Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Slyne

Inspection report

Throstle Grove
Slyne with Hest
Lancaster
Lancashire
LA2 6AX

Tel: 01524825328

Date of inspection visit:
16 April 2018
17 April 2018

Date of publication:
21 May 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on 16 and 17 April 2018. The first day of the inspection was unannounced.

Hillcroft Slyne Nursing 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.

Hillcroft Slyne Nursing Home is situated in the parish of Slyne-with-Hest close to the city of Lancaster. It provides accommodation for up to 48 people in three ground floor units, supporting people with general nursing needs, dementia and complex behaviour that may be challenging. At the time of our inspection 46 people lived at Hillcroft Slyne Nursing Home.

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

At the last inspection on 17 April 2017 we asked the registered provider to take action to make improvements around the auditing of records related to the application of topical creams, and this action has been completed.

At the last inspection, there was a breach of Regulation 12 HSCA RA Regulations 2014 (Safe care and treatment). Staff did not always follow policies and procedures on the administration of medicines. We asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well – led to at least Good.

At this inspection we found the registered provider continued to provide a good standard of care to people who lived at the home.

We observed medicines administration and reviewed documentation around the administration and management of medicines. We looked at documentation related to the application and recording of topical creams. We found medicine protocols were followed correctly by staff trained to administer medicines.

Documentation we viewed guided staff clearly on where to apply prescribed creams. We did not find any missed signatures within medicine and topical cream recording charts which indicated people had received appropriate treatment in accordance with their care plan and clinical guidance.

People who lived at Hillcroft Slyne Nursing Home had care plans that reflected their complex needs and these had been regularly reviewed to ensure they were up to date. The care plans had information related to all areas of a person's care needs. Staff were knowledgeable of people's needs and we observed them helping people as directed within their care plans.

Relatives told us staff treated their family members as individuals and delivered personalised care that was centred on them as an individual. Care plans seen and observations during our visit confirmed this.

Staff delivered end of life care that promoted people's preferred priorities of care.

The registered provider had refurbished the home to ensure people living with dementia were living in an environment that promoted their safety, independence and positive wellbeing.

We saw staff were responsive to each person's changing needs. They worked together to ensure people who became agitated were offered a selection of person centred interventions to meet their needs and soothe their agitation.

There were systems to record safeguarding concerns, accidents and incidents and corrective action took place as required. The service carefully monitored and analysed such events to learn from them and improve the service.

Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents as required.

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.

Staff we spoke with understood the importance of providing high standards of care and enabled people to lead meaningful lives. One relative told us, "They [staff] are very kind. I have watched them and they speak to people really nicely."

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner.

Staff we spoke with confirmed they did not start in post until the management team completed relevant checks. We checked staff records and noted employees received induction and ongoing training appropriate to their roles

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been refurbished, maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross

infection. We found supplies were available for staff to use when required, such as hand gels.

We observed lunch time and noted people had their meal at a table, where they sat or in their bedroom. One relative told us, "The meals are wonderful; my husband is always offered a choice."

We observed only positive interactions between staff and people who lived at Hillcroft Slyne Nursing Home. There was a culture of promoting dignity and respect towards people. We saw staff took time and chatted with people as they performed moving and handling procedures in communal areas.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily walks around the home to assess the environment.

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 has improved to Good.

The registered provider had systems to ensure medicines were managed and administered safely and properly.

Accidents and incidents were monitored and managed appropriately, with an emphasis on learning when things went wrong.

Systems were in place to protect people against the risks of abuse or unsafe practice. Staff had been recruited safely and had been trained to safeguard people who may be vulnerable.

Is the service effective?

Good

The service was effective.

Staff received a thorough induction and a good level of training and support. We observed positive interactions showing staff were knowledgeable on how to support people effectively.

People were supported to have positive dining experiences. Staff provided appropriate support to people managing complex needs and prompting people's independence.

People had as much choice and control over their lives as possible. The service empowered people to make their own choices.

People's health and wellbeing was monitored and they were supported to access healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People and their relatives praised the caring approach of the staff that supported them.

The service had policies and procedures which took into account people's human rights and helped to prevent discrimination.

