

Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Caton Green

Inspection report

Caton Green Road
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Lancaster
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Tel: 01524770334

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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?

Good ●

Summary of findings

Overall summary

The inspection visit at Hillcroft Caton Green took place on 15 December 2016 and was unannounced.

Hillcroft Caton Green is one of six services in the Hillcroft group. It is located in the village of Caton about five miles from Lancaster in a remote rural setting. Car parking facilities are available. It is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury.

The building is a large stone build house adapted for use as a nursing home. There are extensive well-kept grounds. There are two units, one catering for people living with dementia care needs and the other for people whose behaviours may challenge. Hillcroft Caton Green can support a maximum of 35 people. At the time of our inspection, 31 people were 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 on 08 July 2014, we found the provider was meeting the requirements of the regulations that were inspected.

During this inspection, we noted the provider had systems that ensured people who lived at the home were safe. Records we looked at indicated staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. 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 nursing home.

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 service. 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. Staff told us they had experience of working in both units, this allowed them to get to know everyone living at the nursing home.

Staff responsible for administering medicines were trained to ensure they were competent and had the skills required. We investigated and noted medicines were kept safely and appropriate arrangements for storing medicines were in place.

Staff received training related to their role and were knowledgeable about their responsibilities. Staff told us

they had a comprehensive induction when they started work. They had the skills, knowledge and experience required to support people with their care and support needs.

People and their relatives told us they were involved in their 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).

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.

Comments we received demonstrated people and their relatives were satisfied with the care provided. 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.

A complaints procedure was available and people and their relatives we spoke with said they knew how to complain. One person spoken with told us they had previously complained and were happy with the outcome. Staff spoken with felt the registered manager was accessible, supportive, approachable, and had listened and acted on concerns raised.

The registered manager had sought feedback from people who lived at the home and staff. They had formally consulted with people they supported and their relatives for input on how the service could continually improve.

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

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.

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

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were safe.

Medicines were managed in a safe manner.

Is the service effective?

Good ●

The service was effective.

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

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They 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.

People told us they were treated with kindness and compassion in their day-to-day care.

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

People were involved in making decisions about their care and

the support they received.

End of life care was valued as part of a person's care plan.

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 to stimulate and maintain people's social health.

People and their relatives 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?

Good ●

The service was well led.

The registered manager had clear lines of responsibility and accountability.

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

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people receiving support, their relatives and staff.

Hillcroft Nursing Home Caton Green

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 an adult social care inspector.

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 shared their experiences of life at the home. 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 three people who lived at the home, two relatives who visited during our inspection and three relatives by telephone. We spoke with the deputy manager, one member of the management team and twelve staff. The registered manager was on holiday on the day of our inspection. We spoke with them by telephone the week after the inspection visit.

We had a look round the home to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We checked four care documents and nine medicines records in relation to people who lived at Hillcroft Caton Green. We looked at five 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, team meeting minutes and findings from monthly audits.

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person told us, "I am very safe here. I've got confidence in the staff." One relative commented, "[My relative] is very very safe. I have no concerns." A second relative said, "I have no worries about [my relative's] safety, they seem adept at what they are doing."

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "We have to keep residents safe." Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively." This showed staff could protect people by identifying and acting on safeguarding concerns quickly.

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. 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.

We found call bells were positioned in bedrooms close to hand allowing people to summon help when they needed to. Throughout our inspection, we tested and observed the system and found staff responded to the call bells in a timely manner.

During the inspection, we viewed four care records related to people who lived at Hillcroft Caton Green. 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 behaviour that challenged. Staff we spoke with were able to tell us effective ways to support the person to keep them safe. During our observations, we noted the person was supported as described within the care plan. This demonstrated staff were knowledgeable of the risks identified and how to address these.

