

Raycare Limited

# Hillcroft Residential Care Home

## Inspection report

16-18 Long Lane  
Aughton  
Ormskirk  
Lancashire  
L39 5AT

Date of inspection visit:  
17 October 2019

Date of publication:  
09 December 2019

### 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 Residential Care Home (Hillcroft) is a residential care home registered to provide accommodation and personal care for up to 34 people. At the time of the inspection 28 people were living in the service.

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

The practices adopted by the home and the opportunities made available to those who lived at Hillcroft clearly had a positive and encouraging impact on their physical, social and emotional well-being. This was confirmed by everyone we spoke with and was evidenced through our observations and reviewing of records.

People were safe living at Hillcroft. The practices adopted by the home protected people from harm. Enough staff were on duty to meet the needs of people and robust recruitment practices were in place. Potential risks were handled well and medicines were managed safely. People looked relaxed in the company of staff and relatives confirmed they felt people were safe living at Hillcroft.

An extensive range of training had been provided for the staff team, which helped to ensure people received the care and support they needed. Community health and social care professionals had been involved in the care and support of those who lived at the home and people's dietary needs were being fully met.

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

People received good care. Their preferences and wishes were respected by the staff team. People were treated with dignity and respect and were involved in the decision-making process. Care files were extremely person-centred. Clear guidance was available about how to communicate with people effectively and independence was consistently promoted. An excellent range of activities were provided. One person who lived at Hillcroft told us, "Staff are kind and caring. They all walk the extra mile to accommodate me." Another said, "I get on really well with all the staff; they are kind and caring to everyone. They always have time for a chat and they bend over backwards to help you."

The management and staff team were open and transparent during the inspection process. There was evidence of community engagement taking place. A wide range of regular audits and monitoring was evident. We received positive feedback about the manager of the home and the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The service was rated overall good at the last inspection (Published on 27 April 2017). However, the area of well-led was rated as requires improvement with recommendations being made around care planning and reviewing of policies and procedures. At this inspection we found improvements

had been made in both these areas.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

## 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 Residential Care Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has experience of the type of service being inspected.

#### Service and service type

Hillcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on duty and she assisted us throughout the inspection process in a confident and professional manner.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to our inspection we checked all the information we held about the service. This included any notifications the service is required to send to us by law, any allegations of abuse or feedback about the

service. 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

To understand the experiences of those who used the service we spoke with six people who lived at the home and observed interactions between staff and people. We also spoke with five relatives and five members of staff, including the registered manager. We looked at several records. These included two care files, medication administration records, two staff files, training records and associated documentation relating to the operation and management of the service.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider had systems in place, which promoted people's safety.
- Risks had been thoroughly assessed and equipment appropriately checked, which helped to keep people safe. Staff had received regular training in health and safety matters and were aware of how to protect people from harm. At the time of the inspection there were just a few minor items needing attention such as, a sensor mat was on the floor outside a bedroom door, which created a potential trip hazard and a commode in one bedroom needed to be cleaned. The registered manager addressed these observations immediately.
- Care plans and risk assessments contained clear explanations of the control measures for staff to follow to keep people safe.
- Accidents and incidents had been recorded well and records showed action had been taken to reduce the possibility of repeat occurrences.

### Systems and processes to safeguard people from the risk of abuse

- People who lived at Hillcroft felt safe and were protected from the risk of abuse. Comments received included, "I feel safe living here. I am bed bound, but the staff are always bobbing in to check on me" and "I feel safe because the home is secure." A relative told us, "My relative is safe here because they cannot mobilise and would be at risk of falls at home."
- Any allegations of abuse had been reported and appropriate action had been taken by the home.
- Staff understood how to deal with any allegations of abuse and annual training was provided in relation to safeguarding procedures. Clear guidance was displayed within the home, so that people would know how to report any allegations of abuse, should this be necessary.
- People who lived at the home appeared very comfortable in the presence of staff. Family members told us staff treated them well. We noted a relaxed and friendly environment was created for those who lived at Hillcroft.

