

Hillcroft (Carnforth) Limited

# Hillcroft Nursing Homes - Caton Green Road

## Inspection report

Caton Green Road  
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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.

This was an unannounced inspection carried out on the 8 July 2014.

The home is registered for 35 people to provide nursing care. The service provides care for people who exhibit behaviours that challenge the service or who live with dementia. The home has two separate units known as the 'Manor' and the 'Croft'.

# 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 shares the legal responsibility for meeting the requirements of the law; as does the provider.

During our visit we used a number of different methods to help us understand people's experiences of the care and support they received. This was because some people were living with a dementia and were not able to tell us about their views and experiences of living at Caton Green.

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 people living at the home included, "The care is very good, I cannot fault anything here." Also, "I ramble about, I can't get far now, I can't drive anymore, but the staff always speak as they go past." A relative we spoke with who visited the home regularly said, "All the staff are good, I speak to them all. They work right round the home so I get to see them all. There are some who really get on with my husband well, but I have no complaints."

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and

secure. One relative said, "I feel confident when I leave that he will be well looked and safe until I get back." Safeguards were in place for people who may have been unable to make decisions about their care and support.

The registered manager and staff told us they had positive communication links with healthcare agencies, social workers and doctors in relation to people's care and support needed.

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 dementia and challenging behaviour was always available and supported by the manager. One staff member said, "We are constantly updating and attending courses around dementia and challenging behaviour, which is fantastic." This helped to ensure staff had the knowledge and skills needed to meet the specific needs of people.

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. We spoke with the manager and senior staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

# 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. Relatives and people living at the home we spoke with told us they felt safe living at Caton Green.

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 if they witnessed or suspected abusive practice.

Staffing levels were continually assessed and monitored to ensure there was sufficient staff available to meet the needs of people who lived at the home. This was confirmed through talking with staff and people living at the home.

Good



### Is the service effective?

The service was effective. Staff had access to ongoing training to meet the individual needs of people who require care and support due to their nursing needs or needs associated with living with dementia.

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 told us they had positive communication links with healthcare agencies, social workers and doctors in relation to people's care and support they needed.

Good



### Is the service caring?

The service was caring. People who lived at the home and relatives told us all staff and management were caring people. People who lived at the home were seen to be supported by attentive and respectful staff. We saw staff showed patience and gave encouragement when supporting people. We saw staff were confident, respectful and caring when helping people living with dementia.

Relatives and people who lived at the home told us staff were caring. We observed during the day good interactions between staff and people. Staff had a good understanding of people's individual needs.

Good



### Is the service responsive?

The service was responsive. People were supported to maintain relationships with friends and relatives. Family members spoken with confirmed they could visit whenever they wished and staff made them welcome in the home. There was an established programme of activities. We observed people participating in a range of activities during the day. All people spoken with told us they enjoyed the activities.

Records showed people and their family members 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.

Good



# Summary of findings

## Is the service well-led?

The service was well led. People who lived at the home and staff told us they felt supported by the registered 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 to a variety of people the registered 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 Caton Green. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

Good



# Hillcroft Nursing Homes - Caton Green Road

## Detailed findings

### Background to this inspection

The inspection team that 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 expertise in care of people living with dementia.

The last inspection of the service was undertaken on 19th February 2014. At this inspection we found that the service provider was not meeting the regulations regarding respecting and involving people who use services, care and welfare, cleanliness and infection control, staffing and assessing and monitoring the quality of the service provision. We took enforcement action in relation to not meeting the regulation related to care and welfare.

Subsequent to the inspection the service provider submitted an action plan to the Commission which outlined the action that would be taken at the home to become compliant with the regulations. At this inspection we monitored the action the provider had taken and found that all areas had been addressed.

We also undertook an inspection on the 13 June 2014 following information of concern where issues were raised about the condition of the premises. The concerns were found to be unsubstantiated and the service was meeting the requirements of the regulations.

Prior to the inspection the 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 reviewed information we held on the home such as notifications adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

During our visit on the 8 July 2014 we spoke with people from the organisations management team, the registered manager, nursing, care and domestic staff; we also spoke with visiting relatives. We had information provided to us from external agencies including social services and the contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at Caton Green.

We spent time observing care to help us understand the experiences of people who were not able to communicate with us. During the inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helped us assess and understand whether people who used the service were receiving the level of care that met their individual needs. We looked at all areas of the building. We also examined care records of people living 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

## Detailed findings

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 who lived at the home told us they felt safe when being supported. One person said, "There are always people around day and night checking we are ok."

The service had procedures in place for dealing with allegations of abuse. Staff we spoke with were able to confidently describe to us what constituted abuse and the action they would take. One staff member said, "We have had that much training and guidance around safeguarding procedures, I feel confident what to do should I need to report anything." Management and staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people they supported were protected from potential harm or abuse. This demonstrated that both staff and the management team had the necessary knowledge and information to ensure staff would know the action to take should they witness any abuse taking place.

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. We spoke with the manager and senior staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the 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 who lacked capacity to manage risk.