We checked how accidents and incidents had been recorded and responded to at Hillcroft Caton Green. Any accidents or incidents were recorded 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. The provider also recorded potential accidents called 'near misses.' Any near misses that occurred were recorded and shared between all six nursing homes in the Hillcroft group. For example, the bed wheels damaged the wires of one person's air mattress. This was repaired and the incident shared, along with the suggested action of securing all loose trailing wires, with the other five homes. The registered manager audited accidents and incidents each month. The deputy manager told us, "The audits are fact finders. We use them to look for patterns and trends." This showed the provider had a system to monitor incidents and to minimise the risk of their reoccurrence and keep people safe.

We asked staff about staffing levels. All the staff we spoke with said staffing levels were sufficient to meet people's needs. We observed staff going about their duties. We noted staff were not rushing and had time to respond to people in a safe and timely manner. We saw the deployment of staff throughout the day was organised, staff were allocated to work within one unit during their shift. People and their relatives we spoke with told us they had no concerns about staffing levels.

One person told us, "When I do ring my buzzer, they (staff) come." A second person commented there was plenty of staff, "They had never left anyone alone, wandering about." A relative supported these views stating, "There always seems to be plenty of staff bobbing about."

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at six 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 Caton Green until they had received their DBS check.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Recording (MAR) forms for eight people. We also observed the administration of medicines on both units by two different trained staff. We did this to see if documentation was correctly completed and best practice procedures were followed.

We observed consent was gained from each person before having their medicine administered. The MAR was then signed. Medicine audit forms were seen and checked as correct. During our observation, one person became upset with the staff member during the administration of their medicines. A second staff member took the lead and supported the person to have their medicine. The first staff member told us sometimes a new face could calm the situation down. This showed staff had knowledge of the risks to individuals and the provider had a system that ensured people received their medicines safely.

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.

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us, "They (staff) know what they are doing." A second person commented, "I can't fault them, I can't fault anyone. They [staff] know what they are doing." Regarding the care their family member received one relative said, "He looks nice and clean, looked after and healthy." A second relative commented, "Staff are trained and I have every confidence in them."

During this inspection, we asked how the provider ensured staff had the skills and knowledge to carry out their role. 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, "I was put with different seniors when I was shadowing. They were all effective in different ways."

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 health care and social workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. A staff member commented, "I was shocked how much I learned."

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, "I learned a lot especially on practical days." A second staff member told us, "We get regular training throughout the year." This showed the provider had a framework to train staff to meet people's needs.

We asked the deputy manager how they supported their staff. They told us staff received supervision both formally and through hands on support from themselves. 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.

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 interest 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 home was working within the principles of the MCA 2005.

We looked at care records and found the service routinely assessed people's capacity. This meant staff acted lawfully when supporting people to make decisions. We saw guidance to staff in people's care notes, 'review the capacity assessment regularly recording any instances when capacity is regained.' We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. We observed staff consistently offered choice to people and checked for their agreement before taking any action.

During this inspection, one person told us they could not understand why they were living at the home. We looked at the care records for this person. They showed the provider was supporting the person in accordance with DoLS. We spoke with the deputy manager about the person, who joined our conversation and reminded them there was to be a best interests meeting planned to discuss their concerns. The person's social worker and relatives had been invited to the meeting. We observed the deputy manager spoke calmly and clearly to the person answering all their questions. At the time of the inspection visit all 31 people who lived at Hillcroft Caton Green were being supported in accordance with deprivation of liberty safeguards.

We observed mealtimes throughout the day and asked people about their experiences of the food and drinks offered. One person told us, "The food is not too bad. I get plenty, but I don't eat it all." They further commented, "I never get refused an extra drink." A second person confirmed this stating, "I do get plenty of drinks here."

We asked relatives about the food at Hillcroft Caton Green. One relative joked, "Have you seen the size of him, he gets enough. He's never dehydrated, staff provide regular drinks." A second relative told us, "Because [my relative] nibbles food, they leave it in case she grazes. It suits her."

