Hillcroft Nursing Homes Limited

Hillcroft House Galgate

Inspection report

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Lancaster
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Tel: 01524751691

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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 House Galgate took place on 05 January 2017 and was unannounced.

Hillcroft House is one of six homes in the Hillcroft group. It is located in the village of Galgate, south of Lancaster. The home has two floors and staff worked on both floors as part of their rota. 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 and extended for use as a nursing home. Hillcroft House Galgate can support a maximum of 30 people. At the time of our inspection, 28 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 August 2014, we found the provider was meeting the requirements of the regulations that were inspected. However, it was identified staffing levels on the first floor required improvement to keep people safe. Since our last inspection, staffing levels were reviewed and increased.

During this inspection, we found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who lived at the home were met.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

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.

The provider had ensured risks to individuals had been assessed and measures put in place to minimise such risks. A comprehensive plan was in place in case of emergencies which included detail about how each person should be supported in the event of an evacuation.

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 Hillcroft House. This was confirmed from discussions with staff.

Staff responsible for administering medicines were trained to ensure they were competent and had the

required skills. There were appropriate arrangements for storing medicines safely.

People and their representatives 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 to speak with us 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.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had liaised with healthcare providers and responded promptly when people had experienced health problems.

We saw the registered manager had ensured end of life care was person centred and sensitively delivered. Relatives were welcomed and supported when they visited their loved ones.

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

Comments we received demonstrated people were satisfied with their care. The management 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.

Care plans were organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Hillcroft House. People told us they were happy to have the choice to participate or refuse to take part in activities. The activities were arranged for individuals and for groups.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how they could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

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 administered and stored 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. Relatives spoke positively about the care at Hillcroft House.

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. The registered manager had systems that ensured end of life support was person centred.

Is the service responsive?

Good

The service was responsive.

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

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

People and their relatives told us they knew how to make a complaint. People felt confident the registered manager would deal with any issues raised.

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 home. 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 worked in partnership with outside agencies to deliver quality care.

Hillcroft House Galgate

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 Hillcroft House. They included six people who lived at the home and five relatives. We spoke with the registered manager, two members of the management team and eight staff.

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 five medicines records in relation to people who lived at Hillcroft House. We looked at four 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.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with the staff and registered manager at the home. No one or their relatives we spoke with had ever had to raise a concern about the care they received. One person told us, "I am very very safe here. I do feel safe here." One relative commented, "[My relative] is totally safe here, and the home is faultlessly clean."

We asked about staffing levels during our inspection and received mixed feedback. One person told us, "Bit short lately but enough and they could do with another staff member on nights." A second person commented, "There are enough staff and they don't ever refuse to come." One relative raised concerns about staffing levels during the day whilst other relatives we spoke with had no worries. We spoke with staff about staffing levels and they did not have any concerns and felt there were sufficient on each shift to meet people's needs safely.

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. We spoke with the registered manager about staffing. They told us how senior care staff co-ordinated staff placement on both floors of the home. They showed us daily and nightly work sheets that guided staff on where they were working and with whom. The registered manager told us work plans took into account staff gender and experience. They explained they tried not to put two inexperienced staff or two male staff working together. This showed the provider had a system to keep people and staff safe and manage risk.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had information to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in staff training records. One staff member commented on the training, "The safeguarding training was interesting."

Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. "I would not be doing my job properly if people were not safe." Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home. The provider displayed a whistleblowing telephone number for staff to call if needed. One staff member told us "People are safe, I would whistleblow if they weren't." This showed staff had the knowledge to protect people by identifying and acting on safeguarding concerns.

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, this was confirmed when speaking with the maintenance person.

We checked the same rooms for window restrictors and found all rooms had operational tamperproof restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who could 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. One person who was in bed agreed to press their call bell so we could assess staff response times. We observed the call bell was within easy reach. We noted staff responded to the call bell in a timely manner. We tested the system twice during our inspection and observed staff responded to people's requests for support throughout the day. People we spoke with confirmed staff attended if they pressed their call bell. One person told us the registered manager had told them you must ring the bell if you want anything. We asked if they had rung for support, they told us, "I have rung and staff do come. If they are busy, they pop their head round and say they will come as soon as they can. It gives me confidence that they have heard me."

The service coordinator for the Hillcroft group distributes 'work safe alerts' to all the homes. These are based on information highlighted on the health and safety executive website. The alert is placed on the team meeting agenda and on staff notice boards to raise awareness. We saw a work alert about window restrictors. The alert highlighted the risk and guided staff in keeping people safe. For example, 'If you notice a window opened more than 100mm (10cm), or that there is damage to a window restrictor please report this to your Matron immediately.' We saw records that indicated the maintenance person checked the window restrictors each month. This showed the provider had a system to monitor incidents and to minimise the risk of their reoccurrence and keep people safe.

