JJB Patel & KJ Patel

Hillcroft Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 6 July 2015 and was unannounced. At the last inspection in April 2014 we found that the provider was meeting the regulations that we assessed. The home provides accommodation and nursing care for up to 28 people, some of who were living with dementia. On the day of our inspection there 24 people living at the home.

A registered manager is required to manage this service. At the time of our inspection there were interim management arrangements in place. The provider has had interim management arrangements in place since November 2013. The current manager had been appointed in June 2014 but had not been registered with the Care Quality Commission to manage the service. 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.

Summary of findings

People and their relatives told us that they felt safe. Staff had been trained and knew what to do to keep people safe from the risk of harm.

People who lived in the home and their relatives told us that they were happy with the care provided. Risks to people's health and care had been identified and staff knew how to help reduce risks to people from falling or pressure sores.

We saw that appropriate pre-employment checks had been carried out for new members of staff so that as far as possible staff with the appropriate skills and experience were employed. People said there were enough staff to meet their needs. Our observations showed that a number of people were cared for in bed which impacted on the capacity of staff to spend meaningful time with them.

The staff told us how they had been or were being supported to achieve their vocational qualifications and they valued this opportunity. The staff told us the new manager was very approachable and responsive to requests for training.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood the need to ask people for their consent before carrying out care tasks. We saw the provider had followed the correct procedures where people's liberty needed to be restricted for their safety.

People were complimentary about the choice of foods available to them. People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. People had access to healthcare professionals when this was required. The arrangements in place for people's medicines meant people received their medicines when they needed them.

We saw staff talking and listening to people in a caring and respectful manner. We observed that staff were courteous and spoke warmly to and about the people they cared for. They all seemed to know the people well. There was an emphasis on protecting people's dignity.

People had been involved in identifying their care needs and staff knew how to support people's needs. Care plans provided guidance to staff as to how to do this appropriately. Staff demonstrated an understanding of people's individual needs and preferences and knew how people communicated their needs. People told us they enjoyed the opportunities provided in the home such as arts and crafts. They also enjoyed trips out for lunch and shopping.

People and relatives told us that they were able to raise their concerns or complaints and were confident that they were listened to.

People who used the service, relatives and staff told us the manager was approachable, listened and was supportive to them. There were systems in place to monitor and improve the quality of the service provided. However these were not always effective. The monitoring of risks to people's health was not consistent and the nurses did not have a full clinical overview of these risks.

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?

Requires Improvement

The service was not always safe.

People told us they felt safe and we saw staff understood how to recognise and report any harm or abuse.

Risks to people's health had been identified but the monitoring of risks needed improvement.

People said there were enough staff to support them but at times care was task orientated.

People were happy with the arrangements for their medicines.

Is the service effective?

Good

The service was effective.

People's needs were met by staff and they had the knowledge and skills to understand and support them.

People were asked for their consent before care was provided. Where people could not consent to aspects of their care the provider was following the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards guidance.

People were happy with the meals and supported to have enough to eat and drink. People's healthcare needs were supported.

Is the service caring?

Good

The service was caring.

People described positive caring relationships with staff.

Staff knew people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and enjoyed community activities.

Staff supported people to be involved in expressing their views about their care.

People knew how to raise concerns and there were systems in place to monitor concerns and complaints.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

The service had not had a registered manager since 2013 and satisfactory steps had not been taken to register the interim manager within a reasonable timescale.

There was an audit system to monitor standards within the home. However these had not been used consistently by the manager or nurses to ensure an effective clinical oversight of how people's risks were managed.

Requires Improvement

Hillcroft Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 6 July 2015 and was unannounced. The inspection team comprised of three inspectors.

We looked at the information we already had about this provider. The provider sent us their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These are called notifications and help us to plan our inspection. We contacted other organisations such as the Clinical Commissioning Group [CCG] for information.

