Astley Care Homes Limited

Hillcroft 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 23 July 2018 and was unannounced. At the last inspection in November 2016 we rated the provider as Good overall with but requires improvement in respect of the key question; Is the service Well-led? At this inspection we found the evidence continued to support the rating of good and there was improvement that meant the Well led domain was rated good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Hillcroft Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or 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. Hillcroft Nursing Home is registered to provide accommodation and personal care to a maximum of 28 people who may have a physical disability or diagnosis of Dementia. At the time of the inspection, there were 20 people living at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had made improvements to their systems to ensure that they informed us of events or accidents that occurred at the service. We saw that accidents and Deprivation of Liberty (DoLS) authorisations were notified to us as is required to meet the legal requirements of their registration with us. People were happy at the way the home was run and their views were regularly sought. The provider continued to review the quality of care via their own audits and checks which were effective in identifying improvements which we saw they had made. The registered provider has worked in partnership with other organisations and the registered manager has taken part in training with the local hospice to provide best practice initiatives for people needing end of life care.

People told us they felt safe living at the home. We saw staff understood how to recognise and report harm or abuse. Risks to people's safety continued to be assessed, monitored and managed to keep people safe. There were enough staff to meet people's needs and people's medicines were managed safely. The home's environment was kept clean and hygienic.

People received effective care to meet their assessed needs because staff had relevant training and support to help them in their role. Staff sought people's consent and any restrictions on people's liberty were understood. People continued to be happy with the quality and choice of meals. People's health was maintained with access to a range of healthcare professionals.

People described staff as caring and kind in their approach and remained happy that staff treated them with

respect and protected their privacy and dignity. People continued to be involved in decisions about their care and their choices were respected.

People continued to receive care that was responsive to their needs and they were involved in deciding their care. The range of activities would benefit from improvement, for example including opportunities for people to go out into the community. The registered manager had raised this with the provider. People felt happy to approach staff with any concerns or complaints. People's end of life needs were being taken into account to ensure they had appropriate professional support and that their wishes are known.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good
Is the service effective? The service remains Good	Good
Is the service caring? The service remains Good	Good
Is the service responsive? The service remains Good	Good
Is the service well-led? The service has improved to Good The registered provider had ensured they informed us of incidents that had occurred at the service as required by the law.	Good

Hillcroft Nursing Home

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.

This was a comprehensive inspection which took place on 23 July 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using, or caring for a person who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority to gather their feedback about the service.

During the inspection we spoke with 13 people using the service and four family members. Some people using the service were unable to speak with us so we completed a 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 also spoke with the registered manager, two nurses, three care staff and the cook. We looked at three care files, four medicine records, accidents, incidents and complaints records. We sampled the provider's audits to monitor the quality of the service and looked at people's feedback on the service.

Good

Is the service safe?

Our findings

At our last inspection in November 2016, we rated the service under the key question 'is the service safe ?'as 'Good'. At this inspection we found the service had remained 'Good'. People told us that they continued to feel safe. One person told us, "I feel safe there are a lot of people around me. The staff are very thoughtful when I walk to the toilet, they walk behind me with the wheelchair in case I need it". Staff confirmed they had received safeguarding training and knew how to recognise and report any risks of harm or abuse. The provider had safeguarding processes in place and had acted to report any suspicions of abuse.

Risks to people's safety continued to be assessed and plans and guidance for staff were in place on how to support people safely. For example, we saw a person was supported to mobilise with the support of staff to reduce the risk of falling. Staff were aware of risks to people such as choking, poor diet, and risks of developing pressure sores. Staff continued to monitor people's condition to minimise risks to their health and wellbeing. One staff member told us, "We are updated on risks and follow the plan to make sure people receive the right support".