Where people may display behaviour which challenged others, 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. Staff spoken with were aware of the individual plans and said they felt confident they could provide care people required. One staff member said, "The manager provides training and constantly requests we attend courses in dementia care." They also are very good at providing training in how to support people with challenging behaviour."

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. Some people required a lot of staff support at various times through the day. 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. One person living at the home said, "There is enough staff coming in and out it makes me feel safe."

Staff members we spoke with told us they were satisfied with staffing levels. They told us they worked well as a team and supported each other. One staff member we spoke with said, "We do have time to spend with the residents which is the part I like about this job." Also another staff member said, "If we are short staffed the manager always tries to get cover and we generally do straight away."

People were protected against the risks of abuse because the home had a thorough recruitment procedure. During the inspection we spoke with staff who had recently been recruited. All comments were positive about the recruitment process and their induction training. One staff member said, "The recruitment was thorough I was given a good induction and shadowed staff so I was aware of the people I was caring for." Staff told us they completed all the checks required before they commenced work. One staff member said, "I completed an application form and they would not let me start until my references were in and my DBS (Disclosure Barring Service) check".

# Is the service effective?

## Our findings

People's health and care needs were assessed with them, and they were involved in developing their plans of care where possible. One relative said, "I am always consulted about my husband's care." Specialist dietary, mobility and equipment needs had been identified in care plans where required.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records confirmed this. One staff member we spoke with said, "We work closely with other health and social care professionals, in order to monitor people and provide the right care and support." We noted people's care plans contained clear information and guidance for staff on how best to monitor people's health. For example staff told us one person had not slept very well during the night. However he did not wish to stay in his room and wanted to be in the lounge area. We observed this person was asleep most of the time however staff were aware of this and continually checked him to see he was alright. This person's care plan contained information about this person's preferences related to this matter.

We had responses from external agencies including social services and the contracts and commissioning team. They had developed positive working relationships with the home and were supportive of the continual improvement of the service. This was confirmed by talking with the registered manager and records of health visits and action taken written in care plans of people who lived at the home.

Staff told us they were well supported by the manager and the organisation in terms of training and attending courses. Many staff members we spoke with told us they had accessed additional training courses in addition to the mandatory training available. Comments from staff about

training included, "If we need specialist training to meet the specific needs of people it is not a problem. We are always supported." We saw evidence that staff were trained in the management of behaviour that challenged the service.

We arrived at the home during breakfast service. We saw people who required some help being supported in a dignified way. Staff passed through the area when assisting people to the dining room for breakfast. We spoke with the chef and kitchen staff. We were shown how meals were recorded and the choices available. The menus were seasonal and were based on a four week cycle. This meant people had variety and choice in their meals. Staff were aware of and could explain how they met dietary requirements including special diets. The chef told us they had received appropriate training and any staff working in the kitchen had completed their 'Food and Hygiene' course.

People who lived at the home and a relative 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. Comments included, "They always ask me what I want" and, "The food is very good, always a choice if you don't like something."

The main meal was provided in the evening. At lunchtime on the day of our inspection the meal consisted of chicken curry and jam sponge and custard. One person said, "It was lovely." We saw they discussed what the meal consisted of with one person, but she insisted she did not like that meal. She was offered a series of alternatives. The choices were repeated patiently until she decided and a new meal was fetched for her. We observed people being prompted to eat and drink at lunchtime. Those that could feed themselves were supported to eat without being hurried and at their own pace. The meals were well presented and looked and smelt appetising. We saw people were provided with the choice of where they wished to eat their meal.



# Is the service caring?

## Our findings

People were seen to be supported by attentive and respectful staff. We saw nurses and carers showed patience and gave encouragement when supporting people. One person said, “They never rush me I know I take my time but they are only too willing to help and be patient.” We observed a member of staff quietly speaking to a person who had become angry and was shouting and pushing at another person. The staff member went down to the persons eye level (he was seated) and gently diverted his attention to the garden. When he had quietened the staff member continued to sit with him, until he was distracted by a cup of tea and he could be left alone. We saw staff members used plastic aprons and gloves to attend to peoples physical needs. We observed staff wash their hands in between caring for different people and treat people with kindness and care.

During our visit we spoke with people who lived at the home and their relatives. All comments were positive and they were very satisfied with the support and care they received. One person told us, “All the staff are good, I speak to them all. They work right round the home so I get to see them all.” People told us they had a good relationship with the staff. One relative we spoke with said, “There are some who really get on with my husband well, I have no complaints. If anything is wrong I say so, but they put it right. If I saw anything wrong anywhere here I would say so.”

People told us staff had time to spend with them. Comments from people included, “They don’t bother round you, but they come if I want them. “Also, “Always answer the call bell promptly if I need them. They don’t seem short of staff around.” Relatives we spoke with felt there was enough staff on duty to meet the needs of their relatives.

We spoke with care, nursing and domestic staff. All were respectful of people’s needs and described a sensitive and respectful approach to their role. One staff member said, “We don’t have much turnover of staff here we all get along and care about what we are doing.”

