House

Inspection report

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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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Hillcrest House is a nursing and residential care home. The care home provides care and support for older people. The home can accommodate a maximum of 88 people and has a specific area of the home which supports people living with dementia. The home and garden have been adapted to meet the needs of the people living there. 74 people were living in the home at the time of the inspection.

People's experience of using this service and what we found

People lived in a service where the provider's aim was to provide individualised care, with a focus on continuous improvement. This was embedded in the culture of the service. People, relatives and visitors to the service, without exception, described Hillcrest as a high-quality service that they would recommend. Staff told us they were proud to work at the service and showed a commitment to the provider's aims. People had various ways they could influence the design of the service, including via people who acted as 'resident ambassadors'. Time was allocated for people to reflect on their care package with relatives and staff who were important to them; and time was allocated for staff to reflect on their practice. The provider and senior staff dedicated time to staying up to date with best practice; and were proactive in finding and joining local and national organisations and initiatives, to enhance people's lives. All this information was used to improve the service and ensure people's individual needs were met.

People lived in a service that ensured their needs were met in line with best practice. People were supported to maintain their health and staff were creative in providing ways that encouraged people to eat and drink. People were supported to have choice and control of their lives.

People, relatives and professionals praised the service and staff for their ability to understand what was important to each person and for using this to design their care and support. One person told us the staff motto was, "Anything is possible"! We found many examples of how people's care or the design of the service had been changed to better suit the people living there.

People received individualised care from staff who had time to understand and fulfil people's needs and wishes. For some people with more complex needs, this meant staff employing a range of skills to understand when people's needs were not being met and what changes they needed.

People were cared for by staff who they had developed close relationships with. People described staff as like friends and family and relatives valued staff's ability to provide emotional support to their loved one. Staff took time to seek and understand people's views and enabled them to take the lead in their care.

People told us they felt safe living in the service. People's risks were assessed, and staff understood how to support people when they felt anxious. People received their medicines as planned and staff followed good infection control practice. Recruitment checks did not always comply with the providers policy. We have made a recommendation about the provider's recruitment procedures.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good. (Report published 07/12/2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Hillcrest House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hillcrest House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had three managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Each manager was responsible for a different aspect of the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return (PIR) prior to this inspection. However, the provider decided to share similar information with us before the inspection. The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from professionals who work with the service and from people's friends and relatives via email. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including a clinical lead, senior staff, care staff, one domestic staff and a catering manager. We also spoke with two registered managers and a manager who had applied to register. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Following the inspection the provider shared further information to support the inspection process. We also received feedback from a visitor, a relative, a district nurse and a dementia liaison nurse.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. They told us the staff made them feel safe. "It's the lovely, friendly atmosphere around the home that makes me feel safe" and "It's the hugs I get from the staff that makes me feel safe."
- Staff were knowledgeable about how to protect people from abuse. One staff member told us information about safeguarding was a part of every conversation.
- When people became upset or anxious staff used their knowledge of the person to help reduce the anxiety for the person.

Assessing risk, safety monitoring and management

- People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm.
- Risk assessments were in place to guide staff on reducing any risks to people.
- A health and safety committee, which included staff of all levels, met regularly to help monitor the health and safety within the home and resolve any concerns.

Staffing and recruitment

- Recruitment checks had been undertaken on new staff but a full employment history had not always been recorded. The staff member responsible for recruitment administration immediately improved the application form to reflect this requirement.
- A senior staff member shared details of action they were taking to help ensure they attracted staff who would deliver high standards of care to people.
- There were sufficient staff to meet people's needs safely.

Using medicines safely

- Medicines were managed, stored and given to people as prescribed.
- Staff had received medicines training and were knowledgeable about people's individual needs related to medicines.
- Where possible, people received support to administer their own medicines.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received infection control and food hygiene training.
- Audits were carried out of the environment and any areas which required improvement were acted upon.

Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred.
- Appropriate action was taken when accidents or incidents had occurred and, where necessary, changes made to reduce the risk of a similar incident occurring in the future.
- Incidents and accidents were reviewed by the health and safety committee to identify if there were any themes across the service. Action was then taken to reduce the number of incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's holistic needs were assessed before they moved into the service. Staff used this information to get to know people and meet their needs.
- Senior staff had recently joined the 'Butterfly community' which provided support to meet best practice in dementia care.
- Reminders such as, "A resident's room is their own" and "Look beyond the behaviour", were displayed around the home to constantly remind staff of best practice.

