

Healthcare Homes Group Limited

Hillcroft House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Hillcroft House is a residential care home providing accommodation and personal care for up to 43 people. At the time of our inspection there were 36 people living in the home, most of whom were living with varying levels of dementia.

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

We found concerns at our last inspection and rated the home requires improvement in two key questions and overall. We also found a breach of the Health and Social Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was no longer in breach and had made the necessary improvements.

People told us they felt safe and we observed they were at ease in the company of the staff that cared for them. People were protected from the risk of potential harm; safeguarding policies and processes were in place and staff had received appropriate training.

Risks to people were regularly assessed with measures in place to mitigate them. This included timely referrals to healthcare services. Safe management of medicines was in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were sufficient safely recruited staff on shift to meet people's needs. The provider was actively recruiting additional staff but in the meantime was using preferred agency staff, where required, to maintain safe staffing levels. We have made a recommendation about staffing.

Despite recent changes in the leadership in the home, staff were clear on their roles and responsibilities. Morale and the culture in the home was good, staff said the interim management arrangements the provider had taken had settled the home and staff felt supported in their role.

Governance systems supported the provider and management team to identify shortfalls in the home and address them. Processes were in place to learn lessons when things had gone wrong with actions taken to reduce future incidents happening.

Overall, the home was clean and hygienic with good infection control procedures carried out. Staff wore appropriate personal protective equipment (PPE). We noted that some parts of the home were in need of attention and this was addressed during our inspection. The management team shared the provider's programme of scheduled works which included improving the décor and layout of the home to benefit the people living there.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 April 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillcroft House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Hillcroft House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector.

Service and service type

Hillcroft House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection a registered manager had not been in post since July 2022. The current interim management arrangements of the home included the provider's regional manager and a registered manager from one of the provider's other homes. The provider had recently appointed a new manager due to start in the home the following week and they would initially be supported by the current interim management arrangements.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 September 2022 when we visited the home and ended on 7 October 2022 when detailed feedback was given.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at Hillcroft House to seek their reviews of their care and support. Not everyone who used the service were unable to tell us about their experience of receiving the service, so observations of care and support were also made. We spoke with two people's relatives and a healthcare professional when we visited the home.

We also spoke with representatives from the provider this included a regional director, regional manager, operation's manager, a health and safety manager and a registered manager from another of the provider's homes. We spoke with the deputy manager, two seniors, six care staff, maintenance person and three ancillary staff. We also written feedback from four relatives and three staff.

We reviewed the care records of four people who used the service and several medicines records. We also reviewed a range of records in relation to the governance and management of the service, including audits, policies and procedures, training information and the recruitment records of three staff members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider failed to ensure that people's care and treatment were always planned and managed in a way that promoted their health, safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider is no longer in breach of regulation 12.

- People told us they felt safe in the home. They said staff were attentive and they were supported to use mobility aids and equipment safely.
- Staff understood people's assessed needs and risks and had good knowledge of how to keep them safe.
- Where people had been identified as at risk of falls, movement sensors were used to monitor people's safety in their bedrooms.
- Staff had been trained in moving and handling and we saw that people were assisted to move safely using specialist equipment.
- Where people experienced episodes of distress, their care plans provided information to staff to safely support the person and to mitigate any risk.
- People's care records included risk assessments, which demonstrated how the risks in their daily living were assessed. This provided guidance to staff in how to reduce the risks. Documentation seen demonstrated the care plans were being followed, for example, people were supported to move position to reduce the risks of pressure ulcers and where needed had their food and fluid intake recorded.
- Where people experienced episodes of distress, their care plans provided information to staff to safely support the person and to mitigate any risk.
- Staff had received training in fire safety and each person living in the home had a personal evacuation plan in place, which described the support they needed should they need to be evacuated in an emergency.

- A review of maintenance records showed regular checks and servicing was undertaken of the water, electrical and gas supply. Fire safety equipment and specialist moving, and handling equipment was also checked to ensure it was safe to use.
- Safe management of systems were in place. People told us they got their medicines when they should. One person said, "I take my pills every day with a glass of water they [staff] get for me." A relative shared, "If changes are made by the doctor regarding medication, they [staff] tell me and what it is for."
- Medicines systems were well organised with people receiving their medicines as prescribed. Drug stocks

tallied with the records, controlled drugs were stored safely, the medication room was clean, well ordered with regular temperature checks happening to ensure medicines were stored at the appropriate temperatures.

