Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Carnforth

Inspection report

North Road
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Lancaster
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08 June 2016

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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 Carnforth took place on 07 and 08 June 2016 and was unannounced.

Hillcroft Carnforth is one of six nursing homes managed by Hillcroft Nursing Homes Limited. The home provides accommodation for up to 64 people in three separate units, catering respectively for people with general nursing needs, dementia and challenging behaviour. The home is situated in the town of Carnforth and close to community facilities. At the time of our inspection there were 59 people living at the home.

The service had 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.

At the last inspection on 24 April 2014, we found the provider was meeting the requirements of the regulations that were inspected.

During this inspection, 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 recruitment and selection procedures in place to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service.

Staff responsible for administering medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and appropriate arrangements for storing medicines were in place.

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.

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).

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

A complaints procedure was available and people we spoke with said they knew how to complain. Staff spoken with felt the registered manager was accessible, supportive, approachable, and had listened and acted on concerns raised.

The registered manager had sought feedback from people who lived at the home and staff. They had formally consulted with people they supported and their relatives for input on how the service 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 was enough staff available to meet people's needs, wants and wishes. Recruitment procedures the service had were safe.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and 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 who lived at the home told us they were treated with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People and their families were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

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

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

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 registered manager was supportive and approachable.

The management team had oversight of and acted to maintain the quality of the home provided.

The provider had sought feedback from people, their relatives and staff.

Hillcroft Nursing Home Carnforth

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 and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Hillcroft Carnforth had experience of residential care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager stated ongoing upgrade of the décor was taking place. Other planned actions included developing a buddy system with the matrons at the local hospital to support positive communication in relation to people's care needs. The registered manager also informed us they planned to purchase new garden furniture and promote animal and music therapies as part of their activity timetable.

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 that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone was able to talk with us about their experiences of life at the home. This was because of their

dementia/complex needs. We therefore 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 the 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 this service. They included the registered manager, three members of the management team, ten staff, four people who lived at the home and six relatives. We spoke with a visiting clergyman and spent time observing staff interactions with people who lived at the home. We checked documents in relation to six people who lived at Hillcroft Carnforth and seven staff files. We reviewed records about staff training, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe when supported with their care. Observations made during the inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home told us, "I feel safe here." A second person commented, "The staff make me feel safe." A relative told us, "My [relative] is positively safe here" A staff member told us, "It is a big task to keep people safe, but we do it. People are safe."

There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we looked at showed staff had received related information to underpin their knowledge and understanding.

When asked about safeguarding people from abuse one staff member told us, "People are safe and I think they feel safe." When asked what they would do if they had any concerns about abuse, staff told us they would report any concerns to the registered manager or to the directors. They also commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC) if they felt that to be necessary. This showed the registered manager had a framework to train staff to protect people from abuse.

We checked how accidents and incidents had been recorded and responded to at Hillcroft Carnforth. Staff had knowledge of who was at high risk of having an accident or incident. The registered manager had a system which documented all falls and incidents that occurred at the home. Two or more falls or incidents a month was considered a pattern or trend and preventative action was discussed. For example, one person had four falls in a month. The times of the falls were documented, their level of agitation noted and the person's temperature was taken. The GP was involved in investigating possible causes for the incidents, which included blood and urinary tests. Any serious incident instigated a post incident review. All accident and incidents were reviewed at a three monthly quality meeting. This showed the provider had a system to document, assess and seek to prevent further accidents and incidents.

During the inspection, we took a tour of the home including bedrooms, the laundry room, bathrooms, the kitchen and communal areas of the premises. We found these areas were clean, tidy, well maintained and smelt pleasant throughout. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary. Moving and handling equipment, including hoists and wheelchairs, had been serviced to ensure people could be supported safely.

Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. The water temperature was checked from taps in six bedrooms, two bathrooms and two toilets and all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. Window restrictors were present and operational in the six bedrooms, two bathrooms and two toilets checked. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling.

A recruitment and induction process was in place that ensured staff recruited had the relevant skills to support people who lived at the care centre. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at seven 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.

Staffing levels were sufficient to ensure people's requirements were met in a timely manner. Staff mainly worked on one of the three units within the home. This allowed staff to get to know and focus on the people they were supporting. We asked people about staffing levels. One person commented, "Yes the staffing levels are good, I have no trouble getting attention." A relative told us, "Staffing levels are brilliant, [my relative] wouldn't be here otherwise." A second relative commented, "They seem pretty good."