People and, where appropriate, others acting on their behalf were involved at each stage or the care and support planning process, including review meetings.

Observations during our inspection visit showed people were treated with kindness, respect and compassion.

Is the service responsive?

Good

The service was responsive.

The registered provider developed personalised care plans to guide staff to provide highly responsive support.

The registered provider ensured people were supported to engage in activities they enjoyed and valued.

The registered provider had arrangements to manage complaints and concerns.

The registered provider held information on people's preferences on how they would be supported with their end of life care. Staff were able to share strategies on how to provide people with a comfortable dignified death.

Is the service well-led?

Good

The service has improved to Good.

People we spoke with, their relatives and staff all told us they felt the service was well-led. Everyone we spoke with felt there was a positive person centred culture throughout the home.

The registered provider had comprehensive systems to assess, monitor and improve the service.

We found the registered provider had high standards and a great desire to work in partnership with other agencies to maintain and enhance the care and support delivered to people.

The provider had improved their systems to ensure CQC were notified of all reportable incidents.

Hillcroft Nursing Home Slyne

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.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included speaking with the commissioning groups responsible for commissioning care and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

This comprehensive inspection took place on 16 and 17 April 2018. The first day of the inspection was unannounced. The inspection was carried out by two adult social care inspectors and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Throughout the inspection process we gathered information from a number of sources. We spoke with four relatives of people who lived at the home to seek their views on how the service was managed. We also spoke with the registered manager, deputy manager, two directors and the quality manager. We spoke with ten members of staff responsible for providing direct care, two chefs and two trainers based at the onsite training academy. We also spoke with one health professional who was visiting the home at the time of the inspection visit.

As part of the inspection process 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.

To gather information, we looked at a variety of records. This included care plan files related to seven people who lived at the home. We observed the administration of medicines and looked at administration and recording forms related to the administration of medicines and topical creams. We also looked at other information which was related to the service. This included health and safety certification, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules.

We viewed recruitment files relating to four staff members and other documentation which was relevant to recruitment including Disclosure and Barring Service (DBS) information.

We looked around the home in both communal and private areas to assess the environment and check the suitability of the premises.

Good

Our findings

During our last inspection we found staff did not always follow policies and procedures on the administration of medicines. The provider did not have an effective system to monitor the safe documentation of medicines.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection we looked at how medicines were prepared and administered. We observed the administering of medicines during the morning round. We noted the staff member spent time with each person as they administered their medicine. They made eye contact with the person and never left until they had swallowed their medicine, offering gentle encouragement as they did so. The staff member was knowledgeable on how people liked to have their medicines administered. For example, one person liked the tablets placed into the palm of their hand. A second person liked to have all the tablets in a pot and took each tablet slowly one at a time. We saw the medicine trolley was locked securely whilst attending each person.

Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. We noted there was a medicines audit monthly to ensure people consistently received their medicines safely.

We looked at Topical Medicines Application Records for people who required creams to be applied. Records were signed consistently by staff to indicate the cream had been applied as directed. We noted guidance and procedural instruction on the Topical Medicines Application Records clearly instructed staff on where and how often to apply creams. This showed the provider had systems to protect people from the unsafe storage and administration of medicines and creams.

On the day of our inspection we found it difficult to gain verbal feedback from people living at Hillcroft Slyne Nursing Home. People were living with advanced stage dementia and or complex needs. However during our inspection several relatives visited and shared their views with us.

Observations made during the inspection visit showed people were relaxed in the company of staff who supported them. We asked relatives if they thought their family members were safe and safeguarded from

abuse. One relative told us, "Yes, perfectly safe. Our family are really pleased." Other feedback included, "Yes, they are very safe." And, "Yes I do think [relative] are safe."

At the last full inspection the location was rated as requires improvement in Safe because procedures to manage medicines and topical creams were not consistently followed. At this inspection we saw that improvements had been made and sustained and the rating for Safe has improved to Good.

We asked what practices were in place to keep people safe and ensure staff knew what abuse and poor practice was. We did this to ensure people were protected from abuse and harassment. Staff told us they had received safeguarding training and were able to explain what they would do if they believed someone was at risk or receiving care and support that was abusive. Staff told us they received yearly training on how to safeguard people who may be vulnerable. One staff member told us, "You can't have a resident in danger. You have to report things."