People were given their meals where they sat, in their bedrooms or in the dining area. We saw breakfast and teatime were relaxed. People who required assistance with their meal were offered encouragement and supported effectively. Staff did not rush people allowing them sufficient time to eat and enjoy their meal.

The day of our inspection visit, the provider had arranged a pre-Christmas, Christmas meal and invited family and friends to attend. The deputy manager told us it was to allow relatives who may not be able to visit on the day to share the Christmas experience with their family members. Even though this involved additional tasks, staff supported people efficiently and effectively with their meals.

We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The provider and chef had knowledge of the food standards agency regulations on food labelling and delivered training on the subject. 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 safety rating of five. Services are given their rating when a food safety officer inspects the premises. The top rating of five meant the home was found to have very good food safety standards.

People's healthcare needs were carefully monitored and discussed with the person and their relatives as part of the care planning process. Care records seen confirmed visits from GPs and other healthcare professionals such as the mental health team. Care plans had sections for general medical conditions and specific conditions such as mental health. There was a visit from opticians on the day of our inspection. One

relative told us, "If [my relative] has an appointment, I get a call. I visit and go to all appointments." This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs.

Is the service caring?

Our findings

People and their relatives we spoke with praised the staff and said they were caring and kind. One person told us, "They are all reasonably good and caring." A relative commented, "It is just brilliant here, everyone is very caring, very kind." A second relative said, "I have no concerns, the staff are caring and I don't feel it is for our benefit." A staff member supported this view by telling us, "I've got the Hillcroft name, but I work for the residents."

Very few people at Hillcroft Caton Green were able to share their experience of living at the home. We observed interactions between people and staff who cared for them. We did this to try to understand people's experiences based on their behaviour. Throughout the home, there were phrases and quotes to remind staff people matter and need to be respected. A relative asked if we had read the quotes and commented how good they were. For example we read, 'This is my home not yours' and 'Our dignity is not what we do, it's what we understand.'

We noted people's dignity and privacy were maintained throughout our inspection. Staff walked with people at their own pace. When communicating, they got down to the person's level and used eye contact. They spent time actively listening and responding to people's questions. We observed staff were respectful towards people, often under difficult circumstances as people could become confused and upset. Staff always referred to people by their first names and knew about their backgrounds and interests. For example, we had a conversation with one person about which part of Lancashire we came from. Staff guided the conversation and our answers so the person did not get upset. Staff participated in the discussion but did not overshadow the person.

Care records we checked were personalised around the individual's requirements, and held details of valuable personal information. For example, one person's diagnosis identified they were now severely impaired. However their care plan guided staff, 'continue to consult with [person] about his wishes explaining clearly and carefully, allowing time for the information to be absorbed and a decision to be reached.'

Personalised information also included one person liked reading magazines and newspapers, doing crosswords. They also liked watching Manchester United football team on TV. During our inspection, we noted the person's daily paper was delivered. We read in their care plan, 'enable [person] to watch her team on TV.' Other person centred information we saw was about a person who liked to play Rolling Stones music loud, liked going shopping and smoking cigarettes. They had a book about the Rolling Stones, which they liked to look at with staff. We spoke with staff about the information held in the care plans and they knew about people's likes. They confirmed they spent time with people reading newspapers and reminiscing. This showed the provider had listened and guided staff to interact with people in a caring manner.

We read staff meeting minutes that discussed Christmas gifts for people who lived at Hillcroft Caton Green. We spoke with the registered manager about this. They told us, people's keyworkers liaised with families on what people needed or would like. They told us they sent staff to purchase personalised gifts. For example,

based on their interests, one person would be receiving a Rolling Stones t-shirt on Christmas Day. This showed the provider had acted to ensure people were happy and felt cared for.

Where possible people had their photograph on their bedroom door. There was information on how they liked to be addressed, 'I like to be called [person's name]'. There was also the name of the person's keyworker. We asked what role a keyworker had, and the deputy manager told us they were a link with families. We saw rooms had been personalised. One relative told us, "[Registered manager] told us, what happens this side of the door, (inside the bedroom), I can do what I like." They told us they were pleased to have this freedom and had brought a mini fridge for their relative.