People told us there was enough staff to support them throughout the day and night. One person told us, "They are lovely staff and always come to help me". Another person said, "I can't think that we have been short; [of staff], there's always staff around". We saw staff were available to respond to people's needs.The provider had continued to maintain a stable staff group with little staff turnover and no reports of staff shortages. The registered manager told us they had recently recruited a new member of staff. The provider's recruitment processes included checks on staff before they started to work with people such as a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff. The provider informed us references had not been properly followed up for one person and they were seeking legal advice regarding this.

People were happy with the support they received to take their medicine. One person told us, "The nurse brings them at the right times, she tells me what they are, I don't have to take them if I don't want to". We saw the nurse administering medicines and saw this was done safely. Records related to people's medicine were completed accurately. The balances of medicines matched records indicating people had their medicine as prescribed. There was written guidance for staff regarding medicines that needed to be taken in a specific way. This ensured people had their medicines only at times it was needed. Nurse competencies had been carried out regularly and audits were evident to show medicines had been checked by the provider.

The registered manager completed records to monitor any accidents and incidents to reduce the likelihood of events happening again. For example, they had identified recruitment checks needed to include follow up actions where references were provided. This had occurred due to a change in staff, and was being addressed. In addition, we saw the provider had learned from a safeguarding incindet and now maintained photographic evidence of pressure sores to ensure an accurate record of healing. We saw these were in place.

We saw that people continued to live in a clean and well-maintained environment. Staff were seen to wear personal protection equipment (PPE) where needed.

Good

Is the service effective?

Our findings

At our last inspection in November 2016, we rated the service under the key question is the service effective? as 'Good'. At this inspection we found the service had remained 'Good'.

People continued to have their needs assessed both prior to coming to the home and as their needs changed to ensure they received effective care. One person told us, "They visited me first at home and I'm very happy they know how to care for me". The assessment involved other professionals to ensure people's needs could continue to be met effectively. For example, one staff member told us, "We have some people straight from hospital but only if we can meet their needs". People's medical history as well as their current care needs in relation to protected characteristics under the equality act such as disability, religion and culture were identified.

We found staff continued to be provided with training relevant to their role and records reflected a variety of training had been completed. Staff told us the training they received had given them the skills and knowledge to care for people effectively. One member of staff told us, "The dementia training was very useful it helped me understand I need to reassure people and explain what's happening". Induction processes continued to cover the procedures and care tasks needed to meet people's needs effectively. For example, moving and handling people in a safe manner. Staff told us they felt supported and had supervision in which to discuss their practice. Records showed the frequency of supervision had slipped, but staff told us they felt they were supported. The registered manager had a schedule of dates to implement. Staff continued to attend a 'handover' at each shift in which any concerns or updates affecting people's care were communicated to ensure people's care was effective.

We found the provider was continuing to work within the principles of the Mental Capacity Act 2005 (MCA). They had ensured authorisations to deprive people of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff understood the restrictions in place for people. For example, one member of staff told us, "We have some people who have a DoLS in place who show us they want to get out so we will take them; we try not to restrict them but we know they can't go out alone". We saw people were not restricted unnecessarily and moved freely around the home. People confirmed and we saw that staff sought their consent before starting care tasks and people made decisions about their daily routines.

People told us they were happy with the meals and choices were always available. One person said, "You can have what you want, some people have a cooked breakfast and there's always an option if you don't like the menu". Staff had information related to people's specific dietary needs. We saw people's meals were prepared to suit their needs and monitored to ensure risks were identified. External professionals were

involved where people needed additional support to eat and drink enough. Snacks and drinks were available and staff encouraged people to drink regularly.

People continued to have access to a range of health professionals and referrals were timely where people's health had changed. A relative told us, "Yes they called the doctor and then he updated us about their chest". Recommendations were documented and staff were aware of how to support people with their health.

The premises were suited to people's needs, for example a lift was available and communal areas were wheelchair accessible. Adapted bathing, toilet facilities and a spacious lounge area enabled people to move around freely. Signage around the home helped people to orientate themselves and handrails supported people's mobility.

