

Fox Covert Limited

# Hillcrest Residential Care Home

## Inspection report

Hillcrest  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hillcrest Residential Care Home is registered to provide personal and nursing care to older people and specialises in supporting people living with dementia. The service accommodates up to 32 people. At the time of our inspection there were 31 people using the service, many of whom were living with dementia.

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

People continued to receive kind, caring and compassionate care and felt safe and well cared for.

Risks to people had been identified and assessed with guidance in place for staff to follow to prevent people coming to harm. Staff knew how to recognise signs of abuse and were confident reporting any concerns they may have.

Enough suitably qualified and trained staff were deployed to meet people's needs. Staff told us they felt well supported and received the training they needed to fulfil their role.

People's needs had been holistically assessed and plans were in place to help manage these. People had access to other health and social care professionals when needed and staff followed the guidance they provided. People's received their medicines when they needed them from suitably trained staff.

People were supported to maintain a balanced diet and enjoyed the food on offer. People's individual dietary needs and preferences were met and people received support during meal times when needed.

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

The services' activities coordinator provided a range of activities that people enjoyed including trips to the local shops, pub and café. Objects were available for people living with dementia to interact and engage with.

People were confident raising concerns. The registered manager had an 'open door' policy which created an environment that was relaxed and homely. Effective systems were in place to monitor the quality and safety of the service and the registered manager was passionate about providing person centred care.

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 last rating for this service was good (report published 15 June 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

This service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

# Hillcrest 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hillcrest Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered provider, registered manager, deputy manager, care staff, activity organiser and kitchen staff. 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 the mealtime experience, the administration of medicines, an activity and the interactions between people and staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including quality assurance audits, staff meeting minutes and staff rotas were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the results of satisfaction surveys.

# 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 ensured the premises and equipment were suitable for the intended purpose and maintained. People felt safe and had access to a call system to alert staff if they needed assistance. Sensors were used to alert staff when people who needed assistance to move got out of bed unaided.
- Risks to individuals health and safety had been assessed and kept under review. Where risks had been identified, steps had been taken to reduce them. Some people's care was being monitored to ensure they remained safe.
- Staff were observed using moving and handling equipment safely when supporting people to transfer.

### Preventing and controlling infection

- The service was clean and hygienic, and staff wore personal protective equipment (PPE) appropriately.
- People and their relatives were happy with the standard of hygiene maintained.

### Using medicines safely

- People received their medicines when they needed them from appropriately trained staff.
- Guidance for when to administer 'as required' medicines and creams was not always in place and the reason for administering them had not always been recorded. The registered manager took immediate action to address this issue.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately.
- The registered manager had oversight of these and monitored them for themes and trends. When needed, action had been taken to reduce the risk of reoccurrence.

### Staffing and recruitment

- Sufficient numbers of safely recruited staff were deployed to meet the needs of people living at the service.
- Most people and their relatives felt there were enough staff on duty to meet people's needs. One relative felt that there were enough staff and told us people were, "Never left by themselves."

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

- The registered manager and staff had a good understanding of safeguarding and understood their responsibilities to keep people safe from abuse.
- Safeguarding referrals had been appropriately made to the local authority.
- People and their relatives felt the service was safe.

# 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.

Staff support: induction, training, skills and experience

- Staff felt they received the training they needed and felt supported in their role. They confirmed they had supervision with their manager and were able to speak to them at any time if they needed support.
- Staff were supported to develop their skills and gain qualifications in care.
- People and their relatives felt staff had the skills to meet people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and social needs had been holistically assessed and guidance was in place for staff to provide effective care and support.
- Assessments had been completed before people moved into the service to make sure their needs could be met. One person's relative confirmed an assessment of their loved one's needs had been completed before they moved in.
- Referrals had been made to other agencies such as district nurses and GP's when required. Records confirmed family members were kept informed of their loved one's wellbeing and the support of healthcare professionals was sought when needed.

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

- People's nutritional needs and dietary preferences were met. The kitchen staff prepared homemade appetising food at each mealtime and prepared fortified drinks and snacks between meals for those that needed them.
- People received the support they needed to eat and drink.
- Most people told us they enjoyed the food on offer. Their comments included, "The meals are always very good, can't complain of any of it, can't grumble", "I think that the food is all right" and "The food is ok."