During the inspection, we observed medicines administration and could determine this was carried out safely. The nurse administered people's medicines by concentrating on one person at a time. Each person received individual attention, the nurse sat or crouched next to the person and explained what they were doing. They gave each person a drink and waited until the medicines had been taken. Related medicine documents we looked at were clear, comprehensive and fully completed. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines. There was a clear audit trail of medicines received and administered. This showed the medicines were managed safely.

Good

Is the service effective?

Our findings

People and relatives we spoke with were complimentary and positive about the care provided at Hillcroft Carnforth. One person told us they were impressed by how quickly their relative had been made to feel comfortable, after having moved from another home. One person told us, "They are good at their job." One relative commented, "I think the staff are very good, they understand [my relative's] condition." A second relative told us staff worked as a team, "They all help each other."

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review training needs, roles and responsibilities. One staff member told us, "I meet with the nurse, it's good, we sit and go through things." A second staff member told us supervision made them feel valued.

We spoke with staff members, looked at the training matrix and individual training records. Staff members we spoke with said they received induction training on their appointment. One person told us, "I had two weeks training before I started. I learned many things like how to use the hoist. The training was good." A second staff member told us, "Shadowing staff was as good as all the courses." They said they enjoyed working on all the units during their induction. All staff received training and subsequent refresher training related to supporting people with behaviours that challenged. The refresher training involved one day of role-play plus an exam to verify knowledge competency.

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 interests 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.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had adopted policies and procedures regarding the MCA and DoLS. Discussion with the provider confirmed they understood when and how to submit a DoLS application. We saw evidence in the care plans of mental capacity assessments and DoLS applications and paperwork. We also saw best interest decision statements in the care plans. When we undertook this inspection, five people were subject to DoLS. A further 46 DoLS applications had been submitted to the local authority to deprive people of their liberty in order to safeguard them. The registered manager told us they communicated regularly with the local authority to check on the progress of the applications.

During our inspection, we observed breakfast and lunch meal times. People were helped to make choices regarding the meals being offered. However, we saw occasions where people did not want the option they had chosen. This was not an issue and alternatives were sought and happily received. The food was plentiful and people took the opportunity to have more than one helping. One relative told us, "[My relative] loves the food" a second said, "[My relative] is very happy, she's been impressed with the food." A third relative commented, "[My relative] likes the food, he'll always eat the cooked meal and if he's struggling they'll help him." We observed staff offered people drinks throughout the day and gave support when necessary with drinks. On the day of our inspection, it was a very hot day and we saw staff offering people ice creams to combat the heat. People's weights were monitored and managed. One staff member told us, "We are on the ball with monitoring people's weight. It is important." They told us the weighing scales were checked weekly to ensure readings were accurate. This showed the provider had effective safeguards so people were protected against the risks of dehydration and malnutrition.

We visited the kitchen and saw it was clean, tidy and well stocked with foods and fresh produce. We were told all meals were home cooked and freshly prepared. There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The chef had knowledge of special diets, who required fortified drinks and preferences of people who lived at the home. The provider and catering team had knowledge of the Food Standards Agency regulations on food labelling. 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 current food hygiene rating was displayed advertising it's rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was done in an effective and timely manner. Several records we looked at showed involvement from GPs, dieticians, occupational therapists, nurses and health professionals who specialised in the management of behaviours that challenge. The records were informative and staff had documented the reason for the visit and what the outcome had been. For example, one person was noted to have a swollen, bruised leg. This was documented in their notes and a GP consultation organised. Tests were sought, with the results and the identified health issue being documented in the person's notes. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Good

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were friendly and caring. One person told us, "The staff are caring and concerned about the quality of life here". A second person said, "They've always been kind, I've never had anything different". About the staff, a relative commented, "I've watched them with people, they seem to be quite caring, sitting and chatting with people". About Hillcroft Carnforth, a second relative told us, "I like the atmosphere, it's a pleasure to come and spend time here."