### Using medicines safely

- The provider had systems in place which helped to ensure people were protected from the risk of unsafe medicine practices.
- Clear policies and procedures were available for staff to support safe medicines management.
- Staff responsible for the administration of medicines had received appropriate training and had been verified as competent to manage medicines safely. Records showed people received their medicines on time and this was confirmed by those we spoke with.
- The registered manager had systems in place to monitor the management of medicines so that any

shortfalls could be identified quickly, and action taken where necessary.

#### Staffing and recruitment

- The provider ensured sufficient staff were appointed to support peoples' needs and safe recruitment practices had been adopted by the home.
- Everyone we spoke with felt there were generally enough staff on duty. One person said, "There's always plenty of staff. I never have to wait if I need help. It's always the same staff."
- Staff members we spoke with and our observations confirmed staff were able to sit and chat with people who lived at the home and assistance was provided promptly.
- The provider ensured relevant checks had been conducted before potential staff were employed.

#### Preventing and controlling infection

- The provider had established good infection control practices, which helped to ensure people were protected from the risk of cross infection.
- The provider had infection control policies in place and staff had completed relevant training. The registered manager had completed regular infection control audits and we saw a good amount of personal protective equipment was readily available for the staff team.
- The environment was clean and hygienic throughout. There were no unpleasant odours noted. Everyone we spoke with confirmed the home was always clean and tidy. One person said, "The cleanliness is spot on. My room is cleaned every day." One family member commented, "The home is always clean and the bedding is spotless."

#### Learning lessons when things go wrong

- The provider had systems which supported lessons being learned when things went wrong.
- Records showed the staff team discussed and acted upon any untoward incidents to ensure measures were put in place to reduce the possibility of any reoccurring events.



# 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.

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

- The service had been carefully developed to ensure the design and decoration of the home fully met people's needs, providing a distinctive environment for people to enjoy.
- The provider, registered manager and staff team were clearly committed to providing an environment which encompassed a great deal of creativity, thought and research; which involved those who lived at the home. This had an exceptionally positive impact on those who lived at Hillcroft.
- A thematic approach had been adopted throughout, which was distinctive and innovative. This was tastefully presented and provided people with an extensive range of opportunities to encounter a variety of different experiences both inside and outside the home.
- The thematic approach flowed through to the external grounds, which were spacious and thoughtfully planned. These provided people with lovely garden areas in which to spend time to reminisce and enjoy the memorabilia on display. Ramps and decking areas with specialised non-slip all weather cushioned flooring had been installed for easy and safe access. A picnic area had been established and following research the entire garden had been redesigned to provide a variety of dementia friendly spaces, decorated with an abundance of plants and flowers specifically suitable and safe for those living with dementia.
- People we spoke with clearly enjoyed using the garden areas. The walls of the garden were covered with photographs from years gone by, which led down 'memory lane'. The entire outdoor area was maintained to an exceptionally high standard and showcased a delightful; yet safe space for people to enjoy.
- The whole environment both inside the home and outside clearly had a positive impact on the well-being of those who lived at Hillcroft. People we spoke with were eager to talk about the 'wonderful facilities' they had access to and how they thoroughly enjoyed living at the home. One person said, "It is like being in a different world here. You wouldn't think you are in a home. I wouldn't change anything at all. It is marvellous. I still can't believe I am here."
- A rolling refurbishment programme was evident to ensure high environmental standards were maintained. People's bedrooms were extremely personalised and the communal areas were tastefully decorated with good quality furnishings. The bathrooms were very pleasant areas to receive personal care and the home throughout was spacious and bright providing an exceptionally enjoyable and friendly environment for people to live in.
- A smart and well-furnished hair dressing salon was available at the home and we saw one person enjoying a hairdressing session during our visit.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure the staff team was supported, well trained and consistently monitored. This helped to ensure effective care and support was provided.

