Fox Covert Limited

Hillcrest Residential Care Home

Inspection report

Hillcrest
Manley Road
Frodsham
Cheshire
WA6 6ES

Tel: 01928733615
Website: www.hillcrestcarehome.com

Date of inspection visit:
15 May 2017

Date of publication:
14 June 2017

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

This was an unannounced inspection carried out on the 15 May 2017.

Hillcrest residential is registered to provide personal care for up to 32 older people and is located within a mile of the village of Frodsham. The service has bedrooms over two floors and some bedrooms have en-suite facilities. Shared facilities include three lounges, one dining room, a conservatory and bathing and toilet facilities. The home has a garden and patio area. At the time of our visit there were 26 people living at the service.

On our last visit on 20 and 21 January 2015 the service was rated as good. This inspection identified that the service continued to meet all the relevant fundamental standards and the rating remains good.

People felt safe living at the service. Staff understood what was meant by abuse and they were aware of the different types of abuse. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse.

People's medicines were managed and administered safely.

Individual risk assessments were completed to ensure people supported, relevant others and staff were protected from the risk of harm.

People's health care needs were monitored. Records confirmed that where people's health needs had changed they had access to appropriate healthcare professionals.

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

People were cared for by kind and patient staff who respected their privacy and dignity and helped them to maintain their independence. Comments about staff included, "I feel very lucky to have such lovely people caring for me" and "They are very patient and very respectful of my dignity". People felt involved in decisions about their care.

Care plans were person centred. They contained good information of the person's preferred daily routines, methods of communication, likes and dislikes. Records showed care plans were reviewed regularly and any changes to care updated.

People were supported to access sufficient amounts of food and drink that met their dietary requirements and nutritional needs. People told us they like the food they received and were offered choices. The service liaised with dieticians and other health care professionals to ensure people's bespoke dietary requirements were met.

People were encouraged to participate in a range of activities of their choice. The service provided both in-house and community based activities for all, in line with their choices and preferences. Staff were aware of the importance of ensuring people were not socially isolated.

People were aware of how to raise concerns or complaints to the service. People told us they felt comfortable raising issues with staff or management. The service had processes in place to respond to complaints in a timely manner.

The registered manager and provider carried out regular audits to drive improvements. Records showed audits were undertaken by both the registered manager and provider and where issues were identified, action was taken in a timely manner. Quality assurance questionnaires were sent to people, their family members and staff to question the service provision.

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 safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Hillcrest Residential Care 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.

We visited the service on 15 May 2017. Our inspection was unannounced and the inspection team consisted of one adult social care inspector.

We spoke and spent time with seven people who lived at the service, three of their family members and two visitors to the service. We also spoke with five members of staff and the registered manager. We looked at the care records relating to four people who used the service, which included, care plans, daily records and medication administration records. We observed interactions between people and the staff supporting them.

Prior to the inspection we reviewed the information we held about the service including the 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. We also reviewed other information we held about the service including notifications of incidents that the registered provider sent to us since the last inspection, including complaints and safeguarding information.

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 care and support in communal areas and staff interaction with people.

We contacted local commissioners of the service and members of the community support teams and Healthwatch who had previously visited the service to obtain their views. No concerns were raised about the

service. Healthwatch England is the national consumer champion in health and care and they have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

Good

Is the service safe?

Our findings

A safe service continued to be provided to people. There was a very relaxed and happy atmosphere at the service and people felt safe and secure. One person said, "The staff are just wonderful. They make sure I am checked on regularly and that I am safe". Another person told us, "I have a call bell in my reach if I need help or to speak with staff. They go out of their way to make sure I feel safe living here". Family members confirmed that they had never had any cause for concern regarding the safety of their relatives.

Staff knew how to recognise and report any suspicions of abuse. Information regarding how to report concerns about people's care and support was shared with staff. Staff confirmed that they were encouraged by the management team to report any concerns about how people were treated. They told us that they were confident they would be taken seriously and all concerns would be fully investigated. Staff understood about whistleblowing and knew how to contact outside agencies, such as the local authority or CQC if they felt unable to raise concerns within the home. Whistleblowing is where staff can raise concerns either inside or outside the organisation without fear of reprisals. This helped ensure that people were protected from the risk of abuse.

People told us, "There is always staff about. We are never left on our own for any length of time, unless we choose to have some privacy in our own rooms". Family members told us, "We never have a problem accessing staff. There is always good staffing levels when we visit, which is not always announced". There were enough staff to support people and staffing levels were assessed dependent on people's individual needs. This included a review of whether people needed more than one member of staff to assist them with elements of their care needs. Staff we spoke with told us they felt that there were sufficient staff to meet the needs of the people using the service.

The service had risk assessments in place to protect people from avoidable harm. Risk assessments identified people's individual risks and gave staff guidance on how to mitigate those risks to maintain people's safety and well-being. Risk assessments were updated regularly to reflect people's changing needs and covered risk of falls, mobility, skin integrity, nutrition and medicines.

