Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Slyne

Inspection report

Throstle Grove
Slyne with Hest
Lancaster
Lancashire
LA2 6AX

Tel: 01524825328

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection visit at Hillcroft Slyne Nursing Home took place on 18 April 2017 and was unannounced.

Hillcroft Slyne Nursing Home is situated in the parish of Slyne-with-Hest close to the city of Lancaster. It is one of six nursing homes managed by Hillcroft Nursing Homes Limited.
It provides accommodation for up to 48 people in three ground floor units, supporting people with general nursing needs, dementia and complex behaviour that may be challenging.

The service had a registered manager in place. 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 on 29 July 2014, we found the provider was meeting the requirements of the regulations that were inspected.

At this inspection, staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. People were supported to meet their care-planned requirements in relation to medicines. However, there had been several occasions when staff had failed to sign to document prescribed creams had been administered. The provider had not investigated further in a timely manner that medicines had been administered and it was a missed confirmation signature.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. You can see what action we told the provider to take at the back of the full version of the report.

During this inspection, we noted the provider had systems that ensured people who lived at the home were safe. We found staff were knowledgeable about the support needs of people in their care. They were aware of what help people needed to manage risks and remain safe.

Records we looked at indicated most staff had received safeguarding training related to the identification and prevention of abusive practices. They understood their responsibilities to report any unsafe care or abusive practices related to safeguarding of adults who could be vulnerable.

Staff received further 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. There was a training academy on site that inducted new staff and refreshed all staff on topics previously trained on. Staff members spoke positively about the training they had received.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees

working with people who may be vulnerable. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff and records we looked at.

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 organised directing staff with their allocated tasks. Staff we spoke with were very clear on their designated roles and responsibilities. We observed good communication by staff on meeting people's needs safely and effectively.

Family members told us they were involved in their relatives care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Relatives told us and observations indicated people 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. People received person centred support with their meals that was respectful and responsive to their individual support needs.

Care plans were structured organised and identified the 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.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Comments we received, and feedback we read, demonstrated relatives were satisfied with the care delivered. The provider and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

We found people had access to healthcare professionals and their healthcare needs were met. There were established relationships with community based health professionals. We saw the management team had responded promptly when people had experienced health problems. Feedback we received from local health professionals about the management team at Hillcroft Slyne was positive.

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

The manager had sought feedback from relatives of people who lived at Hillcroft Slyne and staff.

The provider had regularly completed a comprehensive range of audits to maintain people's quality of life, keep them safe and manage risk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicine protocols were safe but not always followed by staff. Documentation we viewed was unable to show clearly that people received their prescribed creams correctly, in accordance with their care plan.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of how to reduce potential harm to people.

There were enough staff available to meet people's needs safely. Recruitment procedures the service followed were safe.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

We observed people being supported by staff with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

People, were appropriate, and their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider organised activities and events to stimulate and maintain people's social health.

Relatives of people who lived at Hillcroft Slyne told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider lacked a robust and timely auditing system related to the administration of creams.

The provider had clear lines of responsibility and accountability.

The management team had a visible presence within the service. People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There was a range of quality audits, policies and procedures.

Hillcroft Nursing Home Slyne

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 two adult social care inspectors and one inspector from the registration team. The registration inspector was present to maintain their knowledge of the inspection process within an environment supporting people living with dementia.

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 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.

Not everyone was able to share their experiences of life at the home as they had complex needs and were living with dementia. 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 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 this service. They included one person who lived at the home and three relatives who visited during our inspection. We spoke with the registered manager, four members of the management team and fifteen members of staff.

We had a walk round the home to make sure it was a safe and comfortable environment for people who

lived there. We checked five care documents and eight medicines records in relation to people who lived at Hillcroft Slyne. We looked at two staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, training records, team meeting minutes and findings from monthly audits.

Requires Improvement

Is the service safe?

Our findings

On the day of our inspection, we found it difficult to gain verbal feedback from people living at Hillcroft Slyne. People were living with dementia and or complex needs. However, during our inspection three visitors shared their views with us. During the inspection, we asked relatives if they thought their family member received care and support that was safe. One relative told us, "Everything is safe." A second relative confirmed, "Yes it's safe here."

During our inspection visit, we observed the administration of lunchtime medicines and looked at medicine administration records. We looked at Topical Medicines Application Records for people who required creams to be applied. Records were not signed consistently by staff to indicate the cream had been applied as directed.