Care plans seen had risk assessments completed to identify the potential risk of accidents such as falls and harm to staff and people related to behaviours such as verbal and physical aggression. We noted the care plans were reviewed monthly. This showed the registered manager had systems to manage and monitor risk and keep people safe.

We looked at staffing levels within the home. We did this to ensure there were suitable numbers of staff deployed at all times to support people safely. Relatives told us staffing levels were sufficient to meet the needs of people. However one relative raised concerns that agency staff were used at weekends. We spoke with staff about how they are deployed. One staff member commented, about agency staff, "The agency girls are really good. You can't leave them on the floor on their own. They don't know the routine or resident, as things change." They explained agency staff were allocated to work alongside contracted staff to support people to stay safe whilst meeting their needs. A second staff member commented, "The shifts run properly, we complete worksheets every hour." Worksheets showed how staff had been offering support to people, when and where. The registered provider monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. This showed the registered provider had systems to ensure suitable number of staff are deployed effectively.

During our inspection visit staffing levels were sufficient to meet the needs of people who lived at Hillcroft Slyne Nursing Home. For example, we saw staff members responded quickly when people requested support. We pressed the call bells twice during our inspection and noted staff responded quickly both times.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. Records we looked at showed employment checks had been carried out before staff commenced work. References had been sought for each person, to check the person's suitability, knowledge and skills. We spoke with four new care staff who were having induction training on day one of our inspection. All confirmed they had interviews references and Disclosure and Barring Service (DBS) checks had been sought before they could begin their employment. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm with restrictors on windows where people may fall from them. Restrictors help prevent falls from height and minimise the risk of harm. The home had had new lights since our last inspection visit. We were able to observe that the environment was brighter and well lit.

We looked at infection prevention and control processes within the home. We found the home was clean, tidy and maintained. The home employed domestic staff to carry out daily cleaning tasks. One relative told us, "My [family member]'s room, and bathroom, are kept spotless." We observed staff wore protective clothing such as gloves and aprons to minimise the risk of the spreading infection. We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds.

We noted two of the management team had attended a Lancashire County Council training conference on Infection Prevention. We spoke with one person who attended they told us they had reviewed their ways of working in line with best practice. They also confirmed they had organised onsite training from one of the speakers at the conference to refresh and educate trained staff on best practice guidance on the early identification, source and treatment of Sepsis. Sepsis is a life-threatening illness caused by your body's response to an infection. The training is based in part on NICE guidance and The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) who reviews clinical practice and identifies potentially remediable factors in the practice of patient care.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The service had been awarded a five-star rating following their last inspection by the FSA. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We saw a fire risk assessment was in place and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required. Staff spoke of training they had received that included a short film commissioned by Hillcroft Nursing Home Limited and starring two directors of the company and a member of the training academy. We watched the film which clearly showed how to move people to a safe area using an evacuation sheet. We spoke with one of the directors in the film who told us they made the film as they believed staff would remember the information if they recognised people and if the information was visually presented. This showed the registered provider had sought to manage risks to people in a structured, creative and informative format.

We carried out a visual inspection of the home and identified no concerns in relation to safety of the premises. All evacuation routes were clear and free from storage. Fire doors were closed or open using closers. Fire door closers will hold open a fire door when required to ease access, such as poor mobility and support people's personal preferences They automatically close the door in the event of a fire. This showed the registered provider was following best practice guidance, The Regulatory Reform (Fire Safety) Order 2005. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety.

We looked at how accidents and incidents were recorded. These were documented appropriately and in detail. Any accidents or incidents were recorded on the day of the incident. We saw the recording form had the description of the incident and what corrective action was taken, along with how to reduce the risk of it happening again. The form categorised the incidents into slip, trips and falls, moving and handling, resident care and other. It also gathered information if further action was required such as attention from a health care professional. Monthly analysis of all accidents and incidents took place so lessons could be learned and improvements made to reduce the likelihood of accidents re-occurring.

