

Hillcroft (Carnforth) Limited

Hillcroft Nursing Homes - Throstle Grove

Inspection report

Throstle Grove
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Lancashire
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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 

Overall summary

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 and to provide a rating for the service under the Care Act 2014.

Hillcroft Nursing Home (Throstle Grove) is one of six nursing homes managed by Hillcroft (Carnforth) Limited. The home provides accommodation for up to 48 people in three ground floor units, catering for people with general nursing needs, people living with dementia and people who exhibit behaviour that challenges the service.

Summary of findings

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 and has the legal responsibility for meeting the requirements of the law; as does the provider.

This was an unannounced inspection undertaken on the 29th July 2014.

Some people we spoke with who were able to express their views felt they received effective care and support to meet their needs. Care records we looked at showed people who lived at the home, or their representatives, were involved in the assessment of their needs. Records showed people had detailed care plans in place outlining the care and support they would like and agreed to.

We spent time in all areas of the home, including lounges and dining areas of all three units. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. During our visit we saw staff had developed a good relationship with the people they supported. We spoke with relatives, people who lived at the home, staff and management. Those people who were able to talk with us were positive about the home and the way care and support was delivered to them. Comments from relatives and people who lived at the home included, "The staff are good, there is nothing I dislike about the home." Also a relative said, "The staff know exactly what they are talking about when I phone. I feel they know me as well."

We observed people's privacy and dignity was respected. We observed staff transferring people using hoists. We also saw they made sure drinks and snacks were within reach on small tables. People told us staff always knocked on the door before entering the room. One relative said, "Dignity is respected. The rooms are extremely pleasant and the staff knock before entering."

Staff spoken with were positive about their work and confirmed they were supported by the manager. Staff received on-going training and development in the areas of care and support people required. Staff told us training in particular areas such as living with dementia and behaviour that challenged the service was always available and supported by the registered manager. Comments from staff about training opportunities included, "The manager encourages us to attend training courses and develop our careers."

The management team within the organisation and the registered manager assessed and monitored the quality of care at the home. Audits were completed and checks carried out to monitor a number of areas, for example, medication, care plans and the building. This ensured the service was continually monitored so that the home continued to develop and provide quality care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staffing levels were continually assessed and monitored in the three units that make up the home, to ensure there was sufficient staff available to meet the needs of people who lived there. This was confirmed through talking with staff, people who lived at the home and also through our observations during the inspection.

Staff spoken with had an understanding of the procedures in place to safeguard vulnerable people from abuse and had received training and attended relevant courses. This meant staff knew how to recognise and respond appropriately if they witnessed or suspected abusive practice.

Good



Is the service effective?

The service was effective.

Staff had access to ongoing training to meet the individual needs of people who required nursing or dementia care support. This ensured staff had the appropriate skills and knowledge to carry out their role confidently and effectively.

People who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. Relevant staff told us people's needs were monitored and advice had been sought from other health professionals where appropriate.

The manager and staff had positive communication links with healthcare agencies, social workers and doctors. This was to ensure people received the best care and support possible from healthcare professionals.

Good



Is the service caring?

The service was caring.

Staff responded to people's needs in a kind and caring way. People we spoke with felt valued and cared for. We saw staff spoke with people in a respectful, polite way. People's views were respected and listened to. We saw people had their wishes about care recorded in their care plans.

We saw staff showed patience and gave encouragement when supporting people. We saw staff were confident, respectful and caring when helping people with dementia.

Good



Is the service responsive?

The service was responsive.

People who lived at the home and their family members told us had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The care provided was responsive to people's individual needs and changes were made to accommodate people's changing needs and wishes.

Good



Summary of findings

Is the service well-led?

The service was well led.

People who lived at the home and staff we spoke with told us they felt supported by the manager and that they felt comfortable sharing any issues or concerns with them. They felt confident they would be listened to and action taken where necessary.

We found by talking with people the manager actively sought and acted upon the views of others. There was a commitment to continually improve the home throughout the organisation, in order to deliver the best possible care and support for people who lived at Throstle Grove. This was supported by a variety of systems and methods to assess and monitor the quality of the home.

Good



Hillcroft Nursing Homes - Throstle Grove

Detailed findings

Background to this inspection

The inspection team who visited the home consisted of a lead inspector, a second 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. The expert by experience on this inspection had a nursing care background with experience of caring for people living with dementia.

Prior to the inspection the registered provider completed a provider information return. This provided us with information and numerical data about the operation of the home. We used this information as part of the evidence for the inspection. We also looked at all the information we held about the service such as statutory notifications, safeguarding alerts, concerns and comments. This guided us to what areas we would focus on as part of our inspection.

We also received information from external agencies including the local authority contracts and commissioning teams. This helped us to gain a balanced overview of the care people experienced whilst living at Throstle Grove.