- New staff were supported through a detailed induction programme and staff were provided with a range of mandatory training relevant to their role. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. Family members we spoke with felt the staff team were well trained and appropriately skilled. They gave us some good examples of staff being able to meet the needs of those who lived with a dementia.
- Competency checks were conducted and records showed staff members were regularly supervised and annually appraised, allowing discussions to take place around work performance, training needs and any concerns or areas of good practice. The supervision discussions were designed in line with the five key questions used by the Care Quality Commission during inspections. This helped to ensure the staff team were trained to deliver the care and support required by those who lived at Hillcroft.
- The registered manager had assessed areas of risk for staff members, such as pregnant workers or those with specific limitations. These were supported by robust action plans to ensure those who lived at the home and staff members were kept safe and protected from harm.

Supporting people to eat and drink enough with choice in a balanced diet

- The provider ensured people received a well-balanced diet, which met their needs, choices and preferences. People were able to request alternatives to the menu, should they wish to do so. One person told us, "We can have whatever we want. There is a menu, but if we fancy something else, they [staff] will make it for us."
- People's nutritional needs were thoroughly assessed and those requiring closer monitoring were weighed regularly. We saw clear evidence of fluid and dietary intakes being monitored with specialist advice being sought, as was needed. People were supported with food and fluids, as needed, this was done in a gentle and dignified manner.
- People told us they enjoyed the food served. Lunch was provided in pleasant surroundings and the dining experience was positive. A member of the inspection team sampled the food, which was found to be delicious and nutritious. People were asked if they would like an apron to protect their clothing. People were shown the two meals available, so they could select which one they preferred, but were also offered alternatives, should they not like the menu choices. People seemed to enjoy their meal, as empty plates were returned to the kitchen despite generous portions being served.

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 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.

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 had ensured mental capacity assessments had been conducted and decisions had been

made in the best interests of those who lived at the home.

- DoLS applications had been made in accordance with the mental capacity assessments and in support of individual care plans.
- Records showed people had agreed to the care and support provided and we saw staff asking them for verbal consent prior to any personal care or activities being carried out.

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

- The provider had systems in place to ensure people's needs had been thoroughly assessed before a placement at the home was arranged. This helped to ensure the staff team had the resources and training to meet individual needs before people moved into the home.
- Records showed and people we spoke with confirmed they or their relatives had been involved in the planning of their care.
- The care plans we saw provided the staff team with detailed guidance about how care and support was to be delivered for individual people.
- Preferences were recorded in care files and routines of the home were clearly flexible, which supported people to make choices around daily living experiences.

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

- The provider had systems in place to ensure appropriate and timely support was delivered, in accordance with people's individual needs.
- We had contact with several community professionals, who provided us with very positive feedback about Hillcroft, the staff and the management team. We were told the commitment of all the staff and managers was commendable and this had a positive impact on those who lived there.
- Records and our observations demonstrated community professionals were regularly involved in the care and support of those who lived at Hillcroft. This helped to ensure people's health and social care needs were being fully 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; equality and diversity

- The staff team ensured people were always treated well.
- We observed some lovely interactions between staff members and those who lived at the home. It was clear people were treated equally and any diverse needs were met.
- Care plans we saw included the importance of respecting people and ensuring their privacy and dignity was promoted, particularly during the provision of personal care.
- We saw staff members clearly explaining any interventions to people and providing reassurance throughout. People told us all staff were kind and caring and treated them with respect.

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

- People were supported to make decisions about their care and we observed them making a variety of choices throughout the day, which was supported by the plans of care we reviewed.
- People who lived at the home and their relatives had periodically completed surveys, which provided positive feedback about the service, staff team and the support in decision making.
- We observed staff members allowing people time to express their wishes in a compassionate way. This supported people to be involved in their care.
- Staff we spoke with understood people's needs well and it was clear those who lived at the home were supported to make decisions and choices and to take control of their daily lives. We received positive feedback around people being able to make decisions. One person told us, "I can have a shower every day if I want to." Another said, "I have a bath once a week and that's enough for me."