We spoke with the quality manager about accidents and incidents. As part of their protocol all incidents and accidents are reported to the quality manager who has regular meetings with the registered manager to review incidents and look at lessons learnt. We looked at corrective action the registered provider had taken

in response to information reviewed. We saw lessons learnt were shared between all six homes within the Hillcroft group. Information to be shared is dispersed in leaflet form in a 'work safety alert', and put on all staff meeting agendas. We noted where an incident had occurred related to one person's support needs; all staff had received updated training. This showed the registered provider had structured oversight of the service delivered and ensured improvements are made when required.

Good

Our findings

Each person had a pre-admission assessment, to identify their needs and establish that Hillcroft Slyne Nursing Home was able to meet their needs. One relative told us, "They [staff] are very clued in, there seems to be a conscientious policy that staff are up to speed with training." All the relatives we spoke with said staff were extremely knowledgeable about all their relative's needs. Feedback included, "I have found them [staff] excellent." And, "[Family member] has always said he is happy."

All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. One staff member told us, "I had three days shadowing, and got to learn more about each individual." A second staff member explained they had a 'buddy system' whereby new staff worked alongside experienced staff to get to know their role and responsibilities.

We asked the registered provider how they obtained and implemented information on best practice guidance and legislation. They told us they attended all relevant conferences and the director was involved with Lancashire Care Association. They commented involvement helped gather and share good practice. They explained they were currently in the process of reviewing relevant policies to ensure it met the requirements of the General Data Protection Regulation (GDPR) which comes into force in May 2018.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), The Mental Capacity Act 2005, Health and Safety and LOLER (Lifting Operations and Lifting Equipment Regulations 1998) regulations. This demonstrated the manager was aware of their responsibility to use national guidelines to inform care and support practice at the home.

We saw further evidence the registered provider was referencing current legislation, standards and evidence based guidance to achieve effective outcomes. Staff told us they received training to enable them to update and maintain their skills. For example, all staff completed The Care Certificate as part of their training. The Care Certificate is a set of standards that give care staff the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. All staff received refresher training yearly to update their knowledge.

Hillcroft Nursing Home Limited has their own training academy based at Hillcroft Slyne. Staff we spoke with praised the two trainers based at Hillcroft Slyne. One staff member commented, "We are lucky because the trainers are onsite. If we have any questions we can just go and ask, they are approachable."

We asked staff if they were supported and guided by the management team to keep their knowledge and professional practice updated, in line with best practice. Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the registered manager one staff member told us, "You can speak with her anytime, she listens."

We saw evidence of health and social care professionals being consulted with in order to promote people's health. This included GP's, dietitians and specialist nursing teams. Individual care records showed health care needs were monitored and action taken to ensure timely action was taken to meet people's needs. All the relatives we spoke with said staff would call a GP if needed.
We spoke with a visiting health profession who told us the registered manager and clinical team were organised, helpful and had good oversight of the care delivered.

We saw good practice guidance was referred to and used when providing people with care and support. For example, we saw patient information stored within people's files advising how certain health conditions should be managed. This information promoted good health and enabled staff to be aware of the health condition.

The 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).

From records viewed we saw that consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. Relatives we spoke with told us they had been involved in planning the family member's care and received regular updates. Observations during our inspection showed staff sought people's consent and offered choices before completing tasks. This showed the registered provider was providing care and treatment in line with legislation and guidance.

We asked relatives about the meals at Hillcroft Slyne Nursing Home. One relative told us, "The meals are wonderful; my husband is always offered a choice." We observed lunch service at the home. The dining area was clean and spacious. The tables were laid out with clean tablecloths but no clutter, and soft music was being played in the dining area. Menus for the day were displayed on a notice board in the dining area.

Staff responsible for preparing meals had information about people's dietary requirements and preferences. For example, the chef and staff were aware of people who required food and fluids at certain consistencies in order that they could eat and drink safely. We observed snacks and drinks were offered to people in between meals, including hot drinks, cold drinks, cakes and biscuits.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Staff monitored people's food and fluid intake and people's weight was recorded consistently. We saw when concerns about someone losing weight was identified, staff had responded and appropriate action had been taken. One relative said, "They make sure he has plenty of liquids. Since he has been in here he has never had a urine infection."