During the inspection, we viewed four care records related to people who lived at Hillcroft House. 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. During our observations, we noted people were supported as described within their care plan. When talking with staff we asked about managing risks. One staff member told us, "Care plans are forever being updated as people's needs change."

Staff told us they had trained health professionals visiting the home to show them how to support people safely. For example, the occupational therapist visited and shared their knowledge on the safe movement of people and therapeutic exercises. One staff member told us, "This [training] was brilliant." A Speech and language therapist and dietician had also visited Hillcroft House and met with staff. Staff told us it was good to be able to understand why they support people in a certain way and the hazards involved. 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 House. 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' that happen at the home. Any near

misses that occurred were recorded and shared between all six nursing homes in the Hillcroft group. The registered manager audited accidents and incidents each month. The registered manager met with the Quality manager regularly to discuss all accidents and incidents and any additional support required.

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 four 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 House until they had received their DBS check.

We spoke with the registered manager and two members of the management team about recruitment. They told us they looked at all previous employment and spoke with previous employers to assess the suitability of candidates. For example, one applicant had not been truthful about why they had left a previous post. The registered manager told us they decided not to recruit them commenting, "These residents mean everything to me. I need someone I can trust." This showed the provider had a robust and safe system to recruit and employ appropriate staff safely.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Record (MAR) forms for five people. We also observed the administration of medicines by trained staff.
We observed consent was gained from each person before having their medicine administered. The MAR was then signed immediately. We did this to see if documentation was correctly completed and best practice procedures were followed.

Medicine audit forms were seen and checked as correct. Records looked at showed trained staff received competency observations to ensure their skills and knowledge were maintained. Medicines were stored clearly and safely within the trolley. When not in use we observed the medicine trolley was locked and tethered to prevent its removal from the home.

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.

Good

Is the service effective?

Our findings

Feedback about the effectiveness of care was good. People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us, "The staff are very good here."

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, "The induction was good. It was the best induction I have had anywhere, they covered lots of things."

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. One member of staff we spoke with commented, "I liked the face to face training. I have never done care before; the trainers were there to support us. I could ask anything."

New staff also shadowed experienced staff members for several days. All staff spoken with thought this was beneficial for their role. One staff member remarked, "Shadowing showed the practical side of how people worked and maintained excellent standards." 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 told us, "The training is excellent, I have been most impressed." This showed the provider had a framework to ensure staff had the knowledge and skills to deliver effective support to meet people's needs.

We asked the registered manager how they supported staff. They told us staff received supervision from themselves or other members of the management team. 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. Everyone staff member spoken with told us they felt they could speak with the registered manager anytime should they want additional support or guidance.

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best 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 provider 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. One staff member told us, "We need to make sure we are supporting people physically and emotionally. We don't want to take away people's choices." We observed staff consistently offered choice to people and checked for their agreement before taking any action. The registered manager was aware of the need to support people within the principles of the MCA 2005 and had liaised with people and their relatives when submitting applications to deprive people of their liberty.

We observed mealtimes throughout the day and asked people about their experiences of the food and drinks offered. People were given their meals where they sat, in their bedrooms or in the dining area. 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. We noted homemade biscuits cakes and drinks were offered between meals. Several people recommended the cakes and praised the chef during our inspection.

About the food, one person told us, "The food is good quality." They jokingly commented, "I get too much." A second person commented, "The food is wonderful, they don't skimp." Another person said, "The food is to die for and I have my sherry at night."

We spoke with the chef who had knowledge of people's likes and preferences. They knew who required special diets and who required food to be served at a prescribed consistency. 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 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 home 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. One person told us, "I have had visits from the podiatrist and the GP and I am having a visit from the dietician." The registered manager told us the GP visited weekly to attend to new and ongoing issues. This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs

Good

Is the service caring?

Our findings

People we observed appeared happy and relaxed at Hillcroft House. People we spoke with told us they were pleased to be living at the home and staff were helpful and considerate. We observed staff treating people with kindness and compassion, and the atmosphere within the home was calm throughout the time of our inspection. One person told us, "Staff put themselves out, I think they are blooming marvellous. I have never met so many kind staff." A second person commented, "Staff are good here, they are very very caring." With regards supporting people, a staff member told us, "In the training it is pushed home to treat people with dignity and respect."

We noted people's dignity and privacy were maintained throughout our inspection. When communicating, staff got down to the person's level and used eye contact. They spent time actively listening and responding to people's questions. We observed one person being transferred from a chair to wheelchair using a hoist. The two staff members talked through what was happening, proceeded gently and gave the person lots of eye contact.