Appropriate checks continued to be undertaken before staff commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of the person's identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

We viewed accident and incident reports and these were recorded appropriately and were reported through the provider's quality assurance system. Each accident or incident that occurred was reviewed and a post incident analysis was completed. This enabled the service to identify any risks and trends and to help minimise the risk of an incident occurring again.

All parts of the service were clean and hygienic. Staff were knowledgeable about their responsibility in

relation to infection prevention control (IPC). Observations showed that a good range of personal protective equipment (PPE) was in place and used by staff. Records relating to the safety and maintenance of the service were up to date. Contingency plans were in place to deal with emergencies such as a fire, flood, gas leak and loss of power to the service. Each person had an individual 'fire risk assessment' in place to guide staff and the emergency service with regards to specific support required in the event of an emergency.

Good

Is the service effective?

Our findings

People told us, "The staff are very good at getting the doctor if I'm not feeling too good". Family member confirmed that the service was quick to respond to peoples changing needs. They told us, "[My relative] went off their food for a bit and was very quiet. The staff picked up on it straight away as it wasn't their usual behaviour and they called the GP. They had the start of a urine infection. They are brilliant". One visiting professional confirmed that staff were quick in raising any concerns they had about people. Records showed people's routine healthcare needs were met by visiting professionals such as doctors, district nurses and opticians. Urgent healthcare needs were responded to appropriately by staff.

People were complimentary about the food served and told us there were always alternative choices of food available. One person said, "The food is always lovely, home cooked and good quality". Another person told us, "If there is something you particularly feel like or they know you love, they will get it for you. That's going above and beyond really". Where people required specialist diets or their meals to be adapted to help to meet their needs or preferences these were provided.

People were supported to access sufficient amounts of food and drink that met their dietary requirements and preferences. Care plans described the individual support people needed to eat and drink including any specialist equipment people needed to promote their independence at meal times. Staff actively sought advice from dieticians if they noted any weight loss or weight gain. Staff confirmed that they had recently introduced a 'high fat content' diet for one person who had started to lose weight. Where appropriate food and fluid intake was monitored and regularly reviewed to ensure people were protected from the risk of dehydration and inadequate nutrition.

Staff told us they felt supported in their role and received regular opportunities both formally and informally to discuss their personal development, training and progress in their work. A comprehensive programme of training was provided to ensure that staff were supported to gain the skills they required to be effective in their roles. Staff were supported to obtain their National Vocations Qualifications (NVQ) in care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the service continued to work within the principles of the MCA and found that they were.

Staff had completed training in relation to the MCA and they demonstrated an awareness of the principles of the act. Staff knew that everyone was assumed to have capacity unless they had been assessed otherwise. The registered manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. This was in relation to areas such as choice of where to live and keypads or locked doors. Appropriate capacity assessments and best interests meetings that had taken place were evidenced in care plans.

The environment met the specific needs of people supported. The service was homely in appearance and people were encouraged to personalise their own individual living space. Adaptations and interactive items had been introduced to support both older people and people living with dementia with wayfinding and orientation. Dementia friendly signage was in place on doors which used both pictures and words. Items of interaction and stimulus had been placed in hallways for people to engage with as they walked around the service. Consideration had been given to creating quiet spaces which provided opportunity for people to sit quietly or engage with others in a smaller social group. Photograph boxes were placed outside people's bedroom doors to help them to locate or understand that this was the entrance to their own bedroom. This meant that the registered provider had considered how the environment could be adapted to help support people to maintain their independence as much as possible.

Good

Is the service caring?

Our findings

People told us staff respected their privacy and dignity. One person spoke to us about how they needed staff (at times) to help them with personal care. They said, "They are very patient and very respectful of my dignity. I am always asked what I would like help with. They don't just do it. I feel very lucky to have such lovely people caring for me". During the inspection if people required help with personal care staff discreetly supported them to their room or a bathroom where they could be assisted in private.

Staff were knowledgeable about people's care and support needs. Staff were able to give a detailed history of the people using the service, including their likes, dislikes and how best to support the person. Where people were not always able to clearly communicate their needs, staff were able to explain signs or specific behaviours they would observe for which would signal people needed support. An example of this was where one person would use a set phrase which indicated to staff that they would like to use the toilet. Another example was the use of singing or music to engage a person during personal care interventions to minimise any distress or anxiety. Staff and care plans clearly identified people's specific communication needs.

People said they were treated with compassion, dignity and respect. Staff explained to people what they were going to be doing before offering support. Where people did not use spoken word to communicate, staff continued to talk and explain what they were going to do to help the person. People were able to decide what time they got up and how they spent their day. One person liked to get up late on occasions and we noticed that staff supported this person later in the morning. It was evident that the way in which staff engaged with people made them feel happy and cared for. This ensured that the person remained involved and at the centre of any care and support provided.