We noted guidance and procedural instruction on the Topical Medicines Application Records did not always guide staff on their effective application. For example, we noted, 'when needed', 'apply twice daily thinly' 'apply where required' and 'apply to dry areas.' The provider did not always use body maps to guide staff to support people safely and in a timely manner.

We observed the preparation of medicines prior to their administration. We watched as a nurse crushed tablets in a pestle and mortar as guided by the person's care plan. This allowed one person to receive their medicine consistently and safely. However, the nurse failed to clean the pestle and mortar before following the same procedure for a second person. This meant medication could potentially be contaminated and have a harmful effect on people who required their medicines crushed.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 (Safe care and treatment.) The provider did not maintain accurate and up-to-date records about medicines for each person receiving medicines support. The administration of medicines for each person receiving medicines support was not managed safely.

We shared our observations with the registered manager on the day of our inspection. Regarding the administration of topical creams, after reviewing the information, they responded by email stating they would review all creams prescribed, instructions and frequency of administration. They further commented nurses would monitor the application of creams daily and ensure charts are up to date and signed. The forms used to record the application of creams would also be reviewed.

Since the last inspection, the provider had introduced an electronic safe management of medicines system. The registered manager told us all nurses had been trained to use this system. The nurses who were using the system confirmed this. They also told us the system reduced the likelihood of medicine errors taking place. We observed the nurse on duty use the system to administer medicines. The hand held device used colour coding to indicate when medicines were due to be dispensed or if medicines had not been administered. The system allowed the registered manager to audit which staff had administered what medicines and if staff had failed to administer prescribed medicines. The nurse we observed on one unit

showed us how the system would indicate if medicines were dispensed too soon after a previous dose had been administered. This showed the system minimised the risk of administering medicines at the wrong time.

We asked about staffing levels during our inspection visit. Relatives and staff felt there was enough staff to meet people's needs safely. We observed staff going about their duties. We noted they were not rushing and had time to respond to people in a safe and timely manner.

As part of our inspection visit, we completed observations on all three units of Hillcroft Slyne. We noted the deployment of staff was organised. Staff members were allocated tasks by the senior carer at the start of their shift. Staff we spoke with were knowledgeable about the people they supported and how to manage any unique behaviours people displayed. Staff responses reflected information held within care plans.

When asked about safeguarding people from abuse, staff we spoke with were able to tell us what procedures they would follow to keep people safe. They had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. When asked what they would do if they had any concerns about abuse, staff told us they would report any concerns to the manager. Training records we looked at showed staff had received related information as part of their induction to underpin their knowledge and understanding. This showed the provider had identified risk and shared information to manage the risk safely.

During the inspection, we had a walk around the home, including bedrooms, the laundry room, bathrooms, toilets, the kitchens and communal areas of the home. We found these areas were clean, tidy, and well maintained. The home was in the process of being refurbished and decorated. Two of the units had been decorated and lighting was in the process of being updated. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

As we completed our walk around the water temperature was checked from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks were systematically completed.

We checked the same rooms for window restrictors and found all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. The maintenance person was required to complete regular health and safety check and submit the results for review to the service coordinator who has responsibility for health and safety and infection prevention for all six Hillcroft homes. We saw evidence the information was collated and analysed.

We looked at how accidents and incidents were recorded. These were documented appropriately and in detail. Any accidents or incidents were chronicled on the day of the incident. We saw the recording form had the description of the incident and what corrective action was taken, along with how to reduce the risk of it happening again. The form categorised the incidents into slip, trips and falls, moving and handling, resident care and other. It also gathered information if further action was required such as attention from a health care professional.

We spoke with the quality manager about accidents and incidents, who told us they had recently introduced bar charts that are displayed in the staffroom. This gave staff visual information related to accidents and

incidents. This showed the provider was seeking new ways to raise awareness, manage risk and keep people protected.

During the inspection, we viewed five care records related to people who lived at Hillcroft Slyne. We did this to look how risks were identified and managed. We found individualised risk assessments were carried out appropriate to peoples' needs. Care documentation contained instruction for staff to ensure risks were minimised. For example, we saw one person had a history of agitation and erratic behaviour. Staff we spoke with were able tell us effective ways to calm the person, support them out of the environment and keep them safe. This demonstrated staff were knowledgeable of the risks identified and how to address these.

We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work with Hillcroft Slyne until they had received their DBS check. This showed staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people who may be vulnerable.

Good

Is the service effective?

