

Harbour Healthcare Ltd

Hilltop Court Nursing Home

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hilltop Court Nursing home provides personal and nursing care to people living with advanced dementia.

People's experience of using this service

Relatives were very positive about the service and the care provided. One told us, "It's been every bit as good as when we first came. By and large I think it's one of the best homes."

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. There were sufficient staff to provide the appropriate level of support to people.

Staff received the training, support and supervision they needed to carry out their roles effectively.

People received their medicines as prescribed and there were systems in place for the safe storage, administration and management of medicines.

Risk assessments had been completed. These helped identify if people were at risk from everyday harms, such as falls or choking. Where risks had been identified, there were plans in place to guide staff so that people were kept safe.

The building was well-maintained and decorated. Equipment was of a good standard and was serviced appropriately. The premises were clean and staff followed infection control and prevention procedures.

The requirements of the Mental Capacity Act 2005 were being met. People were helped to make choices, if they were able. Staff supported them in the least restrictive way possible.

People were supported to eat a well-balanced diet and were offered a choice and variety of meals.

Relatives were complimentary about the staff and management team. Staff interacted with people in a kind, caring and patient way, and respected their privacy and dignity.

A wide range of activities were provided and social interaction was encouraged. Where people were unable to take part in group activities, staff spent time with people on an individual basis.

Staff were extremely responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Care records were comprehensive.

The service provided exceptional end of life care.

The registered manager provided good leadership of the service and was committed to maintaining and improving standards. Staff and relatives told us they felt supported by the registered manager. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

Rating at last inspection

Requires Improvement (report published August 2018). Following the last inspection we asked the provider to complete an action plan to show how they would improve the service. At this inspection we found the service had made the required improvements.

Why we inspected

This was a scheduled inspection based on the previous rating.

Follow up

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

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

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?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Hilltop Court Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one adult social care inspector.

Service and service type

Hilltop Court Nursing Home is a 'care home'. People in care homes receive accommodation and 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. Hilltop Court Nursing Home provides care to people living with advanced dementia. It is registered to support up to 47 people in two single sex units. At the time of our inspection there were 45 people living at the home.

The service had a manager 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.

Notice of inspection

This was an unannounced Inspection. The inspection site visit started on 17 April 2019 and ended on 18 April 2019.

What we did

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We reviewed the action plan sent to us by the provider following our last inspection. We used all this information to plan our inspection.

During the inspection, we spoke with five relatives to ask about their experience of the care provided. We

spoke with the registered manager, the activities coordinator, the cook and three care staff. We observed lunch on the first day of our inspection and watched the administration of medicines. We observed staff interactions with people who used the service, throughout our inspection.

We reviewed a range of records. This included five people's care records, medication records and various records related to recruitment, staff training and supervision and the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they were happy with the care provided at Hilltop Court and felt their family members were safe there. One relative said, "We are very happy, we know he's well cared for. I feel he's safe there." Another said, "I'm quite happy with the way he's being looked after."
- Staff were aware of the signs of abuse and of their responsibility to pass on any concerns about the care being provided. They knew of the whistleblowing policy and felt supported to use this if necessary.
- Information was available about adult safeguarding and how to raise a concern.

Assessing risk, safety monitoring and management

- At our last inspection in May 2018 we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment. This was because we identified concerns around how the service supported people who were taking a modified diet and thickened fluids, to minimise the risk of choking. At this inspection we found improvements in this area and the service is no longer in breach of this regulation.
- The registered manager was very knowledgeable about how to support people who had swallowing difficulties and required modified diets. She was aware of recently revised international guidelines and diet descriptors and had ensured this information was shared with staff.
- Information about people's modified diets and thickened fluids was displayed in the dining rooms so it was easily available to all staff. This information was also included on the staff 'handover' sheet.
- Risks to people's health and well-being, such as from poor nutrition and falls had been identified and the appropriate action taken. Risk assessments were regularly reviewed.
- We observed people being moved safely in wheelchairs, with foot plates used correctly to minimise risk of damage to people's limbs and feet.
- An up-to-date emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building.
- All servicing of equipment was up-to-date. Regular safety checks were carried out, such as of the window restrictors, fire alarm and water temperatures. These ensured the building was safe and well-maintained.