We observed staff were patient and encouraging at lunchtime, they effectively supported people who required assistance with their meals. For example, we observed offer gentle prompts to encourage one person with their meal. People had the choice of eating were they sat, in their rooms or at a dining table. The atmosphere was very relaxed and nobody was rushed. The care staff were very encouraging and polite at all times. All the staff serving meals wore plastic aprons. This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

Hillcroft Slyne had three separate units and all had small kitchen areas for staff to make drinks and snacks. All bedrooms were ensuite with some bedroom door having alarms fitted to allow people to be independent while making staff aware of their movements. Bathrooms, shower rooms and toilets were adapted to allow people to receive support or alert staff as required. The décor was dementia friendly with pictures and signage which helped support people living with dementia to be more independent.

Good

Our findings

We observed a caring culture throughout the home. People received care from staff they knew and were happy with the care and support. During the inspection visit we observed positive interactions between people who lived at the home and staff. We asked people's relatives if the staff were kind and caring. One relative told us, "I think they are very caring." Further feedback included, "Yes, they have always got time for you." And, "They are very kind. I have watched them and they speak to people really nicely."

We saw the home had received written compliments from families. We recorded the following comments; 'Everyone was kindness itself, and 'Loving, devoted and unfailingly cheerful care.' Another read, 'Don't you dare to get complacent. 'This showed the registered provider encouraged an environment that promoted kindness and compassion.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff treated people with respect. For example, one person told us, "Staff are very respectful; they always knock on my door even when it is open." We noted the whiteboard had a privacy screen on it. This pulled down over the whiteboard to conceal sensitive, personal information. This showed the registered provider promoted people's dignity and managed their confidential information sensitively and on a need to know basis.

Care plans seen and discussion with their family members confirmed they had been involved in the care planning process. One relative told us, "I have agreed my husband's care plan and it has been updated as things change." They added, "The manager has told me that I am part of my husband's care in here." A second relative commented, "We, my family, have agreed my father's care plan and we are constantly reviewing it."

The plans contained information about people's needs as well as their wishes and preferences. This ensured staff had up to date information about people's needs, likes and dislikes. For example, One relative told us, "All the staff I have met are caring. They seem to take an interest." They added, "My husband is an ex-Olympian, in diving, and when the commonwealth games were on they sat him in front of the TV. It was really nice of the staff to do that."

We observed several people being helped to mobilise and saw this was carried out with compassion and

appropriate humour. We saw people responded to staff presence and interactions positively. For example, one person was very focused on helping the nurse with their medicine round. A staff member was able to redirect the person using appropriate touch, a kind word and the promise of cake. The walked away arm in arm smiling and chatting. This demonstrated people were comfortable in the presence of staff and staff were knowledgeable on how to support people in a dignified and appropriate manner.

We spoke with the provider about access to advocacy services should people require their guidance and support. The registered manager told us they would support people to access advocacy services should they wish to.

Good

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes. For example, one relative told us, "Having residents who do not have the capacity to express themselves the staff do extremely well to "second guess" what they want." A second relative commented, "They [the staff] went out of their way to sort out a room for my father which suits him best."

As part of recognising diversity and people's human rights, we asked the registered provider how they ensured that all people being supported are treated uniquely and are valued. They told us they were introducing LGBT+ champions, commenting, "It's about being fair and respecting personal backgrounds. It is treating people as who they are." They also commented that care plans reflected people's individual needs. We noted there were policies in place and staff had received training in equality and diversity. This would help staff, especially newly appointed staff to respect people's individuality and support them in a way that met their needs and respected the person's wishes.

The care plans had information related to all areas of a person's care needs. These included mobility, pressure care, fluid assessments, risks around falls and skin care, any restrictive practices and dietary information. Care plan guided staff on what was normal for them, what indicated they had deteriorated and how to be responsive to improve their health. For example, one person's mobility had deteriorated and the care plan had been updated with information on how to support the person.

Care plans also contained information about people's life history and preferences, however, a volunteer at the home told us they were in the process of expanding the 'This is me' document for each person. This would provide more in-depth information about what was important to the person, their family, and friends and how they liked to spend their day. There were also plans to have a playlist of music for each person. We spoke with the registered manager who told us, "We will try and find music related to the person's life and each person will have an album of photographs."