During our visit we spoke with people from the organisations management team, the registered manager, nursing, care and domestic staff. We also spoke with visiting relatives and people living at the home.

We spent time observing care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who are using the service who could not express their views to us. We also looked at all areas of the building and examined care records of people living at the home.

A visit was carried out to the home on the 18th July 2014. This visit formed part of our inspection process as the inspector gathered information following the receipt of concerning information regarding the care of people at the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said, “I feel safe because they are always checking up on us.” We observed during the day staff constantly checked people especially those who spent more time on their own or in their own rooms. People told us they felt more secure knowing staff were around to ensure they were alright. One staff member said, “It is important we are visible to all residents it makes people feel safe.”

We saw a staff member used safe moving and handling procedures when assisting a person with poor mobility. We observed two members of staff used a hoist to move a person from a chair to a wheelchair and to the toilet. The transfer was carried out safely and sensitively with staff members ensuring the person was spoken to, as to what was happening throughout which helped to keep them calm and safe.

We asked relatives if they felt people they were visiting were safe and comments included. “Once a member of staff was talking to me and they went to deal with an incident. I wasn’t aware that an incident had happened.” Also, “Yes, we hope so they are very caring, it’s a secure unit, the room is designed for her safety.”

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. Staff demonstrated a good awareness of the Mental Capacity Act code of practice and confirmed they had received training in these areas. This meant clear procedures were in place to enable staff to assess people’s mental capacity should there be concerns about their ability to make decisions for themselves, or to support those people who lacked capacity to manage risk.

Where people displayed behaviour which challenged the service, we saw evidence in care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to provide suitable care and support. We spoke with staff about individual people we had observed or spoken with during the day. Staff were able to describe the needs for the person and aware of individual risks to people in their care. This meant the potential risk of harm to people was low

because of the knowledge and understanding the staff had of individuals. One staff member said, “It is very important to get to know the residents well. Especially people with challenging behaviour. We know the risks and are more confident to keep people safe if we are aware of potential risks to individuals.”

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. One person required constant staff supervision on a one to one basis.

We observed this was being managed well and one staff member said, “We have enough staff to support her and provide the support she needs.” We saw there was sufficient staff on each shift with a range of skills and experience. This meant people were being cared for by a staff team with the knowledge to meet the needs of people who lived there. Staff we spoke with were satisfied with the numbers of staff on duty in all three units. One staff member said, “We are fortunate the manager has enough of us around to provide the support for people.” One relative we spoke with about staffing levels said, “Yes, there is a good ratio of staff to residents.”

Systems were in place to make sure management and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped keep people safe. We looked at records of accidents and incidents and found they were fully investigated, with outcomes of their findings. This meant staff learnt from incidents that happened helped to reduce the risk of potential harm and keep people safe. One staff member said, “Every incident is recorded and fully looked into so we can learn from them.”

The manager had procedures in place for dealing with allegations of abuse. Staff we spoke with were able to describe to us what action they would take if they witnessed bad practice. One staff member said, “We have a lot of training and information about how to safeguard people”. Safeguarding courses were accessible for staff and mandatory training annually was provided. Staff had a good knowledge of the signs to look for if they felt people were being abused.

Staff told us they were recruited through a thorough process. All checks had been completed prior to any staff commencing work. Although we did not look at any recruitment records staff we spoke with about the

Is the service safe?

procedure were positive in the way it was conducted. Comments included, "A very thorough process." Also, "I know I could not start work until all my checks for employment had been received."

Is the service effective?

Our findings

We had responses from external agencies including social services and the contracts and commissioning team about how the home was performing. This helped us to gain a balanced overview of what people experienced living at Throstle Grove. These agencies had developed good relationships with the management team and were supportive of the continual improvement of the service.

We spoke with staff about their training development and opportunities to develop their skills through accessing appropriate courses. They told us they were well supported by the management to attend training courses. They also told us training relating to their role was provided and not restricted. Whilst speaking with staff comments included, "Training opportunities are very good throughout the organisation." Also, "We are supported to develop our skills through attending courses relevant to the job." Training records demonstrated that staff training included moving and handling, safeguarding, health, behaviour that challenged the service and safety and dementia practice. Every member of staff we spoke with were satisfied with the training courses provided.

We arrived in the morning and observed breakfast and the lunch periods. During this time we conducted (SOFI). There were sufficient numbers of staff available to assist people with their food and drinks and the interactions between the staff and people living at the home were positive. Staff helped people in a dignified way so that people could enjoy their food. All comments from people were positive in terms of quality and quantity of the meals. People ate well and we noted people were able leave the dining room when they chose or stay as long as they wanted in order to finish their meal at their own pace which was respected by staff.