Staff support: induction, training, skills and experience

- The way training was delivered had been reviewed and updated. Staff now received several mandatory subjects across one or two days.
- Further training days were planned through the year, according to people's needs, staff requests or changes to legislation. The provider explained that equality and human rights was included in all training but that a more in-depth course was planned for staff.
- A member of night staff had also been trained to deliver manual handling training which helped ensure night staff remained up to date in this area.

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

- People chose when, where and what they ate; and received the support they required to eat and drink.
- Staff took extra care to identify ways they could improve people's mealtime experience. One person chose to eat outside in the sunshine and another person was provided with a lunch box to eat out of, as this increased the amount they ate.
- A picture menu had recently been introduced. The provider explained, "The picture card system has restored the residents' interest in food and helps to stimulate their appetite which in turn has seen marked improvements in their physical health and quality of life."
- The times of mealtimes had also been adjusted in part of the service to meet people's preferences.
- People who had risks related to eating or had specific dietary requirements, had care plans and risk assessments in place to describe these. These, along with people's preferences, were shared with the kitchen staff.

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

- There was a focus on how people interacted with the environment. A senior staff member told us, "Best practice is clear on how you deliver care and the environment people live in. Some is about signage, but it's more about developing a calm space, as this is people's home; and making things familiar."

- Pictures of local landscapes and televisions showing calming images were displayed in the area of the home where people were living with dementia.
- Signs were displayed to help people living with dementia navigate the environment. Plans were in place to develop the environment further.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.
- Healthcare professionals told us staff contacted them promptly and followed any advice they provided.

Staff working with other agencies to provide consistent, effective, timely care

- The service had processes in place when working with other services that produced effective outcomes for people.
- Information was available for people to take with them if they were admitted into hospital. This had been developed further for people living with dementia to better reflect their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- DoLS had been applied for on behalf of people. Some of these were awaiting review by the local authority designated officer.
- Staff ensured no unnecessary restrictions were placed on people.
- People's records included guidance for staff about their capacity to make decisions.
- Staff gave examples of people's best interests were taken into account if someone lacked capacity to make a decision.
- People told us staff asked for their consent before providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives provided consistently positive feedback about how well they were treated by staff. People told us, "It's the kindness of the staff that makes me happy" and "If mum wants anything, nothing is too much trouble."
- Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly. One person was worried about not being able to find some keys. Three staff members helped to look for them and another staff member, who was on their break, sat with the person reassuring them.
- Each staff member, regardless of their role, understood how they could contribute to people's wellbeing. A visitor contacted the commission to feed back, "I watched throughout the day the way the staff helped the residents to make them as comfortable as possible." One person confirmed, "They just make life so comfortable for us."
- Staff had created strong relationships with people that they and their relatives valued. One person told us, "The staff are more like friends and family"; and a compliment received by the service thanked staff, "For being mother's family in all the times we couldn't be there."
- Information about people's diverse needs was sought, valued and used to design individualised care for people.

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

- There was a clear focus within the service to understand people, however they communicated their views.
- The provider told us, staffing levels were calculated to allow people the time they needed to understand any information or explanations to enable them to be in control of their care.
- A staff member who supported people living with dementia told us, "We jump into their world and don't try to make them fit our world. We don't force anything. If they don't want to do anything, we don't do it."
- The provider understood the anxiety people might feel when moving into a new service. To help reduce this and encourage people to express their views, one staff member was allocated to welcome them into the home and complete relevant records with them.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected.
- Staff told us they encouraged people to be as independent as possible.
- 'Care in progress' door handle hangers had recently been purchased to ensure no-one entered the room at this time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who were committed to providing them with as much choice and control as possible. People's feedback confirmed they were treated as individuals who had control over their lives. One person told us, "Anything is possible, that's the staff motto."
- Staff were skilled at finding ways to understand people's choices, even when people could not communicate these easily.
- Staff were aware of people's holistic needs. For example, stimulus in the environment was reduced in the evenings to help people sleep better.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests. Social opportunities, activities and trips out were arranged based on people's interests. One person commented, "There's always something going on and I enjoy most of it." The balance of activities offered is very good."
- A new garden had been created with people living with dementia. A staff member told us they had attended training to research how the garden could best meet people's needs; and people had been involved in planning and planting it. The local mayor attended to officially open the garden.
- Special days were arranged and specific dates were celebrated. A jazz afternoon had been planned for national care home open day. Feedback from a visitor stated, "There was so much thought that went into the day to try and take some of the residents back to their younger years."
- The provider and senior staff regularly sought new ways to maintain people's contact with the local community. The U3A (University of the 3rd Age) were at the home on the day of the inspection. They regularly held meetings and groups there which people could attend.
- Technology was used to support people with sensory disabilities to take part in activities and follow interests.
- Suggestions from people and relatives were sought and implemented. For example, a church service suggested by a relative was delivered by staff using 'Worshipping with dementia' guidance. People responded positively and so this was now offered regularly.