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.

- People's needs had been assessed and planned for and people's capacity to make decisions had been assessed.
- Where people had been assessed as lacking capacity to make decisions about where to live, an application for a DoLS had been submitted.
- Where people had told the registered manager, they had appointed a power of attorney, evidence was requested to confirm this. The registered manager was in the process of implementing new paperwork to detail the people who had been consulted and involved in making decisions in people's best interest.

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

- There was signage to help people find their way and identify rooms such as their own room and bathrooms.
- Bathrooms had been adapted to meet people's needs. A colourful mural had been painted to provide stimulation for people living with dementia.

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

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

- People told us staff were kind and caring and treated them with respect. One person told us the staff were, "Very helpful, make you feel at home, if you are worried about something, they will talk to you. We are all like friends with the staff."
- Staff knew the people they supported well and treated them as individuals. People told us they could get up and go to bed when they wanted.
- Staff spoke warmly about the people they supported. They shared jokes with people, provided reassurance and physical contact when appropriate.

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

- People and their relatives confirmed they were involved in making decisions about their care and felt able to express their views. They were encouraged to share their views about the care people received through satisfaction surveys, regular reviews and annual residents and family meetings.
- If people did not have friends and family to support them in decision making, details for local advocacy services were available to support them with this process.

Respecting and promoting people's privacy, dignity and independence

- People had choice and control over the support they received, when they received it and how.
- People told us they were supported in ways that promoted their independence and that staff knocked on their doors and waited for a response before entering their rooms.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- Records regarding people's care and treatment were stored securely on in a locked office. This helped to maintain people's privacy and confidentiality.

# 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 had the opportunity to participate in a range of activities and to visit the local café, pub and shops with staff. We saw some people living with dementia were provided with objects to engage with and staff told us entertainers visited the service regularly.
- Some sections of some care plans did not specify people's preferences for activities however staff knew people well and were aware of their likes and dislikes. Following the inspection, the registered manager confirmed this had been addressed.
- People interacted positively with the activities co-ordinator and we saw they enjoyed the activities they provided.

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

- People received care that was person centred and based on their individual needs.
- Information about people's life histories and what was important to them was recorded however some sections of some care plans needed completing and updating. Following the inspection, the registered manager confirmed to us this had been addressed.
- Staff interactions with people showed they knew people well and understood and met their individual needs.
- People and family members were involved the care planning and regular reviews.

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.

- People's communication needs were considered as part of the assessment and care planning process. Guidance was in place for staff to follow to help effectively communicate with people where required.
- People who needed them were supported to wear their spectacles and hearing aids.

Improving care quality in response to complaints or concerns

- People and family members told us they would raise concerns or complaints if they needed to. They were confident that any concerns would be properly investigated by the registered manager.

End of life care and support

- People were supported to make decisions about their preferences for end of life care and were involved in developing care and treatment plans. Care plans included people's advanced decisions about their end of life wishes. The registered manager was aware of which healthcare professionals to contact for support if a person needed end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff felt supported in their roles and able to approach the registered manager, deputy manager or provider if they had any concerns. One staff member commented "I love working here."
- The registered manager was passionate about providing good quality person centred care and bringing about improvements. Staff spoke highly of the manager and provider and felt supported by them.
- The registered manager effectively communicated with staff to ensure they were aware of issues within the service and areas in need of development. Staff had the opportunity to attend staff meetings and felt their voice mattered.
- The registered manager and provider were aware of their legal requirement to notify CQC about certain events and submitted notifications when required.

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

- People and family members spoke positively about the level of service they received. Comments included; "The whole place is very good; the staff are willing and helpful", "It feels like it's home, the staff are very good, couldn't wish for better staff", "They've all been here for quite a long time, same faces, that helps a lot", "They do their job very well" and, "I think it's great."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and family members were involved in discussions about the service through meetings and surveys. The results from the most recent survey were positive.
- The service worked with other partner agencies and community groups to achieve good outcomes for people.

Continuous learning and improving care; 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

- Effective systems were in place to check the quality and safety of the service. Regular checks and audits were completed by the registered manager and provider; any issues identified were addressed through action plans.
- The registered manager was open and transparent about issues within the service and ensured relevant professionals were informed.

- The registered manager informed people when things went wrong and took action to address and learn from incidents.