When speaking with both people who lived at the home and staff, it was evident good caring relationships had developed. Care staff spoke about people in a warm, compassionate manner. Reception staff, maintenance staff, the chefs, care staff and management all interacted positively with people, their relatives and friends. We observed one person tell a member of staff they were wonderful and thanked them for their support. The staff member acknowledged the compliment by thanking the person and using their first name. The staff response brought a smile and a chuckle from the person.

Staff walked with people at their pace and when communicating with them, they got down to their level and used eye contact. They spent time actively listening to people and responding to their questions. A relative told us, "It's a nice place to come into, they are good with [my relative]." A member of staff commented, "I love caring for people. It's little things we do that make a difference."

Family and friends we spoke with said they were made to feel welcome. Relatives told us they could visit whenever they liked, commenting, "We've got the number [security code] for the front door." The provider had created a host/hostess role at Hillcroft Carnforth. Their role was to chat with people, provide drinks and look after their relatives. We were told relatives and friends needed someone to talk with and the carers did not always have the time. One relative told us, "The hostess role is good, it takes the pressure of the staff." This showed the provider had developed an additional role to promote positive caring relationships.

Throughout the home, we saw information and reminders to staff on maintaining people's dignity. We saw 'The dignity do's' which highlighted treating people as an individual, listening to people and zero tolerance of abuse. There was a poem, 'I'm Here' that reinforced recognising people's personality before dementia, and not just seeing the person's illness.

Care files we checked contained records of people's preferred means of address, meal options, special memories and how they wished to be supported. For example, one person liked to read the paper and watch the news. Another care plan stated 'I feel most comfortable when I wear trousers and my slippers.' A third plan told staff the person liked their back rubbed. This showed the provider had listened and guided staff to interact with people in a caring manner. People supported by the service told us they had been involved in their care planning arrangements.

Care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from the person, families and health care professionals. One staff

member talked about end of life care and told us, "It is important we do it right. I talk to people and their families and look after them as gently as I can." The registered manager told us after someone had died they tried to ensure the person was clean and smart before they left the home. This highlighted the provider had respected people's decisions and guided staff about positive end of life care.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Within each person's care record, there was a document entitled, "This is me" which provided a pen picture of the person. There was information about people's social history, cultural preferences and spiritual beliefs. Care plans provided staff with detail about people's preferred name, their G.P. details, past and present medical history, mobility, dietary and communication needs. There was information on how to reassure someone if they became anxious, falling risk assessments and preferences on which staff to support them with their personal care. One relative told us, "They accommodate [my relative's] wishes. A second relative commented, "Everyone is treated as an individual." A third relative stated, "They help [my relative] to feed himself. They try and keep their dignity for them."

When talking with people there were a number of comments related to people being able to express their individual needs and be treated as individuals. To ensure they delivered personalised care the provider assessed each person's needs before they came to live at the home. This ensured the placement would meet their needs and staff would have the skills to keep them safe. For example, Hillcroft Carnforth had been nominated and won recognition for the excellent care they delivered to one person who had a life limiting illness and required ventilator support. The registered manager had ensured the support was in place to make sure the person received the correct care.

An activities co-ordinator was employed at Hillcroft Carnforth. They were responsible for organising a wide range of activities for people. They told us, "Activities make people feel they belong. It is about involving people and setting achievable goals." On the day of our inspection, a vicar from a local church called to give holy communion, a group of hairdressers arrived and a musical entertainer visited. One relative told us, "[My relative] loves having their hair done. She likes all the fuss." Regarding the musical entertainer, we observed people clapping and tapping their feet, playing the tambourine and singing along with the music.

There was a weekly timetable of activities, however we were told this was subject to change. The activities co-ordinator told us they had to respond to people's moods on the day, people might not wish to do what had been advertised. We were told 'pat a dog' and 'zoo lab' were very popular. 'Pat a dog' was a visiting dog for people to meet and pet. 'Zoo lab' was about animals that were more exotic for people to experience and hold. One relative told us, "My [relative] was riveted by the snake and the millipede. Not in a month of Sundays would I have believed that."

Special events were also planned to take place at the home. We saw afternoon tea was planned to commemorate the Queens official birthday. There was a cupcake day planned to raise funds for the Alzheimer's Society and a local theatre group was putting on a play in the dining room. There had been an Easter bonnet competition that involved children from a local nursery. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

At the time of inspection, Hillcroft Carnforth was planning to celebrate its 25th anniversary. This would include afternoon tea, entertainment, music and the staff would be presented with a small gift to mark the

occasion. A member of the management team told us, "Staff are going to get a personalised gift because they deserve it, they work hard."