Staffing and recruitment

- Relatives told us they felt there were sufficient staff on duty to meet people's needs. One relative told us, "There always seem to be plenty of staff."
- During our inspection we saw that staff responded quickly when people needed assistance.
- The registered manager ensured there was a registered nurse on duty at all times, to provide nursing care, such as wound management.
- Staff worked regularly on the same unit. This ensured continuity of care. Relatives told us that staff knew their loved ones well. One relative said, "They all know him and they all know me."

- The service employed agency staff when necessary, to cover gaps in the staff rota. Where possible, consistent agency staff were used. One relative told us that there were enough regular staff for her to feel confident with the care provided.
- The provider followed safe staff recruitment procedures. Records confirmed that disclosure and barring Service (DBS) checks were completed, references obtained from previous employers and any gaps in employment explored. This ensured staff were safe to work with vulnerable people.

Using medicines safely

- People's medicines were managed safely.
- Medicines were administered by registered nurses and senior practitioners (care staff who had received medicines training). All staff had their competency to administer medicines checked annually.
- Medicines administration records indicated people received their medicines regularly.
- Medicines were stored correctly.
- The correct protocols were in place for people who needed 'as required' medicines, such as pain relief. Some people were unable to tell staff if they were experiencing pain. Therefore, information about how staff could recognise these symptoms was in place. For example, one protocol said, '[name] screws their face up when in pain.'
- The management team completed monthly audits of medicines to ensure procedures were followed and any errors or concerns were identified.
- There was a system in place for the management of medicines errors. If necessary, staff were given re-fresher training and their medicines competency re-checked before they were allowed to administer further medicines.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection.
- The home was well-maintained and visibly clean throughout, with no unpleasant odours.
- Staff completed training in this subject and those we spoke with were knowledgeable. We observed staff using personal, protective clothing when carrying out personal care tasks, handling food and cleaning.
- The home had achieved a five-star food hygiene rating (top rating) at an inspection of the kitchen in March 2019.

Learning lessons when things go wrong

- Accidents and incidents were recorded and the immediate action taken, and any follow up action and 'lessons learned' recorded.
- The provider had a system in place to analyse incidents and accidents. They used this to identify themes and provide ways to prevent their reoccurrence. For example, the service had recently removed the 'memory boxes' from outside people's rooms, as several people had banged their heads on them as they walked along the corridor.

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

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

- Comprehensive assessments of people's care and support requirements were completed before people moved into the home. This ensured the service could meet their needs.
- Staff used nationally recognised tools to assess risks to people's health and well-being, for example risk of pressure ulcers. People who had been identified at high risk of developing pressure ulcers had the appropriate pressure relieving equipment in place and staff used the appropriate care interventions, such as re-positioning.
- Policies and procedures were available to guide staff on best practice.

Staff support: induction, training, skills and experience

- All new staff received a thorough induction to the service.
- Staff told us they had access to ongoing training and development relevant to their role.
- The provider's training spreadsheet showed a good level of staff compliance with required training.
- The majority of training was provided through an on-line training company. The registered manager received a weekly report from the company which confirmed who had completed training. Some training, such as moving and handling was completed through face-to-face classes.
- Staff had undertaken Prevent training, which helps to identify people at risk of radicalisation.
- Staff received regular supervision. This gave them the opportunity to discuss their work performance, training needs and any areas of concern.

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

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People were weighed regularly and staff sought specialist advice when people consistently lost weight. The cook was knowledgeable about how to fortify food to increase its calories.
- Staff were aware of people's dietary needs and any help they required to eat and drink. During our observation of lunch, we saw that there were sufficient staff to assist people.
- People were supported to eat a varied diet based on their individual preferences. Staff understood that people with dementia can experience eating and drinking problems, and talked to us about ways they encouraged people to eat their meals. One relative told us, "Staff persevere with food."
- A good choice of food was provided, with snacks offered between meals. Night staff had access to the kitchen, so that they could make snacks for people during the night, if needed.
- Relatives were happy with the standard and choice of food.

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

- The premises and environment were designed and adapted to meet people's needs.