On the wall, we saw a collection of recipes that included scones, bubble and squeak and plum pudding. We asked the deputy manager about these who explained the traditional recipes were a talking point. We noted one person had recently celebrated their 100th birthday and photographs of their celebration were displayed. Their relative told us, "They did a buffet, had a cake. It was good." Regarding the home, one relative told us, "I like it, it's nice. It is smaller less clinical, more caring."

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

Family and friends we spoke with said they were made to feel welcome. They commented they were offered drinks on arrival and there was no restriction on the number of visitors. We observed staff had a rapport with visitors and the visitors enjoyed this. One family member told us, "I feel very welcome in the home." This showed the provider had developed strong caring relationships with relatives of people they supported.

When we asked about end of life care, the deputy manager told us they had received training from the local hospice. They told us, "We learned to recognise who could be at end of life. It's made me knowledgeable on how things should be done." They further commented, "It is about empathy." They told us they received regular updated training from the hospice and whatever they learned, they shared with staff. 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. This highlighted the provider had recognised end of life decisions should be part of a person's care plan and had respected their decisions.

Is the service responsive?

Our findings

People who lived at Hillcroft Caton Green and their relatives told us care provided was person centred to meet people's needs. One person told us, "I have got to be careful. I am diabetic and staff look after me." A relative commented, "My [relative] walks non-stop and they accommodate that."

To ensure the support was responsive to their needs, people had a care plan. 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.

Within individual plans, there was additional information specific to each person. For example, we noted information on how to support someone if they were physically or verbally aggressive. Their care plan stated they might need staff to intervene and escort them to another part of the home. We looked at training records which indicated staff had the knowledge and skills to do this responsively and safely.

One person liked their bath before they went to bed. Another person liked a shower and the care plan informed staff how to support the person whilst maintaining their independence. There were clear guidelines on how the person liked their drinks. For example, orange juice before breakfast, tea no sugar and all cold drinks served in a glass. These were a few examples that showed the registered manager had ensured support was in place to make sure people's care preferences and wishes were followed.

We asked about activities that took place at Hillcroft Caton Green. A recreational therapy co-ordinator was employed at the home. They were responsible for organising a wide range of activities for people. We noted there was a weekly timetable of activities available for people to participate in. Activities included, hand massage, talking newspaper, music and dance, dominoes and a walk in the garden. There was a volunteer who, with the help of the gardener, created a sensory garden filled with herbs and flowers. People had been supported to grow fruit and vegetables that were used in the home. The registered manager told us, "We used the strawberries to make gateaux and cupcakes, they were really nice."

We asked the registered manager how they used the minibus that was shared between the six Hillcroft homes. They told us they used it to take people to a weekly meeting at the local church. They had supported people to the local gardening centre or to the supermarket to go shopping.

We saw there was a weekly visit by a pets as therapy dog, 'Raffa'. The deputy manager told us, "People really perk up when he comes over." We noted there was a musician that visited regularly. The home had its own hair and beauty salon, which was used weekly by the visiting hairdresser. The deputy manager told us the hairdresser used to work in health and social care so understood how it was for people living with dementia. Consequently, they were able to provide a hair and beauty service to people with a sensitive approach.

We saw once a month people had the option of having a fish and chips tea. On the day of our inspection, people were having a pre-Christmas, Christmas meal with their relatives. The deputy manager had explained it was for families whose commitments prevented them attending on Christmas Day. Tables were decorated with seasonal centrepieces and staff wore Christmas jumpers and novelty hats to get people in the festive spirit. About the meal, one relative told us, "Absolutely beautiful." This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

We found there was a complaints procedure, which described the investigation process, and the responses people could expect if they made a complaint. The complaints procedure was displayed in the reception of the home. 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. One person told us, "I just had to make a complaint once, and it was sorted straight away." One relative told us they had raised complaints in the past and these had been sorted. They said, "If I am not happy with something I say." They went on to comment, "I can't speak highly enough of the care here." A second relative commented, "I feel I can go and see [the registered manager] if there was ever a problem." This showed the provider had a procedure to manage complaints. They encouraged feedback, listened to people's concerns and were responsive.