Staff we spoke with knew people well which enabled them to provide care that took account of people's personal routines and their likes and dislikes. We observed people moving freely around the home and choosing where they wished to spend their time. We heard staff offering choices to people who were unable to mobilise independently on where they would like to sit.

We looked at what arrangements the service had taken to identify record and meet communication and

support needs of people with a disability, impairment or sensory loss. Care plans seen showed assessment procedures identified information about whether the person had communication needs. These included how to approach the person and if there was any sensory loss. For example one person had limited hearing, the care plan guided staff how to communicate effectively with the person.

We asked about activities that took place at Hillcroft Slyne Nursing Home. We spoke with the activities co-ordinator who told us activities happened every day. They told us they had attended activity forums with the registered manager. We saw evidence of resident picture albums enjoying trips and events celebrated such as a person's 100th birthday and another person's 50th wedding anniversary. One relative told us, "On Friday it is my husband's birthday and they will make a cake for him."

The registered manager showed us they had purchased sensory comfort care baskets. These contained smells and sounds, such as the ocean and the seaside and steam trains and smoke. Hillcroft Slyne had shared access to a mini bus. Recent trips include a trip to the garden centre, fish and chips on the promenade and a visit to a local park. The activity co-ordinator told during the trip to the park one person relived a family trip with their mother. This showed the registered provider recognised activities can improve mental wellbeing and can lessen the impact of dementia and Alzheimer's on people living in nursing homes.

About activities, one relative told us, "There are lots of activities going on and my [family member] sometimes joins in." However we were also told, "I do not know of any activities. My [relative] could not join in anyway." The registered provider told us they were working with a local college and would be welcoming students into the home to give them an opportunity, "To see what a nursing home is about." They also said it would give people living at the home, extra people to chat with.

The registered provider had a complaints procedure which was on display within the home. The document information was clear in explaining how a complaint should be made and reassured people these would be responded to within a set timescale. There was a clear procedure to follow when complaints were received. They had to be shared with senior management and discussed with the Quality Manager. When appropriate, complaints were dealt with by senior management. We saw where complaints had been received timely action had been taken and communicated to the complainant. Actions taken had included meeting with the person or their relative and providing additional support, training and supervision for staff. This showed the registered provider had a system and an open culture where complaints and concerns would be taken and actioned to improve the care delivered.

Everyone we spoke to said they knew how to make a complaint and would feel comfortable doing so without fear of reprisals and believed that their concerns would be acted upon. None of the relatives we spoke with, had ever made a formal complaint. We asked, if they did have any complaints/concerns did they know the names of the senior staff to who they could approach. Feedback included, "I would go to the manager, she is nice and polite and easy to talk to." And, "I know the people in my father's unit."

We asked how people were supported with their end of life care. The registered manager ensured that appropriate 'just in case' medicines were available to people nearing the end of their life to manage their pain and promote their dignity. These are medicines to be kept "just in case" you need them. This meant the registered provider can give a prescribed end of life medicine to help relieve pain or other symptoms especially during the night or at a weekend. This responsive approach supported a pain free dignified death.

One staff member told us about their end of life training, "It was interesting. It showed how to approach people and families, what to expect and how to deal with it." We spoke with the registered manager about end of life care. They told us they had introduced, 'comfort care baskets'. These included a cd player to play

calming music, or music of their choice, sensory lighting and a scented oil diffuser. The registered manager also had a list of people who had made do not attempt coronary pulmonary resuscitation (DNACPR) to ensure they respected people's end of life decisions. This showed the registered provider supported people to live as well as possible in all aspects of their wellbeing, respected their decisions and provided dignified and responsive end of life care.

Good

Our findings

Relatives of people who lived at Hillcroft Slyne Nursing Home spoke positively about the registered manager and the staff. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns. One relative told us, "The manager is always about, she is very nice." A second relative commented, "She [registered manager] is always visible, on all the units."

Staff told us they were supported in their role and felt they were able to approach the registered manager or management team to report concerns. One staff member told us, "[Registered manager], is about every day. She is trusting but always checking." A second staff member commented, "She [registered manager] is brilliant. I think she is ace." They went on to comment, "Deputy manager is nice and chatty with everyone, really nice and helpful."

