

Hillcrest Manor Limited

# Hillcrest Manor Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on the 04 November 2016.

Hillcrest Manor Nursing Home provides general nursing care and specialist dementia care for up to 47 adults. People were cared for in two units known as The Granary and The Manor House. The Granary, which was the specialist dementia unit, could accommodate up to 10 people. The Manor House or nursing unit could accommodate up to 37 people.

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

This service was last inspected on the 08 September 2015. During that inspection, we found the home needed to make improvements in a number of areas. These included safeguarding, Mental Capacity Act, people's dignity, communication, training and competency of staff and effective quality assurance systems. During this inspection, we found improvements had been made by the home to address these concerns.

Staff were able to describe what action they would take if they had any concerns and demonstrated a good understanding of the different types of abuse.

Risks to people's safety were assessed and minimised.

There were enough staff to support people safely at the home.

The provider had appropriate arrangements in place to manage medicines safely. People were supported to take their medicines as prescribed.

Staff received regular supervision and training appropriate to their roles.

We found people's mental capacity to make decisions had been assessed and appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made.

The provider supported people to access a variety of health professionals to ensure they received effective treatment to meet their specific needs.

People were happy with the standard of support they received and spoke positively of their relationships with staff.

People were treated with respect and dignity at all times.

People and relatives were actively involved in making decisions about their care and were listened to by the provider.

People's care and treatment was provided by a staff who were able to describe in detail each person's needs and abilities.

The provider routinely and actively listened to people to address any concerns or complaints.

People told us the home was well-led and both staff and the management team were very approachable.

The provider had a positive culture that was person centred and inclusive.

There were systems in place to gain people's experiences and to continually monitor the quality of the service provided.

## 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.

Risks to people's safety were assessed and minimised

There were enough staff to support people safely.

People were supported to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had skills and knowledge to support people effectively.

People were supported to have the right amount of food and drink to maintain good health.

Staff supported people to access health services as required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

Staff treated people with respect and promoted their independence.

Staff actively involved people and their relative in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and were quick to recognise and respond to any changes in their needs.

People were stimulated in both group and individual activities.

There was a system in place to capture and respond to complaints and feedback.

**Is the service well-led?**

**Good** ●

- The service was very well-led.
- There was an open and inclusive culture within the home.
- People and staff felt that the manager was approachable and supportive.
- There were systems in place to gain people's experiences and to continually monitor the quality of the service provided.

# Hillcrest Manor Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 November 2016 and was unannounced. The inspection was carried out by two inspectors from the Care Quality Commission.

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. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted several local authorities and Healthwatch for any information they had, which would aid our inspection. Local authorities together with other agencies have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

At the time of our inspection, the home was providing care and treatment for 40 people. As part of the inspection, we spent time with people in the communal areas of the home and spoke with the seven people who used the service and eight visiting relatives. We also spoke with two external health care professional and a visiting pharmacist. We spent time observing interaction between staff and people who used the service. Some people were unable to speak to us, so we used the Short Observational Framework for Inspections (SOFI) to help us understand their experiences of the support they received.

We reviewed a range of records about people's care and how the home was managed. These included care

records, medicine administration record (MAR) sheets, staff training, quality assurance audits and minutes from staff and resident meetings.

The provider employed 50 members of staff, which included the registered manager. As part of the inspection, we spoke with the registered manager, the deputy manager, the clinical lead, receptionist, activities coordinator, the cook, domestic and laundry assistant, one agency nurse, one team leader and six members of support staff.

# Is the service safe?

## Our findings

People and relatives we spoke with told us that they or they loved ones were safe at Hillcrest Manor Nursing Home. One person told us, "Very nice, it's lovely. I certainly feel safe here, the staff are very kind." Another person said "I think it's great. I feel safe here and well looked after." A relative we spoke with told us, "We have confidence that our relative is safe here. We are all very happy with them being here." Another visiting relative said "It's wonderful, the manager is an angel and all is very nice. My relative is safe here and I have peace of mind."

During our last inspection we identified concerns in the way the home followed up safeguarding outcomes. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. During this visit, staff were able to describe confidently what action they would take if they had any concerns and showed a good understanding of the different types of abuse. We found that there were systems in place to protect people who lived at the home by ensuring appropriate referrals were made and action taken to keep people safe. The registered manager understood their responsibilities in reporting any potential concerns in line with local safeguarding procedures. They also ensured appropriate measures were put in place to ensure people remained safe.

The home had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. We saw appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained.