Our findings

Relatives we spoke with felt staff were skilled to meet the needs of people and provide effective care. One relative told us, "They all know what they're doing." A second relative commented, "[Relative] is always well turned out. They look after her well."

During this inspection, we investigated how the provider ensured staff had the skills and knowledge to carry out their role. There was a structured induction process. When new staff were employed, they completed a comprehensive induction and shadowed staff that were more experienced before they carried out tasks unsupervised. One member of staff told us, "My induction was good, it opened my eyes to what was expected."

Hillcroft Nursing Home limited had its own training academy to induct new staff and refresh existing staff on knowledge already shared. Their training rooms were based at Hillcroft Slyne and we spoke to two trainers and joined a group of new starters who were being inducted. The new staff members told us the information they had received had been presented in an easy to understand way.

New staff also completed a classroom-based induction delivered by trainers employed by the Hillcroft group. The provider had incorporated the care certificate into the induction for new staff. The care certificate is a set of standards that social care and health workers can work in accordance with. A staff member commented, "The training was really good. If you didn't understand they [trainers] went over it." They also told us as part of their training they sampled blended foods and thickened drinks. They said it was good to understand what people being supported experienced.

The registered provider had developed a training matrix to ensure all staff training needs were met and refreshed on a regular basis. The training matrix showed when staff needed to retrain on individual subjects. Training was separated into a mandatory section all staff had to complete and additional training. Mandatory training included safeguarding, dignity, moving and handling and infection control. Additional training included, allergens, challenging behaviour and end of life care.
Staff spoke positively about the training provided by the provider. One staff member commented, "They leave what courses you can do in the staff room." They went on to tell they hoped to receive additional training to allow them to be an instructor in how to prevent, minimise and manage violent and aggressive situations. All staff who supported people who could display behaviours that challenge had received annual training to provide positive behavioural support that was person centred. This showed the provider had a framework to train staff to meet people's needs effectively and support individual staff development.

We asked staff how if they felt supported by their management team. They told us they received supervision from their allocated nurse or registered manager. We saw staff received regular supervision and appraisal to support them to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. One staff member told us, "I have supervision with [named person]. I discuss any issues I have." A second staff member told us, "We

have group supervisions and one to ones." This showed there was a framework to support staff to carry out their roles and responsibilities effectively.

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 2005. 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 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. They were aware of the changes in DoLS practices and had policies and procedures regarding the MCA 2005 and DoLS. Discussion with the registered manager confirmed they understood when and how to submit a DoLS application and what processes to follow to update DoLS authorisations.

Throughout our inspection, we observed staff offering people choices and gaining consent to support them with their personal care. For example, we observed one staff member discuss the administration of medicines with one person. They told us the desired outcome would be they chose to have the medicines and they would not have to be administered covertly which had been agreed through a best interest decision. Covert is the term used when medicines are administered in a disguised format, when the person lacked capacity.

We observed how people were supported to have sufficient amounts to eat and drink throughout the day. A relative commented, "The food is good." We noted people's weights were monitored and recorded. Staff we spoke with were knowledgeable about people's nutritional needs and in particular people's need to have fortified drinks. There was evidence in care plans that risk assessments had been completed and specialist health experts had been involved when people's weight management had been a concern.

We observed staff supporting people with their meals at lunchtime. People were offered support with their meals. Lunchtime was relaxed and unhurried with staff asking people if they had enjoyed their meal. This showed the provider had a system that protected people against the risk of malnutrition.

We spoke with the chef, who was able to tell us who due to ongoing health conditions or cultural beliefs had specialised diets. They had knowledge of which people required their meals blended and to what prescribed consistency. The separate parts of the meals were individually blended and presented separately on the plate. This maintained their individual flavours and colours, which positively supported their meal experience.

We visited the kitchens at Hillcroft Slyne and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The 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. The provider had achieved a food hygiene rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

We looked at care records that showed people's healthcare needs were carefully monitored as part of the care planning process. One relative told us, "The care is very good. They get a doctor in when needed." Care records confirmed visits from GPs and other healthcare professionals had been recorded. On the day we visited, there was a scheduled visit from a local GP. They spoke with us and told us they believed the home was organised and the nurses had knowledge of the people they supported. The documentation we looked at was informative with the reason for the visit and outcome.

Good

Is the service caring?

Our findings

We observed staff actively listened to people and responded in an appropriate manner. We noted staff answering the same repeated question as though it was the first time they had heard it. When one person broached a member of staff's person space, we observed they responded in a caring way that produced a positive response from the person. About the care, one relative told us, "I like the carers, they're all very kind, all very good." They also stated, "Been to other homes, the care is a lot better here and it's a lot cleaner." A second relative commented, "The staff are very friendly, very good."

