

Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Lancaster

Inspection report

Westbourne Road
Lancaster
Lancashire
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Tel: 0152463107

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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

About the service

Hillcroft Lancaster is a nursing home providing personal care to 19 people aged 65 and over at the time of the inspection. The service is registered to support up to 20 people.

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

People were provided with a nutritious and varied diet. However, care plans did not consistently reflect people's dietary needs. We have made a recommendation about the documentation of people's nutritional needs.

The registered manager completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home. However, not all activity was recorded to reflect the support delivered and allow oversight of the service delivered. We have made a recommendation the registered manager follow good practice guidance on the clear and measurable documenting of all regulated activities.

People's needs were assessed, and care and support had been planned in partnership with them and their relatives. Staff had received regular training and supervision to support them to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. Relatives told us they felt their family members were safe at Hillcroft Lancaster. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. People were safely supported to receive their medicines as prescribed.

People and their relatives were positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. The service could provide people with information about local advocacy services, to ensure they could access support to express their views if they needed to. The registered manager worked in partnership with people's advocates.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed and where support was required these had been met. The registered manager managed people's concerns and complaints appropriately.

The service worked in partnership with a variety of agencies to ensure people received all the support they needed. People were happy with how the service was managed. Staff felt well supported by the registered manager.

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

Rating at last inspection

The last rating for this service was good (published 08 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hillcroft Nursing Home Lancaster

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 Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Hillcroft Lancaster 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, care staff and chef. We spoke with the nominated individual, services co-ordinator, handyman, receptionist and recreation therapist. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at a variety of records relating to the management of the service and walked around the building to make sure it was a clean and safe environment for people to live in.

After the inspection

We continued to seek clarification from the provider to validate evidence found and looked at quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider introduce a robust system to record and audit the application of creams. At this inspection we found systems to ensure people received appropriate support with their creams.

- People received their medicines when they should. Medicines administration systems were robust and well organised.
- The service used electronic medication management to reduce the risk of harm to people through preventable medicine errors.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. One relative commented, "[Family member] is safe because there is always someone around." A staff member said, "I am not going to stand by if I see abuse. There is a culture here of being open and honest."
- The registered manager attended local safeguarding forums. They were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.

Assessing risk, safety monitoring and management

- The service assessed and managed risks to keep people safe. There were risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm. For example, people had been assessed against the risk of falling and using equipment to keep them safe.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured, in case of a fire, staff had appropriate guidance on how to support people out of the building.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks, including criminal records checks with the Disclosure and Barring Service were carried out. This ensured only suitable people were employed to support people.
- People, relatives and staff told us staffing levels were enough to keep people safe. We observed the service had appropriate staffing levels to keep people safe. One relative commented, "There are ample staff and

they are very nice staff."

Preventing and controlling infection

- People were protected against the risk of infection. We walked around the home and found the environment to be clean and well maintained.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. The registered manager met with the service quality manager to review accidents and incidents. Systems and processes were in place to help minimise them reoccurring. Incidents that occurred in all the provider's homes were analysed and where lessons were learnt these were shared with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain a balanced diet. Records consistently documented people's likes and dislikes and identified any associated risks with eating and drinking. We saw guidance from professionals was requested when needed. However, one person had contradictory information in their care plan related to their nutritional support requirements, which could have placed them at risk of choking.

We recommend the registered manager review and amend where necessary all care plans and update staff knowledge on people's dietary needs.

We shared our findings with the registered manager who amended the care plan to ensure the correct information was clearly visible.

- People were offered choices of what they wanted to eat and drink. Where appropriate people were encouraged and supported with their meals. We observed people being offered drinks and snacks regularly throughout our visit. One relative said, "The quality and variety of food is excellent."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they came to live at Hillcroft Lancaster. Information gathered during assessment was then used to create people's care plans. One relative said, "They [management] went through everything for the care plan and I have had a meeting to discuss how things are going."
- We saw good practice guidance in relation to pressure care, falls prevention and mental health and well-being.

Staff support: induction, training, skills and experience

- Staff told us they had access to training and development relevant to their role. They received ongoing training that was relevant to their roles that met the Care Certificate standards. This is a nationally recognised set of standards social care staff need to adhere to. About the training one staff member commented, "It was brilliant training with [trainer]." A second staff member said, "[Trainer] he was really good, really approachable."
- Hillcroft had three mental health first aiders to support people and staff across its six homes. One first aider commented in the Hillcroft newsletter, 'It is very important that members of staff are given all the information they need and have someone they can go and talk to as well as having someone there who will listen to them without feeling judged.'

- Care staff had the opportunity to be supported to become advanced practitioners and nurses were supported with their revalidation. Revalidation is the process all nurses go through to renew their registration with the Nursing and Midwifery Council.

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

- Peoples assessed needs were being met. Peoples care plans included information about their healthcare needs.
- People were supported by staff to attend any healthcare appointments when needed. One relative said, "They got the doctor in when he was poorly. He is better now. They look after him well."
- The service maintained good working relationships with health professionals and sought guidance when needed. Staff demonstrated knowledge of the additional support being provided to people by the community health teams.