- Staff confirmed they had received training to administer medicines and their competency to do so checked.
- Staff were observed to explain to people what their medicines were, seek consent and to safely administer the medicines.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People were observed being offered choices of meals and fluids they would like. People told us they choose whether to spend time in their bedroom or access communal areas.
- We observed staff seeking consent before providing care and support to people.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure staff were aware of how to reduce the risks of abuse and avoidable harm, including policies and procedures and training for staff.
- Staff and the management team understood their responsibilities relating to reporting concerns of abuse to the appropriate authorities.

Staffing and recruitment

- Our observations showed there were enough staff deployed to safely meet people's needs.
- People we spoke with told us they felt there were enough staff. One person told us, "If I press my [call] button someone [staff] will always come." A relative shared that there were more staff in the week than the weekend, but this hadn't caused any issues.
- Staff feedback about staffing levels in the home was mixed. Several staff said there was usually enough staff to meet people's needs but that some shifts ran more smoothly depending who was working.
- Agency staff were used to fill gaps in staffing and some permanent staff shared that this was not always ideal as they had to explain or supervise them with certain tasks. One member of staff said, "Sometimes it is just easier for me to do it myself and I know it has been done right. I know they [provider] are trying to recruit but it is hard in the care sector right now. We got through COVID not using agency staff much but recently with sickness and [personnel] changes we have had to use them [agency] more."
- The provider had an ongoing recruitment programme and were actively trying to fill their current vacancies.
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through communication with people living in the home, relatives and staff to ensure people's needs continue to be met in a timely manner.

Learning lessons when things go wrong

- Where incidents and accidents had happened there were systems in place to reduce reoccurrence and to reduce risks to people. Any lessons learned were disseminated to staff.
- Falls analysis records identified potential patterns and trends and actions, such as referring to other professionals and using equipment, including pressure mats.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the home to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the home.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from their friends and family safely and in line with government guidance.
- This was confirmed by feedback received from people and relatives.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance processes were in place. This gave the provider and management team an overview of the home, helping ensure people received safe, quality care and support. This included audits of various aspects of the home, such as medicines, health and safety and care records. Any issues identified were listed on the home's action plan, for the provider to monitor that they had been rectified.
- Staff understood their roles, responsibilities and duties. Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the home.
- Staff performance was monitored through one to one supervision and competency checks. Regular feedback underpinned professional development and well-being practices, and support was in place for staff.
- The management team had notified CQC of significant events and incidents, in line with their legal requirements and responsibilities as a regulated service provider.
- The provider and management team were aware of the duty of candour and their responsibilities to be open and honest with people and their relatives in the event of something going wrong or a near miss.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care and support taking into account their personal choices and preferences.
- People's decisions were respected and acted on.
- Overall feedback about the service from people and their families was positive. They said they were satisfied with the care provided, the home was clean, safe and staff treated people with kindness and respect.
- However, it was acknowledged that sometimes the changes in personnel and management had affected the home. One person said, "Been at least four managers since I have been here, you get used to someone and then they go." A relative commented, "I am happy with Hillcroft House but would love the new manager to stay longer so I can get to know them this time."
- Overall, staff told us they felt valued and supported at work. This was due to the provider's interim management arrangements where staff said they were a visible presence and approachable. One staff member said, "The management team are supportive and available; morale is good, we are team again."

- Another member of staff shared, "There has been a lot of changes with the different managers, different ways of doing things, not always been clear what was expected and it's been unsettling in the home. Different personalities and approaches can be tricky to navigate. But since [management team] have been based here it has calmed down and you get the clarity. The home is going in the right direction."
- The provider confirmed that the existing management arrangements would remain to support the new manager and ensure stability in the home as they settled in.

Continuous learning and improving care; Working in partnership with others

- The provider and management team were passionate about the care and support people received and promoted open communication. Actions were taken when errors or improvements were identified with lessons learnt from these events.
- Feedback from professionals cited collaborative working arrangements. One visiting professional told us, "The home act swiftly for their residents, referrals are timely, and staff act on the feedback given."