We noted several quotes around the home. For example, 'To the world you may be one person, but to one person you may be the world.' We asked a staff member what impact, if any, this had on the care they provided. They told us it made them think about how they carried out their role to deliver care that was centred around each individual person.

During our inspection visit, we heard staff use language that did not always promote peoples personal dignity. Staff talked about "feeding" and "toileting" people. We heard one person referred to as "poppet" a name that on this occasion did not have a negative emotional impact on the person. However, the words we use can influence how people treat or view people living with dementia. We shared this information with the management team at the end of our inspection visit. They told us they would speak with staff in supervision and staff meetings.

When we spoke with staff about people they cared for, we received positive, fond responses and reactions. The atmosphere in each area of the home was calm and comfortable, which promoted valued information sharing. People who used the service and staff were relaxed in each other's company. For example, we overheard one person tell a staff member, "You have got the best sense of humour of anyone I have come across. You are a joy." The staff member responded with a large smile, a thank you and a reassuring touch on the person's arm.

We saw one person following a staff member and holding onto their tunic. The staff member spoke to the person in a light-hearted way. They used language the person understood and they reacted positively to the request to step back. The staff member remained close by chatting and maintained a positive interaction with the person.

Relatives we spoke with said they were made to feel welcome. One staff member told us, "We are very close with families." They told us there was no restriction on the number of visitors and they could visit at any time. One relative told us they were always made to feel welcome by the staff and the registered manager. They commented, "It's a nice place." This showed the provider had developed strong caring relationships with the relatives of people they supported.

Hillcroft Slyne employed two members of staff in the role of hostess. They worked alternate days providing five hours of daily support. The role involved meeting and greeting relatives and friends of people who lived at the home. They provided drinks to visitors and where appropriate arranged social functions. Staff told us

the hostess role made guests feel welcome and gave them more time with people who required their support.

We spoke with the provider about access to advocacy services should people require their guidance and support. The registered manager told us they would support people to access advocacy services should they wish to. At the time of our inspection, an advocate supported no one within the home.

We noted end of life care was a part of people's care plans. We saw evidence conversations had taken place with people who lived at the home and family members about their end of life wishes. There was a do not attempt cardiopulmonary resuscitation (DNACPR) register in place which ensured end of life wishes were valid and current. We saw these had been reviewed and updated regularly by the GP.

We read in one care plan someone's choice not to be admitted to hospital unless for acute illness that cannot be dealt with at the home. This highlighted the provider had recognised end of life decisions should be part of a person's care plan and had respected their decisions.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs of people in their care. Staff had a good understanding of people's individual needs. Staff we spoke with were able to share people's likes and dislikes which showed their ability to be responsive and deliver care that was person centred.

The provider assessed each person's needs before they came to live at Hillcroft Slyne. The registered manager or nurse visited the person prior to admission. After our inspection visit, we were present when the registered manager visited another nursing home to collect information on one person who was due to transfer to Hillcroft Slyne. We noted they met with the registered manager to collect information on their current support needs. We observed they met with the person's relative during the visit reassuring them about the move and stating they were available to answer any questions. This ensured the service would meet their needs and minimise disruption from a failed or inappropriate placement.

During our inspection, we looked at five care plans. The plans we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. Each person's plan had the headings category, condition, objective and action. Within these headings, the provider had 22 categories of information related to each person. We saw information related to capacity, behaviour, memory, mental health, emotional needs and communication. There was further information on daily life, social activities, personal care, dietary needs, safety and well-being.

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. One relative we spoke with told us, "We've raised concerns about the lack of stimulus." They went onto say they hoped this would improve. We spoke with a member of the management team who told us sometimes it was difficult for people living with dementia to engage with activities. We did see a communication to staff that asked for ideas on what to buy to promote people's wellbeing. It included, 'There is money in the residents fund, let's do something fun.' We also saw a poster introducing the activities co-ordinator. It stated that she would be organising events and outings throughout the year.

About activities, one staff member told us, "We don't really do a great deal formally. We tend to do hand massage. We sit and talk with people, go for a walk or a walk around the garden." On the day of our inspection, we did observe staff sat with people laughing and joking. We noted one person was supported to access the garden with staff support. This was identified in their care plan as an activity they valued.