The service had a current complaints procedure which was made available to people and was clearly visible in the reception area. The procedure clearly explained how a complaint should be made and how this would be responded to. People told us they would be comfortable with complaining to the staff or the management team if and when necessary. One relative said, "If I was unhappy about anything I feel I could say something. The nurses are very easy to talk to." A member of staff told us, "I made a complaint once, I was happy with the outcome, I felt I was listened to." This showed the provider had systems to listen to people's concerns and act on the complaint.

Good

Is the service well-led?

Our findings

About the registered manager, one person told us, "The manager is very good, she's in touch all the time and comes and chats to people." One relative commented, "I can see them whenever I want, or I can email them." They further commented, "She has come up through the ranks, it helps, she knows people." A staff member commented, "The registered manager is wonderful and knowledgeable." A second staff member told us, "Nothing is too much trouble for the manager, she will always come and help."

The registered manager demonstrated good management and leadership. There was a clear line of management responsibility, from the providers through to the management team and staff. Relatives and staff felt the management team were supportive and approachable. People told us the atmosphere was relaxed and homely around the premises. One relative told us, "I like the friendliness and approachability of the manager."

Hillcroft Carnforth is one of six nursing homes managed by Hillcroft Nursing Homes Limited. Working between the six homes was the quality manager who was responsible for quality monitoring and audits. We saw evidence there was a structured schedule for audits, meetings and surveys. The schedule had forecast the area of review, who the auditor would be and when the audit would take place. On managing quality and assessments, the quality manager told us, "We look at the incidents to see if we see trends. We look to see if we can put corrective or preventative actions in place to stop it happening again."

Medicine errors, grievances, staff turnover, accidents and incidents, safeguarding and skin damage were amongst the audits reviewed monthly. The information was sent to the directors each month and to the local authority every three months. The information was analysed by the registered manager and quality manager. For example, if someone had more than two falls a month the registered manager would arrange a safeguarding meeting to look at the overall situation. We saw evidence there had been quality meetings every three months to review information and plan for the future. This showed the provider had systems to monitor quality and seek improvements.

Staff told us there were regular staff meetings. The meetings enabled the registered manager to receive feedback on the care delivered, and to support and develop staff. It also gave a forum for staff to discuss any issues or concerns. Staff had indicated they wanted better communication with the management team. The format for staff meetings now included, 'Hot off the Press' which was a report from the directors and a Matron's report. The registered manager told us, "This is to keep the staff in the loop." This showed the management team had listed to and acted on feedback received from staff. Staff meetings were organised by department; ancillary staff, nurses, and care staff all had separate meetings. Staff told us they felt this was a good idea as the meetings focused on areas relevant to them.

The provider had organised workshops and meetings to get people, staff and relatives involved in the care being delivered. A member of the management team told us the message was 'we want you to come along and get involved.' They commented, "We are all a cog in the wheel, everyone is important." Relatives we spoke with told us they had taken part in surveys. This showed the provider was willing to listen to others in

its goal to deliver quality care.

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 a small gift and a badge. We were told by a member of the management team, this was a small way of acknowledging staff and saying thank you.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider was required to notify us about and working with local health professionals to maintain people's welfare.

The home's liability insurance was valid and in date. There was a current business continuity plan. A business continuity plan is a response-planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place. We saw the plan had been updated to include lessons learned after a local flood and power cut. For example, the home now had analogue landline telephones, which could be used in the event of a power cut. There was a business continuity leaflet available to staff which highlighted, 'lessons learned', 'The Plan going Forward' and 'What Can You do to Help'. The 'What Can You do to Help' section asked staff to familiarise themselves with the plan and to let the registered manager know if they had any ideas to improve the plan. They reassured staff with the inclusion of, 'No suggestion will be a bad one, and it may be something we have not considered in our planning.' This showed the provider was proactive in ensuring the continuity of care for people.

We saw maintenance safety certificate checks, emergency lighting, fire door and fire alarm checks had taken place. There was a structured framework to monitor, document and repair when necessary. This ensured the home delivered care and support in a safe environment.