Good

Is the service caring?

Our findings

At our last inspection in November 2016, we rated the service under the key question 'is the service caring ?' as 'Good'. At this inspection we found the service had remained 'Good'.

People told us staff were kind and considerate towards them. One person who was cared for in their bed told us, "I'm very happy with the staff; they are always popping in to make me comfortable". Another person also cared for in their bed told us, "I can use the buzzer to call for staff but to be honest they come and check me anyway and see if I need anything". A visitor told us their relative; "Always looks well cared for; lovely and clean and comfortable".

We saw interactions between staff and people were friendly and people told us they enjoyed staff contact, One person said, "It is nice when they sit and chat with you". Staff spoke with people in a considerate and respectful way and understood people's preferred method of communication. We saw for example they initiated contact with people when they saw their facial expressions looked sad. One staff member explained; "We can tell when people are upset or maybe uncomfortable; we will sit with them, hold their hand, just give them some time and attention". Staff used their knowledge of people's emotional needs to reassure someone who was distressed and agitated. We saw staff comfort the person and they said, "She gets a little confused but it passes when we sit and listen, it's part of her dementia". We observed staff interacted regularly with people throughout the day.

People told us they made their own decisions and choices about their care. One person told us, "They do ask me if I want a bath but I'm alright with a bed bath I don't want a bath or shower". We saw people were provided with choices about what they ate, where they sat and what they wanted to do. We saw that staff respected people's right to make choices and we saw some good examples of staff promoting choice. For example, we heard one person asking if they could walk to the toilet instead of using the wheelchair. We saw staff assisted them and provided lots of praise at their effort and improved mobility.

Some people told us how they had been supported to maintain their independence, such as dressing themselves, and walking independently. One person said, "I like to do things myself but the staff help if I struggle". Relatives were complimentary about the care people received. One relative told us, ""Staff are lovely they know us by name. It was mum's birthday last week they made a big effort gave her a cake and flowers, they always make a fuss for birthdays. They set up this area for us we could have a party".

People's privacy and dignity continued to be promoted by staff who understood the importance of these principles. We saw for example staff responded discreetly where people needed help to change their clothes. People's personal information was kept secure to ensure confidentiality.

No one currently required the support of an advocate but we saw the registered manager had sourced this support for people when needed. Contacts for the local advocacy service were available. Visiting times were restricted and we were told this was so that people could eat their meals without interruption. People and their relatives told us they had no objection to this.

Good

Is the service responsive?

Our findings

At our last inspection in November 2016, we rated the service under the key question is the service responsive? as 'Good'. At this inspection we found the service had remained 'Good'.

People and their representatives were involved in their assessments and care plans. One person told us, "When I first arrived they asked me what I liked and disliked, my daughter was involved". We saw that people's assessments considered what was important to them, including their heritage, past life and any personal characteristics protected by law, such as age, gender, disability, race, religion and sexual orientation.

We saw care plans were detailed and contained information about people's likes and dislikes. When we spoke to staff we found they had a good understanding of what was important for people. Staff were also able to tell us about the people's backgrounds, their medical histories and their likes and dislikes. We saw there were regular reviews and care plans were updated where people's needs had changed. A relative told us, "Yes we have care reviews but I don't need it I am quite happy." People's care plans showed how the provider gathered information about people's communication needs and complied with the Accessible Information Standards (AIS). People's disabilities or sensory losses were known to staff, as well as the type of aids that might help people to communicate. We saw for example that people were supported to use hearing aids or gasses. Where people were unable due to disability to summon help, this was recorded and known by staff who carried out regular checks on them.