At lunchtime we saw people were able to sit where they wanted either at the dining table or in their chairs with a side table. One person chose to have her lunch back to her room. This was not a problem for the staff. One staff member said, "They can have meals where they feel comfortable." There was a choice of two main courses and one of the relatives who came in to assist her husband to eat meals said, "The food is delicious, the puddings are superb." We spoke with the chef and kitchen staff, all had completed their 'food and Hygiene' training. We were shown plenty of food stocks and fresh fruit and vegetables.

On the day the kitchen staff were making homemade cakes for the residents. The cook said, "There is no restriction on how much or choice of food and drink people want." Blended foods were provided and each portion was prepared separately, so that the meal was presented well on the plate. We saw one person who refused both main courses was offered a sandwich which they were happy with.

People who lived at the home and relatives we spoke with who had meals there regularly told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. One resident said, "They come round and tell what's for dinner and if we like it." Another said, "You can choose something else if you want." A relative said The food is excellent."

We looked at records of care for people and found they had a care plan and assessments in place. Risk assessments were also available for individuals where risks had been identified by the staff team. The registered manager had recently introduced a computerised care planning system which allowed staff to have a thorough picture of the person and all their needs. The care plans were reviewed a minimum of monthly and more often if required. This was confirmed by talking with staff and relatives. One relative said, "Yes, I'm involved in it [care planning], when we first came in but not since. We have been invited to meetings to look at her care plan." Care plans were personalised and it was clear people's specific needs, choices and preferences had been discussed with them and their family members. This was confirmed by talking with staff, people who lived at the home and relatives. We noted information was sought from a variety of sources during the assessment process including family members.

People's healthcare needs were monitored and discussed with the person as part of the care planning process. Care records looked at confirmed this. Comments from staff and people who lived at the home included, "We make sure we look after people well and monitor their needs regularly." The registered manager ensured good access to healthcare professionals such as dentists, GP's and the mental health team. This showed the home provided an effective service

Is the service effective?

for people in relation to health care support. One relative we spoke with said, "Any dentist treatment is always provided for my mum. They keep on top of any health visits she requires."

Is the service caring?

Our findings

Some people were encouraged to eat independently, whilst others required constant staff support to eat and drink and drink safely. When staff provided one to one support, this was done at the time and pace of the person. We saw staff provided encouragement and reassurance. Staff we saw were patient and kind. We saw one person who was unable to talk to their carer, maintain lots of eye contact with their carer. They appeared to be calm and relaxed in the presence of their carer. There was no food or drink spillages around their mouth and this showed us their carer supported them to maintain their dignity when eating and drinking. One person did not like the meal on offer, and a carer made them a sandwich. We later heard this person say, "Oh that was lovely".

Relatives were encouraged to visit and spend time with their loved ones. We saw two relatives spend time encouraging their family to eat and drink at mealtimes. One relative we spoke with told us, "They are very good I've no complaints at all. My relative has been here for a few years and has never had a pressure sore. Sometimes I see staff get pinched and the staff are very skilful. The sisters (qualified nurses) are particularly good."

We talked with relatives about privacy and dignity shown to their loved ones. One relative said, "Dignity is respected, definitely." Two residents who replied to this question said; "Yes they always knock when I am around the room I know that." Also, "Sometimes staff knock." The manager told us they aimed to develop dignity champions with in the home. These champions will meet regularly with the other champions from the organisation to share ideas and plan how they will cascade dignity awareness to others. One staff member said, "This works well throughout the Hillcroft group."

We requested the manager to complete a 'Provider Information Pack'. This document provided us with information about the service. It also provided us with how the home was run and what they did to make sure the service they provided was caring. They told us all staff received training in dignity. This included how to provide a compassionate and caring service. All staff also received care of the dying person and put these principles in to their practice. They told us they nursed many people throughout the dying process and this also involved intense contact and support for their relatives. One relative we spoke with said, "The staff are the most caring people I have met." Another said, "They are so caring and compassionate."

We observed people were supported by attentive and respectful staff. We saw nurses and carers showed patience and gave encouragement when supporting people. One staff member was talking to a person at eye level and holding hands. The person said, "This member of staff is wonderful and always willing to listen. The staff are all caring here." We saw staff members used plastic aprons and gloves to attend to peoples physical needs. We observed staff washed their hands in between caring for different people and treat people with kindness and care.

Information in care records told us staff kept relatives up to date and informed about their care and involved them in decisions regarding support and treatment. They included people's wishes regarding their care so their requests were respected ensuring dignified care. One relative said, "They always involve me in mums support."

The registered manager told us people who lived at the home had access to advocacy services. Information was available in the services documentation so that people were aware of who to contact should they require the service. This was important as it ensured people's interests were represented and they could access appropriate services outside of the home to advocate on their behalf.

Is the service responsive?

Our findings

The policy of the home was that people were given information about the service and the organisation in the form of leaflets and booklets. This included information about the provider Hillcroft (Carnforth) Limited and the home. The information was illustrated with photographs and set out in an easy read style. There was a wide range of information leaflets on display in the reception for people who lived at the home and their visitors to access and read.