- Corridors were wide enough for easy wheelchair access.
- The home was well-maintained, with good quality furniture and equipment.
- There was a welcoming reception area and communal areas were pleasantly decorated.
- The home had a secure, attractive garden.
- The registered manager was enthusiastic about providing an environment suitable for people with dementia. This included transforming an area on the men's unit into a 'pub'. This had been achieved with help from the local community and businesses.
- There was clear signage throughout the home, including pictorial signs.
- People were encouraged to personalise their bedrooms and bring in their own belongings.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- The service liaised with a range of healthcare professionals, such as speech and language therapists, dieticians, podiatrists and doctors to ensure people's health needs were met.
- The service responded promptly when people's health needs changed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed that staff obtained consent for people's care and support and wherever possible supported people to make their own decisions.
- When people did not have the mental capacity to make important decisions for themselves, the best interest decision making process had been followed. For example, we saw details about a best interest meeting for someone who needed to be given their medicines covertly (hidden in food or drink).
- Where people were deprived of their liberty, the registered manager had submitted applications to the local authority to seek authorisation to ensure this was lawful.

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

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

- The atmosphere in the home was friendly and relaxed and we saw many warm and caring interactions between staff and residents during our inspection. For example, we saw one care worker holding a person's hand as they walked together. One person was sat by the window in the hot sun. A care worker closed the curtain so they could be more comfortable.
- Relatives were complimentary about the home and told us that staff were very kind. Comments included, "It's like home from home. They [staff] joke and have fun with him; "I think they [staff] are marvellous" and "We liked the atmosphere when we came here."
- Relatives told us they felt supported by the care team and that they had developed close relationships with them. One person told us, "I've got very friendly with the staff."
- Staff received training in equality and diversity.
- People's diverse needs were respected and care plans identified if people had any cultural or spiritual needs. People could take part in a weekly religious service if they wished.

Respecting and promoting people's privacy, dignity and independence

- Many of the people living at Hilltop Court had advanced dementia and therefore needed a great deal of care and support. Despite this, staff encouraged people to be independent where they could. For example, some people could not use a knife a fork, so staff provided them with 'finger foods', such as sandwiches. This enabled them to retain their independence at meal times.
- Relatives told us they were happy with the way staff supported their family member with personal care and helped them to look well-dressed and maintain their dignity. One relative said, "He's always shaved and bathed and his finger nails are always done."
- Staff understood the importance of talking to people, even if they had limited speech and were unable to talk back to them. One care worker told us, "Mostly they will give you eye contact. I talk to them even if they can't talk back."
- During our inspection we saw that staff spoke with people in a respectful and polite way.

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

- All the relatives we spoke with told us that they felt involved in the care of their family member and were kept informed of any changes to their health or welfare.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We found the culture of the service was exceptionally person-centred. There was a proactive and forward thinking approach to care, which was promoted by the registered manager. This was evidenced by the service's participation in research projects.
- People's rights and choices were protected by staff who understood how to support people with advanced dementia.
- People were supported by staff who had an excellent understanding of their care and support needs and their personal preferences. Staff were aware, in detail, of how each person wanted to be supported.
- People had 'key workers'. One relative told us, "He has a key worker who knows his likes and dislikes and how to handle him."
- The service was exceptionally responsive to people's individual needs. The registered manager told us how they had responded in an innovative way to a particular person's behavioural problems. Their intervention had greatly improved the person's quality of life.
- The service used an electronic care documentation system. People's care plans contained detailed information about how staff should best support them with their personal care, eating and drinking, mobility, communication and medicines.
- The service employed two activities coordinators who, along with care staff, helped and encouraged people to participate in group or 1:1 activities. During our inspection we observed people engaged in board games, reminiscence activities and hand massage. The registered manager told us that they arranged for animals to visit the home, so that people could enjoy an 'out of the ordinary' activity. Relatives were able to use Skype to participate alongside their family member during activities or other interactions. This helped them to be included.
- We spoke with one activities coordinator. She was extremely knowledgeable about ways in which people with advanced dementia could be stimulated and throughout our inspection we saw her (and other staff) trying to coax people to have conversations and take part in activities, even if only for a short time. One relative told us, "There's lots of interaction."
- Students from a local secondary school regularly volunteered at the home. All students received dementia training as part of this volunteering programme. This showed the service was keen to promote a better understanding of dementia within the wider community.