Staff were respectful of people's cultural and spiritual needs. One person told us, "They respect my beliefs and treat me with dignity and respect". During our visit a Christian chaplain attended the service to undertake Holy Communion with people. Records confirmed that as part of the assessment process important information relating to peoples religious, cultural and spiritual needs were gathered. The registered manager and staff confirmed that suitable arrangements to ensure people needs continued to be met would be completed by the service.

Observations showed that staff had positive interactions with people. We saw staff talking with people in a kind and caring manner and people smiling in response to this. Where required staff offered reassurance to people informing them of what was going to happen next. The atmosphere was relaxed and friendly between staff and people and people actively sought the company of staff.

People were supported by staff that maintained their confidentiality. Staff were aware of the importance of maintaining confidentiality and were observed speaking softly to people when discussing matters of a personal nature, to ensure they weren't overheard. People had records relating to their health kept confidentially in a locked cupboard. Only those with authorisation had access to records.

At the time of our visit the registered manager confirmed that no one was receiving end of life care and support. Training had been sourced for staff in relation to end of life care and the service had a good working relationship with the local district nursing team and GP's. The registered manager confirmed that where possible their aim was to ensure people remained at the service until they passed away.

Good

Is the service responsive?

Our findings

People felt able to share any concerns or complaints because there was an open and responsive atmosphere at the service. People said they would not hesitate to make a complaint to the registered manager if they were unhappy with any aspect of their care. One person told us "I have never had a reason to complain. What's there to complain about, it's such a lovely place to live". Another person told us, "I know who I need to speak with if I am unhappy about anything. But so far, I'm getting on well here". The registered providers complaints policy and procedure was displayed on notice boards within the service for ease of access.

People had care plans that were tailored to meeting their individual needs. Care plans contained precise information and guidance on different areas of people's needs such as daily living skills, mobility, activities, eating and drinking and how they wished to receive support from staff. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being.

Records showed that there were a number of people living at the service for whom their religious beliefs were of significant importance. Through discussions with staff, information recorded in care plans and training records we saw it was clear that the service promoted equality and diversity in all aspects of care and support.

Staff had access to people's care plans and they told us that they read them regularly to keep up to date with people's needs. Any changes to people care needs were regularly updated and highlighted by the registered manager for staff awareness. Staff said care plans provided them with a good level of information to enable them to provide people with the right care and support. Care plans were reviewed regularly with the involvement of the person or where appropriate their representative.

People told us, "I like the quizzes. It was getting a bit quiet after our evening meal, so we try and do something then". An activities coordinator was employed at the service to organise and facilitate activities both at the service and in the community. Information about people's preferred hobbies and interests were recorded in their care plans. The service used social media to share updates on events held at the service which was accessible to family members. Activities such as arts and crafts, musical bingo, sensory interactions to stimulate people's senses and visits to the local pub were in place to maintain a community presence.

People were protected against the risk of social isolation. Staff were aware of the importance of monitoring and supporting people to ensure they were not isolated. Staff told us how people may present if isolated, for example, becoming withdrawn, not wishing to spend time outside of their rooms and emotional changes. Staff told us, if they suspected people were becoming socially isolated, they would encourage them to participate in planned activities and inform the registered manager immediately.

Good

Is the service well-led?

Our findings

There was a registered manager in place at the service since 2015. 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.

Staff felt well supported by both the registered manager and provider. Staff morale was good and they appeared genuinely happy in their jobs. This helped to create a cheerful happy atmosphere for people to live in. Records showed that regular team meetings were held with all staff and provided an opportunity to discuss their current roles and any changes to the service provision. Staff commented that the consistency in good leadership and regular presence of the registered provider was a positive for the service.

The quality of the service provided continued to be appropriately monitored. Quality assurance audits were regularly carried out by the registered manager and the registered provider. Audits undertaken throughout the year included infection control, the management of safe medicines, health and safety and care plans. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed.

Accidents and incidents were investigated and plans put in place to minimise the risk of reoccurrence. These records were reviewed by the registered manager to make sure they were aware of all significant incidents. This allowed them to analyse the information for any patterns or trends.

Annual quality assurance questionnaires were sent to people and their family members to gather feedback and improve the service delivery. We looked at the 2016 quality assurance questionnaires that had been completed and returned and found that feedback was overall positive. The registered manager told us, should any feedback be received about improvements that could be made or new ideas suggested, they would look to action the required changes.

Resident's and relative meetings had taken place at the service. These meetings gave people the opportunity to express their views and make decisions about changes in the service. Discussions regularly took place about food, entertainment, activities and fundraising events. This showed that the registered provider valued people's feedback in how the service they lived in should be run.

The registered manager actively sought partnership working. One health care professional we spoke with told us, "The service is always open to advice and the staff work in accordance with the guidance we give. They seek advice and implement it". The registered manager understood the importance of maintain good working relationships for the benefit, health and wellbeing of people living at the service.

The registered manager had a good awareness of her responsibility in line with the Health and Social care Act 2008. The registered manager had informed the CQC of specific events the registered provider is required, by law, to notify us about. In addition the registered manager had reported incidents to other

agencies when necessary to keep people safe and well.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.