We found from looking at care documentation, talking with people who lived at the home and their relatives that people received information they needed to help them to make decisions and choices about their care. One relative said, "All through the process we were consulted and asked for consent to the support we needed." People who wished to move to the home had their needs assessed by the management team. This enabled people and those people important to them to meet with a member of the management team and ask questions to make sure the home could meet their needs.

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes. This was confirmed by talking with staff and relatives. This was to enable them to make informed choices and decisions about their care and support.

We looked at care records of four people. People had individual care and support plans. Risk assessments had been developed and were reviewed on a regular basis. Care plans were person centred and it was clear what people's care needs, choices and preferences were. We confirmed information was sought from a variety of sources during the assessment process including family members and outside health professionals.

The home had a complaints procedure which was made available to people they supported and their family members. The manager told us complaints had been recognised as a positive source of information and they were fully investigated and outcomes reached to answer and act upon any concerns or issues. This was confirmed by looking at records of complaints and investigations reached in order for positive outcomes to be found. One relative we spoke with said, "I had once had a little grumble

but was so impressed the way it was handled." The manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint.

None of the relatives or people who lived at the home we spoke with had felt the need to complain or raise concerns. They told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon.

People who lived at Throstle Grove were allocated a named member of staff known as a key worker. This enabled staff to work on a one to one basis with them. This meant that the staff were familiar with people's needs, wishes and support they required. This was confirmed when we discussed individual needs of people with staff. They were able to discuss the support and care in detail of the person they were responsible for. One member of staff said, "It is a good system, I know more about the people I am looking after. Also, "I am able to pick up if there are any concerns or issues with knowing the person."

The home had a range of activities in place to support people to undertake their chosen interests. There was evidence of organised parties and events throughout the year which people told us they enjoyed. The organisation had an 'activities coordinator' who visited the home regularly to arrange events and join in with activities. One person living at the home said, "I like the lady who comes in here a lot, she gets people going its nice." All of the relatives and some of the people living at the home said they liked the 'music man' who comes in once a month. In one of the units (Windermere) one relative said, "They've only really pushed activities this last year." Also, "They don't do much." We discussed the issue with the management team and told us activities had improved in that unit and would continue to monitor the situation. We observed that staff on the 'Coniston unit' interacted with people by playing with a large ball and balloons. There was age appropriate music playing and brightly coloured pictures on the wall with two sensory boards for people to touch and feel. This told us staff were aware of people who were living with dementia and were actively involved in providing support people required.

Is the service well-led?

Our findings

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 and shares the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager had been in place for a number of years and staff spoke very positively and enthusiastically about their management role and leadership of the home.

We found Throstle Grove had clear lines of responsibility and accountability. All the staff we spoke with was knowledgeable and dedicated to providing a high standard of care and support for people who lived at the home.

Staff, people who lived at the home and relatives we spoke with told us they felt supported by the manager and felt comfortable sharing any issues or concerns with them. They felt confident they would be listened to and action taken where necessary.

Relatives, staff and people who lived at the home we spoke with told us they felt supported by the manager and they felt comfortable bringing any issues they may have had with them. One relative said, "I like the way they are honest with me." They felt confident they would be listened to and action taken where necessary.

There were a range of audits and systems put in place in by the manager and provider to monitor the quality of the service being provided. This enabled the management to continually develop the service and ensure quality care and support was being provided for people.

Regular audits were being completed by the management team. These included monitoring the homes environment, care plan records, financial records, medication procedures and maintenance of the building. The management team

had a system to review all the quality audits and any negative findings would be acted upon in order to improve the service. The service provider had overview of the audits conducted at the home and a representative from the company visited the home to undertake quality checks on a frequent basis.

The manager told us the views of people who lived at the home were sought by a variety of methods. These included informal discussions daily with people and their relatives to discuss the service being provided and reviews of care. One staff member said, "We continually talk to people to see if they are alright or have any suggestions to improve the home." This ensured people who lived at the home had a voice and could contribute to the development of the service and continually improve the quality of care.

People we spoke with told us the home was managed well from within the organisation and by the registered manager of Throstle Grove. One relative said, "Yes they are very good." They told us management at all levels were approachable and willing to listen to people in order to continually develop the home and provide quality care.

Surveys and questionnaires were completed by people who lived at the home and relatives. This was confirmed by talking with relatives and people who lived at the home. The manager would analyse any suggestions or negative comments and act upon them to ensure the home would continually develop to provide quality care for people.

Staff told us they were supported and felt comfortable to approach the manager at any time if they wanted to discuss issues. One staff member said, "She is really good I feel I could go and talk to her about anything at any time." Staff meetings were held to involve, consult and include them and their ideas to develop their environment and the standards of care.