The home had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. One staff member said, “I have received training around dignity and privacy for residents.” A member of staff had volunteered to be the homes ‘dignity champion’, which helped support staff to understand how people should be cared for and supported. A relative we spoke with said, “They know how to treat people with respect and sensitively.” Another member of staff said, “We know how to respect people’s privacy and dignity.”

We looked at care records and other associated documentation. We saw evidence people who lived at the home, and/or their family members had been involved with developing the person’s care plans. This demonstrated that people were encouraged to express their views about how their care was delivered. The records were well organised and laid out in such a way that it was easy to locate information. One relative said, “Any reviews of my relatives care they do involve me.”

Care records of people who lived at the home had been regularly reviewed. Any changes had been recorded with an updated action plan for staff to follow. People and relatives told us they were consulted about any reviews of care and were involved in that process. Comments from relatives included, “Any changes in mums care and the manager is on the ball and lets us know.” Another relative said, “Yes we are always invited to attend any meeting concerning our relative.”

We carried out our SOFI during the morning in one of the lounges. We witnessed good interactions between staff and people who lived at the home. People were not left on their own for long periods. Staff were always coming in and out checking on people. We observed staff sitting down and having conversations with people, They were engaging with people with who had communication difficulties, by facial expressions, and sitting down holding hands.

# Is the service responsive?

## Our findings

People were given information about the home and the organisation in the form of leaflets and booklets. This included information about the provider Hillcroft Nursing Homes and the home Caton Green. 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.

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. One relative told us she was fully involved in the assessment process.

We spoke with the registered manager about their process for care planning when people were admitted to the home. They told us risk assessments should be completed within 24 hours of admission and full care plans developed soon after. This ensured that staff had as much information as possible so they could provide the right care and support for people. Care records demonstrated that this process had taken place and they were comprehensive and reflected people's care needs.

We looked at care records of two people following our discussions and observations during the day. Each person had an individual care plan which was underpinned with a series of risk assessments. Care plans were personalised and it was clear people's specific needs, choices and preferences had been discussed with them and their family members. We noted information was sought from a variety of sources during the assessment process including family members. One relative said, "They involved me from the start which was important." A staff member spoken with said, "We realise the importance to gather as much information about the person from people involved like relatives and health professionals as possible."

The home had a range of activities in place to support people to undertake chosen interests. There was evidence of organised parties and events throughout the year which people told us they enjoyed. Comments from people who lived at home included, "There is always something going on if you want to join in." Also a staff member said, "We do try and do activities with people in what they choose to do." On the day of our visit there was a hand massage and manicure session for that day. We observed a member of staff was making up an enlarged motorbike photo for a person's room as he had been in the TT races in his youth, they had been advised that a photo book of the races of his era might prompt memories for him, and they were trying to assemble photo's for it. Also there had recently been a 'Hawaiian' day in the good weather and photos were in the newsletter. A relative said, "There are always things going on."

The service had a complaints procedure which was made available to people they supported and their family members. We saw there hadn't been any recent complaints. 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. One relative we spoke with said, "I know the complaints system and would not hesitate to raise issues if I had any." One person who lived at the home said, "I know how to make a complaint and would certainly do so if I wasn't happy. Although I have never had to." A relative told us they felt able to make their views known to staff if things were not as they should be, but they had a lot of praise for their relatives care. "I feel confident when I leave that he will be well looked after until I get back."

None of the relatives or people living 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.

# 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 with the provider. The registered manager had been in place for a number of years and staff spoke very positively about their management and leadership of the home.

Staff, people who lived at the home and relatives 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.

There were a range of audits and systems in place which the manager and provider used in order to monitor the quality of the service being provided. This enabled the management team to continually develop the service and monitor that quality care and support was being provided for people.

Relatives we spoke with told us they were informed of any incidents or accidents and the manager worked in an open and transparent way. Staff were supported and motivated, praised and encouraged in appraisal, supervision and staff meetings as well as on a one to one basis. Staff meetings were held to involve, consult and include them and their ideas to develop their environment and the standards of care. One staff member said, "We have meetings monthly and are encouraged to pass on any ideas that may improve the home."

The provider and registered manager had procedures in place to monitor the quality of the service. Regular audits were being completed. These included monitoring the homes environment, care plan records, financial records, medication procedures and maintenance of the building. They reviewed all quality audits and identified any changes or actions which might need to take place in order to improve the service.

The manager told us the views of people who lived at the home were sought by a variety of methods. These included meetings to discuss the service being provided and reviews of care. 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. One person living at the home said, "I know we do have meetings with everyone to discuss things."

People we spoke with told us the home was managed well from within the organisation and the registered manager of Caton Green. 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. Comments included, "As a relative we are consulted about change and asked for our opinions." And from a staff member. "We have a good manager who makes herself available all the time. She encourages us to talk to her if we have any issues or even concerns."

Surveys 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. Surveys looked at were all positive in the way the home was run and the care the service provided.

All staff spoke of a strong commitment to providing a good quality service for people who lived at the home. The manager and staff team work closely together on a daily basis. This meant quality could be monitored as part of their day to day duties. One staff member said, "We have a good team who are dedicated to care and help people, it's a joy to work here."

Systems were in place to make sure management and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people.