We saw a number of compliments around the home, which were from family members thanking staff for the care and support they had shown to their relative. These included, 'I can never thank you enough for everything you did for [my relative]. You gave us peace of mind. We felt safe knowing he was looked after.' In addition, we noted, 'I wanted to extend my thanks to the staff for being so wonderful and caring with my [relative].'

Is the service well-led?

Our findings

The provider promoted a positive culture within the home with people, their relatives and the staff team. People, relatives and staff told us the managers were visible within the home. The management team were knowledgeable about the care and support needs of all the people living at the home. Everyone we spoke with told us they could speak to the registered manager or another member of management whenever they needed to. One person told us, "[The registered manager] is very good, she comes to see me every morning." A relative said, "[The registered manager] is brilliant." This was supported by a second relative who stated, "[The registered manager] is very good."

During our inspection, staff spoke positively about the registered manager. One staff member told us, "Slip up she makes sure you know about it." Followed by, "I see her as a friend." A second staff member said, "[The registered manager] is about all the time. She is really good." After the inspection visit, one staff member wrote to us and shared their views on the registered manager. These included, 'From the time she became the new manager she has invoked a lot of improvements, she has always been open to suggestions and willing to try anything for the good of both our residents and staff.'

The service demonstrated good management and leadership. There was a clear line of management responsibility throughout Hillcroft Caton Green. The management team had very good knowledge of all the people living there and their relatives. The deputy manager worked shifts within the home and supported staff. The registered manager completed a walk round the home daily. The Director of the Hillcroft Group completed a walk round the home several times a year. This showed visible leadership and allowed the management team to monitor staff working practices and the environment.

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 spoke with a member of staff who had recently won. They told us they were very pleased with the acknowledgement but they were only doing their job. This showed the provider had introduced incentives to promote a positive culture and motivate staff.

We asked about what meetings took place at Hillcroft Caton Green. 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 open and honest and it is where we let our stress out." A second staff member told us, "At team meetings we discuss everything. We question what residents need and share ideas." A third staff member commented, "The registered manager tells us what's going on and staff can say things and get it off their chest. It's good." 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 morning 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. The registered manager had also made links with healthcare professionals outside of the group to promote high quality care. For example, the registered manager had taken part in a 'buddy scheme'. They had buddied up with a Matron at a local hospital. We saw minutes of a meeting, which had resulted in good practice guidelines on the management of a specific health condition.

Hillcroft Caton Green is one of six Hillcroft homes in the local area. The provider had developed a range of quality assurance systems. These included action points to correct any areas for improvement that were found. 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, "I sit down with [the registered manager] and look at what happened, what to do to help and lessons learnt."

The services co-ordinator told us they liaised with outside agencies to ensure the home was safe. We saw records that showed the lifts were serviced regularly. 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 quality manager told us, "This helps us to organise ourselves. It keeps people reassured we have a quality system in place."

The provider also looked at near misses within their quality assurance. The home's co-ordinator commented, "Don't dismiss a near miss, put things right." They stated they sent out alerts to the home on possible health risks that could affect people. For example, they shared they had sent a work safe alert on a product used for oral hygiene. They then assessed the risk and sought an alternate provider. They commented they reviewed all information submitted by the maintenance person on safety checks and audits that had taken place at Hillcroft Caton Green.

We spoke with the maintenance person 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 confirmed this information was submitted to the services co-ordinator. They also told us they were responsible for the ongoing maintenance within the home. On the day of our inspection, we observed a carer highlight a task that required completing to maintain the environment. We noted this was completed in a timely manner. 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.