End of life care and support

- People were treated with compassion at the end of their life.
- Relatives valued the care and support they and their loved one received at this time. Compliments received from relatives of people who had been cared for at the end of their life included, "Thankyou: for laughing with us and mother to lighten the path; for comforting us when we needed it, for hugging and sharing; for

being there in the dark of night when mother just needed a friendly face; for making the hard times bearable and sometimes fun and for treating mother with dignity when she had so little left" and "At all times you were both loving and professional and no task was too much for you."

- The provider told us they worked to the Gold standards framework for end of life care. This is an approach that aims to optimise care for all people nearing the end of life.
- Care was taken to help ensure people were still able to communicate their needs at this time. A communication diary based on best practice, was used by staff.
- People's wishes about how they wanted to be treated at the end of their life were recorded along with any specific requests.

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to. The outcomes were reviewed and any learning or improvements were shared with relevant staff.
- People were confident they could raise a complaint if they needed to. One person commented, "You can tell the staff and the managers absolutely anything."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs.
- People's communication needs were recorded and highlighted in care plans. These needs were shared appropriately with others.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider told us, "At Hillcrest our main aim is to meet the needs of our residents. We try to design and deliver a service that meets these needs in the way people prefer" Systems and processes had been designed to help ensure the service met these aims. Feedback received from people, relatives, visitors and professionals confirmed these had been successful. A visitor described it as, "An amazing care home."
- A senior staff member told us, "We try to get to know the person and the essence of who they are and knit in daily routines that fit that." This was reflected in the in-depth assessment process, completed before people moved into the home. Detailed information was sought about each person which was then used to plan every aspect of their care. For example, one person, who had been a sailor living in a south facing house was given a south facing room as the aspect, and the ability to feel the southerly wind, would help them feel calm. Their bed was also placed in the same position as at home, to help reduce falls.
- The provider told us observations were used, "To capture the experiences of residents who may not be able to express themselves clearly and to observe the mood and engagement of residents, as well as the quality of staff interactions. This also allows staff to identify good practice, and any possible areas for improvement." Several improvements had been made to the service as a result. For example, dining tables had been rearranged to encourage more interaction between people; and more salt and pepper pots had been purchased for those people who chose not to eat in the dining rooms.
- The provider told us their vision statement was to be recognised as a home where residents want to live and where staff choose to work.
- People, relatives and visitors told us they would recommend the home, and staff told us they were proud to work at Hillcrest House. Feedback included, "I would definitely recommend this home, the care is very good indeed" and "10/10 from my family. We are so glad he is here!"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider told us, "Our residents and others who use our service are key to the running of the home." A compliment received by relatives included, "It is gratifying to know that when voiced, our suggestions are heard."
- There were a variety of ways people and relatives were engaged in the design and improvement of the service. Some people fulfilled the role of 'resident ambassadors'. They were available to discuss any concerns or ideas people had and would raise them at resident's meetings. Some of the ambassadors were living with dementia. Care was taken by the ambassadors and staff to ensure all people and relatives were

enabled to attend the meetings or consulted for the views if they did not wish to attend. The provider shared a diverse list of actions taken as a result: a casino day, a new bench under a specific tree in the garden, lighter cutlery (which people trialled first), a different type of lettuce with meals, and a sponsored dog, chosen by people.