Improving care quality in response to complaints or concerns

- The relatives we spoke with knew how to make a complaint. One relative said, "If I'm not happy with something I'll phone up." Another said, "We would go to [the registered manager] or sort it out with a member of staff if we had anything."
- Relatives felt they could easily approach the registered manager with any concerns and that they would be

dealt with promptly. A relative told us, "You can go to her [registered manager] with any problems."

- The management team took complaints seriously. All complaints were recorded and investigated and a response/apology provided to the complainant.
- We reviewed two complaints and saw that action had been taken appropriately. One had been dealt with through the staff disciplinary process and another through staff supervision.

End of life care and support

- The service provided excellent end of life care.
- The registered manager regularly facilitated an end of life forum within the home. Relatives were invited to watch the short film, 'Dying with Dementia', followed by a question and answer session. The registered manager told us they were able to explain in simple terms what to expect when a person was dying and this helped ally relative's fears and put their minds at rest. It also gave relatives an opportunity to discuss advance care planning and gain support from other people in a similar situation. This showed us the service worked with families to dispel the stigma associated with talking about end of life care and demonstrated to us their innovative and creative approach to this area of care.
- People could remain in the home supported by familiar staff when approaching the end of their lives.
- Some staff had received training in end of life care. Registered nurses were able to give medicines (including strong pain killers) to manage people's symptoms and help them remain comfortable.
- People's end of life wishes were discussed with families when appropriate and decisions recorded in their care plans.
- The service was committed to improving the quality of life for people living with advanced dementia. They had recently been involved with a university research project aimed at improving end of life care for people with advanced dementia, living in care homes. This demonstrated the service was working to improve the outcomes for people who had reached the end stage of their lives.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager showed committed leadership of the service. They were an experienced health and social care professional, with an enthusiasm and dedication to providing people with dementia with high quality, person centred care.
- The management team completed a full range of audits on a monthly basis to check on the quality of the service. Audit results were monitored by the provider and a representative of the provider visited regularly to provide support.
- The registered manager and provider had good oversight of the home. There was an 'open door' management approach which meant the registered manager was easily available to staff, residents and relatives.
- The registered manager carried out 'spot checks' during the night to ensure that people were receiving the appropriate level of care.

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

- 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.
- The registered manager was aware of their responsibility to report events and incidents that happened at the service, to the CQC.
- Staff were positive about the skills and leadership of the registered manager and told us they felt very supported. One care worker told us, "She's an amazing manager. She supports me in everything I do." Another said, "She has always been good to talk to. She can always find a few moments."
- Staff told us they worked well as a team. One care worker told us, "We're like a little family." One relative said, "There's a camaraderie with the staff."

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

- The service held regular staff meetings These provided a forum for communicating information about the service, discussing concerns and gathering feedback from staff.
- Meetings for people using the service and for relatives were held every few months, although the registered manager told us attendance was often low. However, information was frequently passed on to relatives in

an informal way when they visited the home and comments we received from relatives showed that communication with the service was good.

- Relatives, staff and people who used the service contributed articles to the monthly newsletter, The Hilltop Court Herald. This kept people and relatives informed of activities and forthcoming events at the service. It was displayed in the reception area and was available for relatives and visiting professionals to take away with them.
- The service valued the contributions made by staff through an 'employee of the month' award.
- At the time of our inspection no one living at the home was identified as having any specific cultural or religious requirements or diverse needs, but staff we spoke with understood how to work with people from diverse backgrounds

Continuous learning and improving care: Working in partnership with others

- There was an open and transparent culture at the service. The management team and staff were committed to further improving the service for the benefits of people using it. For example, the registered manager had recently revised charts used for monitoring people's fluid intake so that they identified a fluid intake target for each person. This prompted staff to encourage people to drink and had led to a decrease in urine infections.
- The service liaised with organisations within the local community, including the Local Authority and Clinical Commissioning Group.
- The home finished in the top three in several categories of the 2019 Stockport Star awards. These awards recognise the best of Stockport's care sector staff and organisations.
 - The service was committed to involvement in education and research. For example it provided placements for students studying for qualifications in speech and language therapy.
- The service was involved in a number of research and development initiatives. These included a project looking at the oral health requirements of people with complex health needs, the 'Enabling Research in Care Homes (ENRICH) initiative and 'Research Ready Care Home Network'. These provide opportunities for care homes and residents to become involved in local and national research studies.