We saw photographs on the walls of people enjoying events at the home. We noted there was a calendar of events, which included regular visits from 'the music man' and 'Raffa', a pet therapy dog. We also noted that many events were food themed and were told by a member of staff that these were popular. These included, 'cheese and wine afternoon', 'coffee and cake', and 'day out (mini bus to promenade for fish and chips)'.One staff member told us they liked to make events special commenting, "Everyone got an egg at Easter." We saw meeting minutes which indicated staff had dressed as Mr and Mrs Santa Claus at Christmas and this had been well received. This showed the provider had sought to offer activities to stimulate people's mental

health.

We found there was a complaints procedure, which described the investigation process, and the responses people could expect if they made a complaint. Staff told us if they received any complaints or if they had any concerns or complaints they would approach the nurses or registered manager. We saw evidence where complaints had been received and responded to in a timely manner. For example, the provider had received concerns from people in the local area and arranged a drop in session to address the issues. Regarding complaints one relative we met during our inspection visit told us, "No complaints at all." This showed the provider had a procedure to manage complaints.

We saw a number of comment cards, which were from family members thanking staff for the care and support they had shown to their relative. These included, 'You recently had a poll among the staff for carer of the year – as an outsider I don't know how they can be told apart. They are all fab.' In addition, we noted, 'The care afforded to my relative has been exceptional and I am extremely pleased with this' and, 'Perfect home.'

Requires Improvement

Is the service well-led?

Our findings

Everyone we spoke with was very positive about the registered manager and management team at Hillcroft Slyne. The provider demonstrated good management and leadership. There was a clear line of management responsibility throughout Hillcroft Slyne. One relative we spoke with told us, "Registered manager is very good." One staff member told us, "I've not had an issue with any management; [registered manager's] door is always open. I can speak to her anytime." A second staff member told us the register manager knew everything that happened on each unit, stating, "She likes to pop in."

Staff also spoke positively about the nurses who were part of the management team. A staff member commented, "[Nurse] is lovely, she will help you out with anything." About a second nurse, a different staff member told us, "[Name of nurse], my nurse, is really good, brilliant. Any problems we go to [nurse]. A third staff member about a third nurse commented, "She's amazing, a real grafter."

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 quality meetings with the registered manager.

The 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 fell in February, the audit identified the care plan was not fit for purpose, staff did not follow procedure. The provider implemented corrective action, they spoke with staff, drafted a work safe alert that included instruction around proper process to follow. This was distributed to all staff.

However, It was noted at the time of our inspection the provider had did not have a robust quality auditing system in relation to medicines that was effective and changed working practices for the better. The provider did not meet all the standards set out in the regulations. Records related to the application of topical creams had not been audited in a timely manner. The provider had not noted guidelines around signing after the application of creams were inconsistently followed by staff. We spoke with the registered manager about this who told us corrective action had been taken. The nurse on each unit would monitor medicines documentation and ensure charts are up to date and signed by staff.

Records showed the provider had ensured gas, emergency lighting, fire extinguisher and legionella checks were completed as required. The provider had employed an outside auditor to monitor the quality assurance systems at the home.

The provider also looked at near misses within their quality assurance. The services co-ordinator produced

'Don't dismiss a near miss' booklets which identified what is a near miss as an unplanned unwanted event that had the potential to lead to injury. The provider shared with staff alerts on possible health risks that could affect people. For example, they shared they had sent a work safe alert about emollient creams and fire risks. They then assessed the risk and sought and purchased fire retardant aprons to minimise the risk.

We spoke with the maintenance man about their responsibilities within the home. They told us part of their role was to ensure safety checks took place and to document the results. 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.

The provider had introduced home heroes, a way of recognising people's hard work. People, staff or relatives could nominate a member of staff or group of staff who had gone the extra mile. The staff member got flowers and chocolate. There was also a financial reward for a staff member with 100% attendance. The winner was chosen at random during a head of department meeting. We saw the winner was acknowledged and celebrated in the main reception of the home. This showed the provider had introduced incentives to promote a positive culture and motivate staff.

We asked about what meetings took place at Hillcroft Slyne. 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, "The team meetings are a laugh, we all get to have our say. The minutes are printed off and put in the staff room for everyone to read." A second staff member told us, "We have staff meetings quite often." This showed the provider offered opportunities for staff to contribute and be included in the service delivered.

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.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff did not always follow policies and procedures on the administration of medicines. The provider did not have an effective system to monitor the safe documentation of medicines. Regulation 12 (1) (2)(g)