Hillcroft House advertise their 'care specialisms' included palliative care and end of life care. We spoke with the registered manager and staff team about the support they delivered to people at this sensitive time. The registered manager told us staff had completed end of life training with the local hospice. They had completed further training with the hospice on good communication. The registered manager stated, "The training is a totally different approach to communication. It is about what can I do to help you and to find out what you want." They further commented, "It gives confidence to ask questions." They shared two examples where through talking they were able to give people positive end of life support. One person wanted to be aware what was going on and not sedated at their end of life. They wanted to see the angels arrive. A second person wanted freesias, their favourite flowers, in their room as they reminded her of her husband. Both these requests had been supported and achieved.

We spoke with the registered manager and staff about supporting relatives during their relative's end of life. One person who had a degenerative condition died with their family around them. The daughter had been upset her father would not meet her unborn child. The provider borrowed a machine that allowed her father to hear his grandchild's heartbeat. This compassion and innovative care brought comfort to the family.

We saw a relatives' lounge at the home that was offered to families who wanted to stay overnight if their loved ones were in deteriorating health. The registered manager also commented if they had vacant rooms, relatives who did not want to leave their family member were welcome to make use of these.

We saw leaflets were available to people and relatives that shared information on death and signs and symptoms. The leaflets identified common physical and emotional changes and needs. The information gave people knowledge and time to prepare. About end of life care, one staff member told us, "Once people have passed away it is making sure their dignity is upheld. Did they want the window open, making sure they are clean or did they have a picture in their hand."

There was a do not attempt cardiopulmonary resuscitation (DNACPR) register, which ensured end of life wishes were valid and current. The registered manager ensured end of life drugs were ordered and in place for people. They had 'supportive care meetings' which highlighted people's wishes and ongoing care requirements. We read many thank you testimonials from relatives in praise of the care their family member received. For example, 'during mum's stay and especially her last weeks of palliative care at Hillcroft, I personally witnessed such compassion and respect and dignity. When mum was at her most vulnerable I was overwhelmed by the way she was treated so lovingly by all.' This showed the provider had recognised end of life decisions and care should be an integral part of a person's care and had respected their decisions.

Relationships between people who lived at the home and staff appeared open and friendly. Staff were knowledgeable on people's past histories and present likes and dislikes. There appeared to be a genuine fondness shown for the people they cared for. There was a rapport which people appeared to enjoy and showed familiarity. One relative stated, "My [relative] gets treated like a queen. You couldn't ask for better."

Relatives 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. One family member told us, "We visit a lot and they make you feel so welcome." They further remarked, "We came Christmas Day and I had dinner here with [relative] it was lovely." A second relative told us they had enjoyed staying and having lunch with their relative on Boxing Day. This showed the provider had developed strong caring relationships with relatives of people they supported.

Care records we checked were personalised around the individual's requirements. They held valuable personal information that promoted people's individuality. The documentation guided staff on topics of conversation and how to promote positive relationships. For example, one person preferred people to talk quietly to them and liked hand massages.

Personalised information also included one person liked gardening and fly-fishing but disliked people being cheeky. We also saw people liked to have their door left open and light left on. They told us during our inspection this request was followed by staff at the home. We saw one person liked dogs. We saw framed photographs of dogs in one person's room. They told us they had always loved dogs and was pleased their friend was able to visit and bring their three dogs with them.

We asked the registered manager why care plans held personal information about people they supported. They told us it was nice to chat with people about things they were interested in. They told us, "The information lets us know about the person, who they are, what they were. They are not just a number." This showed the provider had listened and guided staff to interact with people in a caring manner.

We spoke with the manager about access to advocacy services should people require their guidance and support. The manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate agencies outside of the service to act on their behalf if needed. At the time of our inspection, no one was supported by an advocate.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes. One person told us, "The staff are marvellous, they know me and what I like." One relative told us, "The staff are excellent, very helpful, I am reassured."

To ensure the support was responsive to their needs, the registered manager completed an assessment of people's support needs before a place was offered at Hillcroft House. The registered manager explained that if they are not able to meet people's needs they do not offer a place at the home. They told us, "If people are a high risk of falls or have complex needs, I don't have that level of observation here. I would be compromising the needs of the residents who are already here."

To make sure the support remained responsive to people's needs there was a meeting shortly after the person had moved in to check the care being delivered was meeting the person's needs. The meeting also checked if the person was happy with the named nurse and keyworker. The meeting was used to check whether all relevant documentation had been completed and to gain consent on the care plan developed. This showed the registered manager had a framework that ensured the care delivered was able to respond to people and their care needs.