Respecting and promoting people's privacy, dignity and independence

- The staff team ensured people's, privacy, dignity and independence was maintained. We observed people's personal care being delivered in private and we saw staff knocking on bedroom doors before entering. Staff were observed chatting with people quietly, whilst maintaining their dignity. One family member told us, "I would recommend Hillcroft to anyone, as they [staff] are so caring and the whole ethos of the home is wonderful. It is very friendly with excellent caring staff."
- The provider had a range of policies to help staff to promote people's privacy and dignity and information relating to advocacy services was on display. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- Care records and staff files were stored in a confidential manner. This supported the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

- People received good care from a kind and caring staff team. We received very positive feedback about the staff team and the management of the home in relation to respecting people. One family member told us, "My [relative] likes the staff and they are kind to them. They are all excellent." Another said "The staff are very kind, patient and caring. People here are always well looked after and staff always have people's dignity in mind."

# 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.

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 supported to access activities of their choosing within the local community and within the home.
- A varied programme of activities was arranged, which people told us they enjoyed. This showed trips out to local places of interest were organised each week, The registered manager had introduced a 'live your dream' project, which gave people the opportunity to fulfil their goals and ambitions. We noted one person had visited his favourite football club and another was learning to play the guitar. A wide range of newspapers were available for people to read. One person told us, "I take part in any activities; I like the quizzes, bingo and listening to the singers that come into the home." Another said, "I like the trips out for pub lunches and to the seaside. I am not really interested in the bingo and such like."
- All family members we spoke with felt there were plenty of activities going on. One said, "My relative loves all the singing and dancing. They take part in all the activities and they love the day trips" and "I am so glad they don't just have people sat in front of TVs; the activities here encourage people to interact with each other."
- On the day of the inspection a musician visited. The atmosphere was vibrant and this had a positive impact on the well-being of those who lived at the home.
- An innovative projector had been installed in one communal area of the home. This provided interactive table top games through colourful light displays and is designed to increase social, physical and mental stimulation for those who live with dementia. This clearly had a very positive impact on people, who were thoroughly enjoying the experience of playing on the 'magic table.' A piped music system had been installed with speakers housed in the ceiling to promote additional safety.

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

- The provider had systems in place to enable people to take control of their lives and to support them in making choices and decisions. People's care files were very well organised making information easy to find.
- Care records we saw included very detailed accounts of people's lives, which were supported by old photographs. This helped staff to understand individuals and therefore enabled discussions about their past life, leisure interests and what was important to them.
- Exceptionally detailed care plans and risk assessments were in place, which were completely person centred, providing the staff team with clear guidance about people's individual health and social care needs and how these were to be best met.
- The records we saw showed people's preferences and interests had been taken into consideration when planning their care. These had been reviewed regularly and any changes in needs had been recorded well.

This helped to ensure current information was available for the staff team.

- The service made good use of technology. An electronic call bell system had been installed. Computerised systems had been introduced to monitor the quality of service provided and to support the development of care records and staff training programmes. Wi-Fi was available within the home, should anyone wish to use this service.

#### 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.

- Care records provided staff with clear guidance about how to meet people's communication needs effectively and people's needs were recorded in their care files.
- We saw staff members openly engaging with people during the inspection. This enabled meaningful conversation and helped to avoid isolation. Family members we spoke with described communication within the home as 'excellent' and 'informative.'
- People were provided with good details about the services and facilities available to them. This helped them to make informed decisions about accepting a place at the home.
- There was a wide range of information displayed within the home, which helped people to understand various processes and how to access different support services. This could be produced in different formats, should the need arise.