People were supported by staff who understood and managed risks associated with people's care effectively. Staff told us about people's health needs and how they managed risk. One member of staff told us, "We are aware of the risks people face, which are recorded in their care files. These would include for example, falls, mobility and diets." We saw two members of staff using specialist equipment to move a person. The staff were patient and kind and took time to explain what they were doing, whilst the person was being hoisted. They provided reassurance throughout the transfer. Staff explained to us that they received regular equipment and moving and handling training. Where risks were identified in consultation with people, plans were in place to identify how risks would be managed and the actions needed to be taken by staff to reduce the risk. Examples included mobility and walking aids, skin integrity and nutrition.

We found medicines were managed safely. People told us they were supported to take their medicines as prescribed and in a timely manner. One person told us, "My medicine is always given to me on time." Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines. Staff told us they received training on administering medication safely. Regular checks were undertaken to ensure they remained competent to administer medicines safely. We spoke to the nurse who was the medication lead at the home. They explained that they were also trained to assess staff's competence on administering medicines. They regularly undertook staff competency checks or responded to any training needs of staff in the event of any errors made.



There was enough staff to be able to support people safely. People told us staffing levels were sufficient to meet their needs. One person told us, "Sometimes I have to wait for assistance when I ring the call bell. But they do pop in and ask me whether I can wait as they are dealing with something else, which I don't mind. Generally it is ok." One relative told us, "There is always staff supervising people in the lounges." Another relative said "Generally when visiting I have never noticed any issues with staffing levels. I speak from a position of visiting the home twice a week." One visiting social health care professional told us they had never noticed any concerns with staffing levels and that their visits were always unannounced.

Staff we spoke with also confirmed that they had no current concerns about staffing levels at the home. Comments from staff included, "Staffing levels are generally ok. Issues arise through sickness, but management will always address shortages with agency staff. Generally staffing is good and safe." "Staffing has been a problem in the past, but it's ok now." "Staffing is pretty good at the moment, no concerns."

## Is the service effective?

### Our findings

People were supported by staff who were trained to support them effectively. One person told us, "Staff, both nurses and care staff all seem well trained. They are always very knowledgeable and helpful." Another person said "Staff all strike me as competent and knowledgeable, even the agency staff." One visiting relative told us, "All the staff are sensible and well trained. They are patient and kind." Another relative said "The staff are excellent with my relative. They are professional and well trained in what they do."

Staff told us they completed a range of training, which was appropriate for their roles. One member of staff told us the home was 'very hot' on training and they believed staff were well trained as a result. Each new member of staff undertook a period of induction based on their previous experiences and remained on probation for a period of 6 months. Following a successful probationary period, staff were offered full time employment with the provider. The induction programme included getting to know people who used the service and staff. Initial training was provided in the form of social TV learning and practical training in moving and handling, fire safety and First Aid. Staff with no previous experience of care work were also required to complete and meet the required standards of the care certificate, before working independently. One member of staff told us, "I had three full days induction. Some was in the office reading policies and things, but the most time was spent actually being shown how to do the job. Things such as how to move people, how to make beds properly and how to take people to the toilet. I then shadowed more experienced staff."

We spoke with the trained moving and handling assessor at the home. They told us that all staff received annual practical training in moving and handling to ensure they were competent to support people. This also included training in specialist moving equipment, such as hoists. We also spoke with a senior Team Leader, who was also responsible for training and mentoring of all care staff. They explained that following training and shadowing, they would act as mentor for each member of staff for as long as required. They would also observe new staff and 'sign off' as competent in areas such as hoisting, moving and handling, transfers and specialist equipment such as ceiling hoists. Staff told us that in having a 'mentor,' they were able to seek confidential guidance and reassurance whenever required. Staff also told us that they received annual mandatory training, which included areas such as dementia, safeguarding, Mental Capacity Act, First Aid and infection control.

We asked staff about the support, supervision and annual appraisal they received. Supervision and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. Staff consistently told us they received regular supervision and felt valued and supported by the management team.

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. The application procedures for this in care homes and hospitals are 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 were being met. During our last inspection we identified concerns that the provider did not consistently follow the principles on the MCA.

We found people's mental capacity to make decisions had been assessed where needed and appropriate DoLS applications had been made. We saw evidence of collaboration with other external healthcare professionals, including the Memory Team, Speech and Language therapist (SaLT) and GPs capacity assessors.

DNACPRs (Do Not Attempt Cardiopulmonary Resuscitation) were in place and recorded professional and family discussions and decisions. In one example we looked at, one person had been clear before losing capacity that they would not want to be resuscitated. This had been respected.

We spoke with staff about what action was required if people could were unable to make certain decisions for themselves. Most staff were able to demonstrate that they had knowledge of the principles of the MCA and confirmed they had received training in the MCA. Nurses told us they had attended more in depth DoLS and MCA training. Most care staff we spoke with were unable to tell us, which people were subject of a DoLS and what restrictions were in place. However, we did not see any adverse effects as people's rights were still maintained by staff. We spoke to the registered manager about this concern, who confirmed that further training and awareness was still being rolled out to all care staff.