At the last full inspection the location was rated as requires improvement in well-led because the registered provider lacked a robust and timely auditing system related to the administration of creams. At this inspection we saw that improvements had been sustained and the rating for Safe has improved to Good.

We found the home had clear lines of responsibility and accountability. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service.

We asked about planning for the future and how does the management team improve and ensure they are sustainable and resilient. One of the directors told us there had been ongoing issues in the local area regarding the long term employment of nurses. To combat this issue they were in the process of introducing care home assistant practitioners. They said they were working with a local college to offer the appropriate training. Staff already employed by Hillcroft limited were given a developmental opportunity to be funded by the company to learn new skills. The new assistant practitioner role allows healthcare staff to work alongside nursing colleagues and take on additional responsibilities. This would create a solution to the shortage of nurses and maintain the clinical care required to meet people's needs.

The Hillcroft group employed a quality manager and a services co-ordinator. At the time of our inspection the services co-ordinator post was vacant. Their roles were to liaise with the registered managers and assess how well the service was meeting people's individual needs and ensure the home was and remained safe for

people staff and visitors. These included regular audits on specific aspects of the service, such as the management of people's medicines, health and safety arrangements complaints, staff turnover and infection control.

We noted the registered manager was required to submit all audit information gathered to the quality manager and services co-ordinator on a regular basis. We spoke with the quality manager on the benefits of doing this. They told us they had quality meetings with the registered manager to analyse the information look at any themes and sought to reduce incidents and risk. They told us, "We want to be the best which impacts on people's care."

The registered provider had developed a range of quality assurance systems. These included action points to correct any areas for improvement that were found. The quality manager told us, "We don't set out to fail. All incidents have an action plan and are then reviewed." They explained they are able to share any learning from incidents through alerts on an internal care management system and completed a 'work safe alert' that included instruction around proper process to follow. This was distributed to all staff.

Records showed the provider had ensured gas, emergency lighting, fire extinguisher and legionella checks were completed as required. The provider had employed an outside auditor to monitor the quality assurance systems at the home.

The provider had introduced home heroes, a way of recognising people's hard work. People, staff or relatives could nominate a member of staff or group of staff who had gone the extra mile. There was also a financial reward for a staff member with 100% attendance. The winner was chosen at random during a head of department meeting. We saw the winner was acknowledged and celebrated in the main reception of the home. This showed the provider had introduced incentives to promote a positive culture and motivate staff.

We asked about what meetings took place at Hillcroft Slyne. We saw minutes, which indicated regular staff meetings, took place. The format for staff meetings included, 'Hot off the Press' which was a report from the directors, Matron's report and any other business. The minutes from staff meetings included information on safeguarding and near miss incidents. One member of staff told us, "We all get feedback and get a chance to have our say. We discuss what has gone well and could go better." A second staff member told us, "They can be good; we always get asked if we have anything to say." A third staff member told us they had two staff meetings at different times on the same day so people on different shift had the opportunity to attend. This showed the provider offered opportunities for staff to contribute and be included in the service delivered.

The registered manager attended several regular meetings within the Hillcroft group. They attended the 'Monday huddle'. The provider, other registered managers and directors of the Hillcroft group attended. This looked at what support people may require in the coming week. Staff were employed by the Hillcroft group and may be asked to work at other homes if there is a need. This allowed the provider to manage resources effectively to provide quality care.

We looked at how questionnaires had been analysed. We saw the feedback was positive with suggestions related to activities. For example, more activities needed, and activities co-ordinator to be released from some care duties and to attend activities forum. We noted that the activities co-ordinator had been attending forums. We saw additional equipment was bought for activities with the volunteer taking a role in engagement with people and their relatives on reminiscence activities.

We spoke with a director about engagement. They told us the managing director visited homes and completed a full walk round. This gave people the opportunity to meet informally on an ad hoc basis. They

also organised a yearly get together for the Hillcroft Support Group, made up of relatives and friends. This was held away from the home and included a sit down meal. This allowed the management team to chat in a relaxed environment about the care and support delivered. The director told us as a result of one conversation specific arts and crafts were being introduced to the home, at the suggestion of a relative. This showed the registered provider had systems to engage and involve people and their relatives in the care delivered.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.