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

- The premises were appropriate for the care and support provided. Communal areas were provided where people could relax and spend time with others. One lounge was under review to be changed into a sensory area.
- There was a lift which was well maintained allowing all rooms to be easily accessed. Corridors were free from hazards to allow people to walk independently with minimal risk.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff had received training in MCA and DoLS. They knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw consent to care and treatment was routinely sought and was under review at the time of the inspection with all conditions related to Dols being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were knowledgeable about people's backgrounds and preferences. We spent time observing staff interacting with people who used the service. We found staff were kind, caring and considerate of people's individual needs and preferences. We saw one person displayed unique behaviours. Staff not only accepted these but validated them through positive conversations with the person and onlookers.
- We observed people were comfortable in the company of staff and actively sought them out. One person told us, "I like living here."

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

- People were involved in their care and supported to make decisions and express their views. One person told us, "I am offered choice but like staff to make decisions, it's reassuring."
- The service reviewed people's views and needs on every admission which included consultation with relatives. Care records showed care planning was centred on people's individual needs and preferences.
- The registered manager, when appropriate had worked with people's advocates and had copies of relevant paperwork. These are people who ensure people's rights and best interests are being protected.

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. We noted people's personal private information was stored securely. There was no personal information left visible for visitors to read.
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name and we overheard staff members complimenting people on their appearance. They were polite, very friendly and cheerful when supporting people. One relative said, "Staff work very hard. [Family member] is settled here."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The management team completed an assessment of people's needs before they could move into Hillcroft Lancaster. This ensured the service was right for the person and the service could meet the person's needs.
- Staff were observed being responsive to people's needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One relative said, "The way they care for [relative] is wonderful." A second relative told us this was the third home their family member had been in and this met their needs and was the nicest.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw people's communication needs had been assessed and where support was required this had been met. There were scheduled visits with opticians to support people who were visually impaired.
- Staff were able to say how best to communicate with people who may be anxious. We observed one person becoming distressed and staff members delivered support that calmed them and improved their mood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities to socialise and build on their living skills and independence. Activities were overseen by a recreation therapist who had a good knowledge of people's likes and dislikes. One relative told us, "They know [family member] well. [Person] likes arts and crafts and staff know this."
- We observed activities taking place throughout the day. One person was supported to access an activity in their local community. We observed visiting entertainers sing culturally appropriate songs that encouraged people to dance with each other, visiting relatives and staff.

Improving care quality in response to complaints or concerns

- The provider had systems to analyse complaints and concerns to make improvements to the service. Information related to how to make a complaint was available. At the time of our inspection the registered manager had no ongoing complaints.
- Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt

with professionally. One relative said, "I have no complaints. I have access to [registered manager] if needed. She is always out and about. She is good at her job."

End of life care and support

- There were no people receiving end of life care on the day of our inspection. People's end of life wishes including their resuscitation status had been recorded in people's care plans.
- The staff worked with the local health professionals to ensure people had dignified and pain free end of life care. End of life drugs were stored safely on site just in case they were needed.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Continuous learning and improving care; Working in partnership with others

- The registered manager had audits to monitor the service delivered. However, not all activity was clearly documented to reflect what support was delivered, which meant the registered manager did not have oversight.

We recommend the registered manager seek and implement good practice guidance to allow effective measurable oversight of the service.

- After the site visit the nominated individual stated they would review their practice throughout their six homes. There would be a review of systems with the service quality manager and clear guidance would be shared with all registered managers.
- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and other health professionals. For example, they had adopted best practice in relation to falls management, skin care and oral health.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager maintained a presence within the home and had an open-door policy for people, staff and relatives. Relatives told us they spoke with the registered manager regularly and found her, the deputy manager, and the staff, to be very approachable and encouraging.

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties, when appropriate. The registered manager understood their role in terms of regulatory requirements. The registered manager notified CQC of events, such as safeguarding's and serious incidents as required by law. The previous inspection rating was conspicuously displayed in the home.
- People and their relatives told us the management team shared information with them when changes occurred, or incidents happened. One relative told us they were involved in care planning and decision making, "They call if anything is wrong."

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

regulatory requirements

- The service was well-organised and there was a clear staffing structure. People spoke about how well the service operated. One relative told us "They are all on the ball and [registered manager] is very good." One staff member said, "[Deputy manager] is brilliant. His way of communicating is good." A second staff member commented, "[Deputy manager], he gets involved."

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

- The registered manager had systems to gather the views of people and relatives. We saw meetings took place with people and their relatives and staff. Feedback from relatives included, 'I would like to thank everyone for the patience, hard work and good humour.' And, 'Slowly losing a dear mother to dementia is a difficult thing, knowing she was well cared for and looked after was a comfort. She was treated very much on a personal and individual level and always with dignity.'
- Staff told us they could contribute to the way the service was run through team meetings and supervisions. One staff member said, "We have an opportunity to discuss what went well and what could have gone better."
- There were established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health and behavioural concerns.