Throughout the inspection we saw staff seeking consent and approval whilst interacting with people. Staff were polite and professional. One person told us, "They (staff) always ask for my permission before they do anything, which is something I expect." We asked staff how they sought consent from people who could not communicate. One member of staff said "With consent for people who can't communicate, we get to know them very well and we can tell through their reaction and attitude. There are other ways to find out what people want including talking to their relatives."

During our inspection we checked to see how people's nutritional needs were met. People told us they were provided with a choice of meals and enjoyed the food provided. One person told us, "I'm offered choices with food, but they generally know what I like and dislike. There is usually a choice of two meals at lunch time." Another person said "They will always give me something I like to eat, even if the menu doesn't suite me. There is always a choice." Meals were freshly prepared. Some people had modified diets or food specially prepared to meet their health needs. We found that risks had been assessed and appropriate support was provided during meal times to ensure people received their food and drink safely. One member of staff within the Granary Unit told us they had undertaken a certified nutrition course paid for by the provider. They were able to assess people's nutritional needs and support the kitchen to ensure people have the correct food for their conditions. Examples included gluten intolerance, diabetes and soft diet.

We found people were supported to access a variety of health professionals to make sure they received effective treatment to meet their specific needs. These included GPs, Memory Teams and Speech and Language Therapists (SALT). One visiting health professional told us that they had been working with the home for the last 18 months. They described staff as knowledgeable, who would follow any advice given and provide constructive feed-back. They said the home was doing as much as they could and dealt very effectively with challenging behaviour.

## Is the service caring?

### Our findings

People and relatives told us they were happy with the standard of support they received and spoke positively of their relationships with staff. One person told us, "Generally the staff are very good, some are exceptional. It's not an easy job." Another person said "I think it's a first class home and I've been in several. The staff are very good and respectful." One relative told us, "The staff are kind and respectful towards our relative. She is well looked after. We have had peace of mind from the first day we came here." Another relative said "I think my relative is having excellent care. My relative is always treated with respect and dignity. It's a lovely place."

During our last inspection we identified concerns around respecting people's dignity and communication with people. We observed the meal time experience throughout the home and saw people who were able to, using knives and forks. Tablecloths and condiments were laid out on each table. People were given plenty of time to eat their meals and enough staff were available to support people individually if required. We saw staff offering people choices of food and drinks in a patient and kind manner. Throughout our visit, interaction between staff and people was kind and caring. Staff took time to explain to people what they wanted to do such as hoisting or supporting people to use the toilet.

People consistently told us that staff treated them with respect and dignity at all times. Comments from people included, "Staff are very respectful and will always knock on my door before coming in." "I try to be as independent as I can, but it's not easy. The staff will always encourage me, but respect my wishes all the time." A member of staff told us, "We encourage people to be independent such as washing and dressing themselves, but I respect what they want to do." A relative said "Our relative is always clean wearing their own clothing all the time. Their clothing is always hung nicely in the wardrobe." The atmosphere was relaxed and calm within the home with people clearly at ease with staff.

Staff we spoke with demonstrated a good knowledge of the people they supported. Throughout the course of the inspection we saw regular engagement between staff and people. Staff interacted with people throughout the day and it was clear that they had a good understanding of people's needs. We observed many occasions where staff spoke privately on a one-to-one basis with people. We saw one person start to show signs of anxiety and they were responded to by a staff member immediately. One member of staff told us, "If someone becomes upset or anxious we engage with them, try and distract them from what is upsetting them. Go for a walk. It is about knowing the person and what is important to them. It is about being patient with people and recognising that they can't always communicate what is wrong."

People and relatives told us they were involved in making decisions about their care and were listened to by the provider. They told us they had been involved in determining the care they needed and had been consulted and involved when reviews of care had taken place. One relative told us, "We are involved in what happens to our relative and feel we are often consulted about their care. Another relative said "They (staff) certainly do listen and as a family, we are very much involved."

## Is the service responsive?

### Our findings

People told us that the home was responsive to people's needs. One relative told us, "We are very happy with the place. They (the provider) address any issues we have, they are very good. My family have raised several concerns and spoken to the registered manager who has addressed each concern." Another relative said "We raised concerns about the fluid intake of our relative, so they introduced a monitoring system that was signed by two members of staff to reassure us." A visiting health care professional told us that they found the home very responsive to any advice they provided. When they turned up on unannounced visits, they found staff supportive and helpful and was made to feel welcome on each visit. Another social care professional described the management team as professional and responsive.