- A best practice tool had been used to evaluate how dementia friendly the environment was. People and their relatives had been consulted and their views acted upon; for example, the type of seating people preferred.
- Senior staff understood the need to reflect best practice relating to human rights and diversity. They had expressed an interest in a pilot accreditation called 'Pride in Practice', for social care settings, run by the LGBT Foundation and shared information from the foundation's newsletter.
- The provider told us, "We strongly believe that our staff are our most important asset and if our staff are well supported then they in turn will support our residents." Staff confirmed they felt valued and well supported.
- The provider regularly sought feedback from people and relatives via a survey. They celebrated where improvements had been made and acted to make further improvements according to people's responses. People and relatives were offered support to respond, if required, and a senior staff member was working on ways to make the survey more accessible to people, to encourage more to respond.
- The service's mission statement had been designed in consultation with people, relatives and staff. The principles of the statement underpinned the governance processes within the home.

Continuous learning and improving care

- The provider stated, "Hillcrest is committed to providing top quality services and to continuous improvement in the level of care we offer."
- The provider and senior managers dedicated time to staying up to date. They used research and information from best practice organisations, and from local and national forums and organisations to help them remain up to date and continuously improve the service.
- The lead for dementia care was passionate about people living with dementia receiving individualised care. They had attended a national three-day conference about best practice in supporting people living with dementia. They told us, "It inspired me to change the way we support people to live life with dementia. We certainly don't have a medical lens to dementia now. We look at mood management, relationship management and problem solving." They described how they had changed ways of working and records so staff focused on people's mood and behaviour, as well as their health needs.
- Systems had been created to ensure people, staff and relatives were able to share their ideas for improving care. Once a month, dedicated time was allocated for key people involved in a person's care (the person and relatives, as well as relevant staff, including kitchen staff), to discuss ideas, concerns and best practice to help ensure each person received care tailored to their needs.
- The provider and staff were keen to try new initiatives that would improve the service. Following a local care forum, the service intended to trial a new system for recruiting new staff; with an aim of attracting reliable, good quality staff members.
- A staff charter clearly described what staff could expect from the organisation and what was expected of them. This included, "supporting continuous improvement" and "identifying how they could contribute to improving resident care and help the home meet its goals". Conversations with staff showed continuous improvement was part of the culture of the service. Staff handover included a section for reflective learning. Any changes or ideas were recorded in people's care records or discussed at relevant meetings.

Working in partnership with others

- The service was proactive in identifying key organisations to work more closely with, to help develop best practice. Staff also took advantage of any initiatives that would help them improve the service. This information was then used to enhance people's experience of living in the service.
- People were benefitting from a pilot project called 'technology enabled care' run by a local university.

Voice-controlled intelligent personal assistants, which responded to people's commands had been provided and were supported by a digital health champion. People were encouraged to interact with the virtual assistant and staff were creating personalised lists of people's favourite music. A staff member told us, "I have also asked if they have any virtual reality headsets we can trial."

- The service was part of an NHS England initiative to improve services rated as good or outstanding. The service was supported to develop a plan to improve people's experience of continuity of care, timely medicines reviews, access to hydration and nutrition support, and streamlined referral to out-of-hours services and urgent care.
- Senior staff had recently joined the 'Butterfly community' which provided support to meet best practice in dementia care, as well as an assessment of the home which would specify areas for improvement.
- The service had invited staff from care homes in the local community to attend diversity training at the service. The provider hoped this would enable staff to learn from each other and share good practice.

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

- Staff induction, supervisions and the services quality assurance system were based on the values of the service.
- The roles and responsibilities of staff and senior staff were clearly defined. Processes had been designed so any improvements identified by any staff role, were shared effectively with key staff.
- Senior staff acted as role models for other staff. A healthcare professional commented on the excellent skills staff demonstrated due to the direction of the clinical lead.
- The provider and senior staff were constantly seeking ways to improve practice. They had implemented 'walkabout' checks as well as observations of practice. These had enabled them to be more accessible to staff and encouraged staff to share ideas with them; as well as helping identify areas for improvement.
- The provider had not recorded all checks they made of records or audits. They told us they would ensure these were recorded in the future.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.