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

Within individual plans, there was additional information specific to each person. For example, we noted one person wanted a shower and not a bath. The care plan informed staff that although one person could stand they needed two staff for support. One person told us all their support information was in their room to guide staff on what to do and how to do it properly. They told us they were pleased with the support and care they received. They told us they had been visited by their GP and the nurse was updating their plan for staff to follow. There were clear guidelines on how the person liked their drinks. For example, black tea, no sugar or orange juice. This guaranteed support was in place to make sure people's care preferences and wishes were known and followed.

We asked about activities that took place at Hillcroft House. We noted there was a weekly timetable of activities available for people to participate in. The registered manager told us they offered activities but people were reluctant to participate and many people chose to spend time in their rooms. We spoke with people who confirmed activities were available but they chose not to participate.

However, about activities one lady told us, "Staff chat with us, offer hand massages and we even get a dog

visit it's lovely." We saw there was a weekly visit by a 'pets as therapy' dog, 'Raffa'. Raffa visited on the day of our inspection and we saw people enjoyed his company. A second person and their relatives told us how good the themed parties were at Hillcroft House. The spoke fondly of the Halloween party and the Christmas celebrations.

During our inspection, we met a visiting hairdresser. The registered manager told us the hairdresser used to visit the person at their previous home and their family had requested they visit when they moved to Hillcroft House. Two other people had chosen their own hairdresser. The provider had organised a separate hairdresser to visit the home, should people choose to have their hair done. This showed the provider valued people's opinions and 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. 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. We saw evidence where complaints had been received and responded to in a timely manner. Regarding complaints one person told us, "I have had no reason to complain. Everyone works hard." A second person commented, "I haven't complained but I would if I needed to. The registered manager is very approachable." This showed the provider had a procedure to manage complaints.

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 have never met such kind, caring, understanding, patient and respectful people in my life. Everybody moved mountains to make sure we were happy and did things above and beyond anything we could have wished for.' In addition, we noted, 'Our sincere thanks once again to you and all the staff for the love and care you showed Dad in the final months of his life.''

Good

Is the service well-led?

Our findings

People, their relatives and staff were very complimentary of the management. One person told us, "[Registered manager] is very very nice." A relative said about the registered manager, "She is always in and out, checking. She always says bye when she leaves." A staff member commented, "I can go to [the registered manager] anytime, she is friendly approachable and lovely." About the registered manager a second staff member simply said, "Brilliant."

The atmosphere throughout the home was calm and relaxed during the whole inspection. People, relatives and staff told us the management team were visible within the home. They 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. People spoke positively about the management team and staff. People and relatives we spoke with identified favourite staff who had delivered a quality service.

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. This showed the provider had introduced incentives to promote a positive culture and motivate staff.

We asked about what meetings took place at Hillcroft House. 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, "We can say whatever we want, it is good to have people there so you can voice any concerns." A second staff member told us, "We have staff meetings quite often. They are interesting and worth having." A new staff member commented, "The meeting was very good, they shared information and future plans."

Staff meetings took place twice with the same agenda at a time when staff would be most likely to attend. There were also meeting for the nursing team and senior carer meeting. We noted the agendas reflected the roles and responsibilities of the staff invited. This showed the provider offered opportunities for staff to contribute and be included in the care 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. They also had regular meetings with the Hillcroft directors. We saw minutes, which discussed plans for Hillcroft House. For example, the expansion of the home was discussed and the recruitment and deployment of new staff discussed. We were also told about Directors Question Time where staff and relatives got the opportunity to meet the directors of the Hillcroft group. We spoke with one director, who told us it was good for staff to hear from the directors directly and staff can ask anything or share concerns. This showed the provider

delivered an open and transparent service.

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. The registered manager told us, "I am able to ring if there are any issues at the hospital or with people being discharged. They also attended Nurse forum events in the local area. On these meetings they commented, "I learn a lot from them."

After liaising with local health professionals, the provider had introduced a form that is shared between agencies such as the local hospital. It looked at the situation, background and outcome. It was used when care staff supported people to medical appointments. They took the form along with information about the patient and the Nurse/GP/hospital health professional completed it with their assessment and treatment plan. The required actions were taken back to the home and implemented. We asked the registered manager about the form, they told us, "It is about good communication between agencies. Carers don't always have a clinical background, and it is about better care together." This showed the provider had a system that delivered high quality care through effective communication with local health services.

Hillcroft House 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 home 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 home, 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 prior to this inspection, 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 learned."

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. About the auditing system, the quality manager had told us, "This helps us to organise ourselves. It keeps people reassured we have a quality system in place."

We spoke with the maintenance person about their responsibilities within the home. They told us, "All our jobs are to care for people, by getting this [maintenance] right we are caring for people." 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. We saw a maintenance schedule for the forthcoming year, which showed when items had been serviced and when they were next due to be examined. 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.