People's care and treatment was provided by a staff who were able to describe in detail each person's needs and abilities. This was reflected in the care plans we looked at. People had their needs assessed before moving in, which involved a meeting with the person, their relatives and liaising with other professionals involved in their care. This ensured that the provider was aware of people needs and the skills required to support them. The structure of support plans was clear and easy to access information. Support plans provided clear instructions to staff of the level of care and support required for each person. These include guidance on communication, breathing, personal hygiene, elimination and activities.

The provider employed a full time activity coordinator and people told us there was plenty to do at the home. One person said "We have an activities person, with things happening most days." Another person told us, "I'm aware of activities taking place in the home, but I'm content to go for a walk and enjoy my own company." During our visit, we observed a well-attended inclusive bingo session in the main lounge. Some people who lived in The Granary Unit had also been invited and attended. Visiting relatives were also involved supporting their loved ones.

The activities coordinator told us that their role was to engage as many people as able to in activities, discussions, entertainments and any other forms of interaction. Organised activities, which were recorded on a daily activities board, included jigsaw puzzles, dominoes, quizzes, table-top baking, drawing, painting, arts and crafts and reminiscence. They also arranged musical entertainment, garden walks, film afternoon and themed celebrations such a Halloween celebrations. The activities coordinator also arranged weekly visits by a hairdresser and a chiropodist to visit every four to six weeks. People were also supported with their religious beliefs and Holy Communion was delivered on a monthly basis at the home.

We saw evidence of dementia friendly environments and resources in the Granary Unit for the benefit of people living with dementia. These included many tactile objects such as furry throws, cushions, stuffed toy animals and dolls.

The provider routinely and actively listened to people to address any concerns or complaints. There was a complaints policy in place, which clearly explained the process people could follow if they were unhappy with aspects of the service. People consistently told us that if they had any complaints or concerns they would speak directly to staff or the home manager. Relatives told us that they found the staff and

management team very approachable and were confident that any concerns or complaints would be immediately dealt with. One person who used the service told us, "If I wanted to make a complaint, I would speak to staff." Another person said "I know the manager well, if I had a complaint I would speak to the nurse on duty."

The provider organised regular relatives meetings so the views and wishes of the relatives were heard and issues were resolved. Issues addressed included staff training, language issues of staff and staffing levels. Questionnaires were also distributed to people and relatives. The activities coordinator told us that they supported individuals to complete the questionnaire in order for their voice to be heard.

## Is the service well-led?

### Our findings

During our last inspection we identified concerns relating to the management of the home and the need for effective systems to drive improvements. During this inspection, people told us the home was well-led and managed and both staff and the management team were very approachable. One person told us, "It's my impression the place is well run and organised." Another person said "I do think the home is well run and the manager takes an active interest in us and the whole place." A relative told us, "The management are excellent and fully aware of our relative's care, can't fault them." Another relative said "Management and staff are very friendly and attentive. We are very happy with the service our relative gets."

Staff told us the culture of the home was open and transparent. Staff told us that they were committed to providing good quality care, which was driven by the expectations of the management team. They were confident that they would be listened to if they raised any concerns about the service. One member of staff told us, "It's a very open culture here, you are encouraged to speak out and managers do listen to you. The registered manager is brilliant and great to work for." Other comments from staff included, "The registered manager is lovely and listens to us and I do feel appreciated. I'm confident care is being delivered to a high standard. I have confidence in management as the home is well run." "I do feel I have plenty of support here and feel appreciated and valued by management."

Throughout our inspection visit, we saw the registered manager engaging with people and staff. The atmosphere was relaxed and calm throughout our visit. The home had a positive culture that was person centred and inclusive. There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff told us there were arrangements in place to support them, such as regular supervision and team meetings. Staff told us there was always someone available to provide advice and guidance, these included their mentor or members of management team.

The provider had systems in place to record and monitor the standards care delivered within the home. These included infection prevention and control, medication and complaints and compliments. Where internal quality checks had been undertaken, such as for individual care plans, areas for improvement and action required were clearly addressed within set time scales. During our visit, the medication lead was reviewing the home's medication procedures with an external pharmacist. This was to identify areas for improvement and to ensure the home was delivering current best practice when administering medicines. Both people and their relatives were able to provide feed-back on the quality of services by the completion of questionnaires or use of a suggestion box located in the reception area. The results were collated by the manager and the information used to improve future support for people, such as in improved menus and the choice of activities available.

Staff told us that each day there was a 'daily stand up meeting' chaired by the registered manager. Each department area within the home provided a representative, which included nurses, catering staff, activities coordinator, maintenance, domestic and laundry. This provided an opportunity for issues to be identified and addressed, such as staffing shortages through sickness. Staff were also able to request supplies and highlight maintenance requirements.

We looked at a monthly newsletter depicting what activities and events have been taking place, together with photographs and details of forth coming scheduled events. Newsletters were also sent out to families.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.