People told us they could participate in activities. One person told us, "I can do what I want, they always have something going on, sometimes I like to play Bingo". A second person told us "I would like more to do. They do their best I would like to go out in the garden more but I don't like asking. I have had communion this morning but it would be nice to go out on a few trips." During the afternoon, we saw that a group activity of bingo was carried out. Staff actively encouraged people to take part in the activity and provided support for them. Staff told us they would like the opportunity to take people out of the home but that this was difficult due to staffing levels. One staff member said "I've taken (the person) out of home but he is more independent in comparison to the other residents. I would like to take more people out but we would need more staff on duty". A second staff member told us "We are a nursing home so it is difficult to take residents outside to do activities. I think it would be better if we had an allocated activities staff member, so that staff members on duty could focus on the residents that need more support and possibly take one or two outside to the park". The home had an activities person visit once a month. The Registered manager told us that she would like to have an allocated activities person and had already spoken to the provider about this improvement.

People had confidence if they had concerns they would be listened to and action taken to address these concerns. One person told us, "I don't have any problems, it's alright here. If I did I would tell (the registered manager) or (deputy), they always listen". A second person told us "I know she is in charge and I would speak to her if I was worried ". We looked at complaint records and saw where complaints were made, the registered manager had conducted an investigation, informed the person making the complaint of the

outcome and produced action plans to address the concern and reduce the risk of re-occurrence.

People's end of life wishes were considered and planned for. The registered manager was the end of life champion; [a champion has additional knowledge in specific areas to support best practice]. She had trained with and worked alongside the local hospice to look at end of life care planning. A 'planning for my future' was in place to support people to have a comfortable and pain free death as well as identifying their wishes. This process had begun for a person at the end of their life; for example, ensuring anticipatory medicines were in place to manage pain and involvement of the palliative care team.

Good

Is the service well-led?

Our findings

At our last inspection in November 2016, we rated the service under the under the key question 'is the service well led?' as 'requires improvement'. This was because the registered manager and the provider had not always informed us of certain incidents that had occurred at the service as required by the law. At this inspection we found the service had made the improvements needed and was now rated 'Good'.

The registered manager had reviewed accidents/incidents/safeguarding's and DoLS authorisations and had notified us of incidents where required. Records showed protocols to avoid reoccurrence of incidents had been improved. For example, because of a safeguarding incident photographic records had been implemented to ensure there was an accurate record of pressure sore care. In addition, the provider's recruitment procedures were under review to ensure appropriate checks were undertaken. Staff described an open culture in which they were confident to whistle blow if they had concerns about people's care.

Whilst we saw the frequency of staff supervision had slipped, staff told us that they felt supported by the management team. The registered manager had a plan in place to improve the frequency of staff supervision. We found the turnover of staff was low and everyone enjoyed working at the home and understood the aims of the home.

People told us they were happy living at the home and we saw they knew the manager and staff by name. One person said, "It's a lovely home, the staff are very nice".

The provider had continued to seek people's feedback on their experiences via questionnaires. These had recently been returned but were not yet analysed. We saw people's feedback was positive.

The provider had continued to carry out regular checks on the quality of the service. This included a tracking system in place for checking on the status of DoLS applications. A recent care plan audit had been completed with findings and recommendations outlined. The registered manager told us that the internal care plan audit was undertaken to improve the quality of these records. The registered manager added that they were currently implementing the recommendations following this audit. Health and safety checks were in place to ensure the building and equipment remained safe. We saw these checks were effective in identifying any improvement needed and there was a system for the registered manager to escalate findings to the provider for action. For example, they had identified the need for an activities coordinator to improve the availability of activities and opportunities for people.

The provider had established links with other agencies to gain advice and share best practice to improve the quality of care to people. For example, they were working in partnership with the local hospice and implementing their end of life planning tool. Where people had been admitted from hospital for short term care we saw links with the hospital and other health professionals were retained to ensure people continued to receive the care they needed once they had moved into the home. We saw the provider had worked alongside commissioners and acted to address their recommendations in relation to improving transfer information when people move between services.

Providers are required to display their most recent rating from our CQC inspection report. We saw the rating from our last inspection was displayed within the home.