#### Improving care quality in response to complaints or concerns

- Complaints were being well managed.
- The provider had a complaints policy in place, which was prominently displayed within the home, so that people were aware of how to make a complaint, should they wish to do so. People told us they would know how to make a complaint, if they needed to. Staff members we spoke with told us they would know what to do should someone in their care want to make a complaint.
- Systems were in place for documenting and monitoring complaints, with the outcomes of any investigations being clear.

#### End of life care and support

- The provider had policies which enabled the staff team to understand the importance of delivering compassionate end of life care to those requiring this sensitive support.
- There was good evidence to show support planning would be developed around people's individual end of life care needs and wishes, should this be required. This would involve discussions with the person and their family members.
- The home had achieved six steps accreditation for advanced care planning. This helped the staff team to develop an end of life care plan with those who lived at the home and their loved ones, as appropriate.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we recommended the provider considered reviewing and updating the policies and procedures. At our last inspection we also recommended the provider ensured care records were well maintained and consistently provided accurate and comprehensive information. The provider had made improvements.

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

- The provider had a range of regular audits in place which ensured the quality of service was effectively assessed and monitored. The registered manager completed monthly reports, which helped to address any areas for improvement and to develop any areas of good practice. Internal systems were in place to check on staff performance.
- Individual staff members had taken on various roles in specific areas. Staff understood their roles and were seen undertaking duties appropriately.
- The provider had implemented a very comprehensive business continuity plan, so the staff team were aware of action they needed to take in the event of any emergency arising.

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

- The registered manager was very helpful and co-operative throughout the inspection. She was open and honest, demonstrating good knowledge of the home and the needs of those who lived at Hillcroft. This helped to support the duty of candour.
- During the inspection information was provided promptly when requested. The registered manager always informed the Care Quality Commission when things went wrong, such as allegations of abuse or injuries to people. This demonstrated an open and honest culture had been adopted by the home. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- The registered manager and staff team promoted a positive culture which was person-centred.
- Everyone we spoke with said the registered manager was open and transparent. One person told us, "[Registered manager] is lovely. She comes around and chats to us." Another commented, "[Name] is the Manager; she seems very nice."
- Feedback from staff members to the home included, "Hillcroft is a wonderful home and I love working here" and "[The registered manager] supports me and gives me valuable advice on how to deal with different situations." One member of staff told us, "[The registered manager] most certainly goes over and



above her line of duty to help everyone who lives here and all the staff team. She is marvellous."

- Everyone we spoke with said they would recommend the home to others. One said, "I would recommend this home to anyone; it is the best home I have been in." Another told us, "Yes, I would recommend it because you are well looked after with great food."

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

- The provider had displayed a wide range of information within the home, which was useful for those with an interest in Hillcroft.
- The service held regular meetings for those who lived at the home, their family and friends, staff members and the management team. This enabled any relevant information to be shared and encouraged open discussions on topics of interest.
- We saw a range of thank you notes and the provider had obtained people's views about the quality of service provided.

Continuous learning and improving care

- The registered manager conducted a wide range of audits on a regular basis. A company representative completed thorough inspections supported by action plans following analysis of findings. This ensured the quality of service provided was appropriately assessed and continually monitored.
- People were encouraged to make suggestions about possible improvements or to comment on current good practices.
- The provider had systems in place which helped staff to develop their skills and knowledge. Staff performance was regularly monitored through recorded observations and individual supervision. This demonstrated the service was continually striving to improve.
- An extensive range of updated policies and procedures were available for the staff team, which supported continuous learning and improving care.

Working in partnership with others

- The service demonstrated good partnership working had been established.
- Records showed community professionals were involved in people's care and support. Those we spoke with confirmed the home had developed a good rapport with them and they provided very positive feedback about the service and staff team.
- The home also demonstrated good partnership working with families of those who lived at the home. All relatives we spoke with confirmed they would be able to speak with the registered manager or any staff member, as they were all very approachable. Relatives spoke highly of the management team and said the registered manager supported them well.