We spoke with 12 people who lived at the home, two relatives, the manager, operational manager, the nurse and deputy manager, five care staff, a domestic and the cook. We looked at the care records of six people, the medicine records for six people, staffing rotas, staff training records, complaint records, the providers audits of the quality of the service, accident/ incident records and staff recruitment processes. We also carried out observations of people's care.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe at the home. One person said, "Yes I do feel safe, they [staff] are always asking me if I'm alright". Another person told us, "I am looked after well by the staff, they keep an eye on me".

Staff told us they had received training in safeguarding adults and described how they would respond to allegations or incidents of abuse. Staff were aware of the safeguarding procedure which provided them with the information they would need to ensure incidents or allegations of abuse would be reported. Staff were able to identify their role in taking action to ensure people felt safe and this included recognising incidents of bullying or harassment. Some people told us that at times some individuals caused conflict or arguments, but they felt assured because staff had intervened. We saw the provider had a training plan which showed all staff had either received training in adult protection or were booked to attend it.

We saw records for the reporting of accidents, incidents or safeguarding concerns were used in monthly information sharing meetings. This demonstrated the provider had systems in place for the sharing and learning from incidents to ensure that action was taken to reduce or stop the likelihood of it occurring again. Staff told us they were updated with any actions they needed to take to reduce the likelihood of incidents occurring again. We saw for example it was documented what staff needed to do following an incident which had related to the risk of choking and staff were aware of this.

The provider had identified possible risks to people's safety and had completed risk assessments for these for each person. Staff we spoke with could identify those people at risk of not eating or drinking enough, falling or getting sore skin. We observed staff supporting people using safe techniques, using equipment skilfully and giving people time to move at their own pace. We saw staff had technology to support people's care needs and keep them safe. One person we spoke with told us, "I have a cushion and a special mattress to protect my skin, and when staff hoist me they are careful". We observed staff regularly carried out positional changes throughout the day which reduced the risk of developing sore skin. However the monitoring of these risks was not consistent as there was no evidence nurses were checking the records to identify any concerns. One person we spoke with told us they had been advised about the risk of going out alone because of their health condition and the fact they were new to the home. They said, "I'm fine with it, because sometimes I get mixed up so they said until I get my bearings I should go with staff". We also saw that personal evacuation plans had been developed to provide staff with the guidance they needed should they have to evacuate people in an emergency; staff were aware of these.

People living at the home told us that there were enough staff on duty. One person said, "There's always staff here [in the lounge] and if I'm in bed I use my buzzer and they come fairly quickly". A person cared for in their bedroom told us, "I've got the buzzer but the staff are here [upstairs] and always popping in so I don't feel on my own". The registered provider had used an assessment tool to determine how many staff were required for each shift. We saw that the numbers of staff on duty had been reduced because of lower occupancy numbers. We saw the morning period was rushed; nine people were being nursed in their bedrooms. One person told us, "I wouldn't complain because the staff are very good, but to be honest love, it's basic; I'm fed and kept clean but it would be nice to spend time with staff". A staff member told us, "It's pretty stretched during the day". Two other staff agreed that at times staff were only able to meet people's immediate needs. On our arrival we saw several people were up and in the lounge, they were all able to confirm this was their choice. One person said, "I like to get up very early and come down". Another person told us, "We're the early birds, I get help when I want but some people have to wait for staff to help them". The manager told us staffing levels were sufficient. Our observations showed that the availability of staff was at times limited to providing immediate physical care and not meaningful time with people.

Staff we spoke with told us they had undergone recruitment checks prior to working in the home. These included references, confirming people's identity and making checks through the Disclosure and Barring Service. This meant the provider had the systems and processes in place to provide safe recruitment of staff.

We spoke with people about their medicines, one person told us, "I have a lot of medicines for pain, I rely on the staff and they are great; always asking me if I need my pain killers". A relative told us, "My [family member name] is very poorly; the nurse has been very responsive popping in and

Requires Improvement

Is the service safe?

checking his vital signs. I'm here a lot of the time and they make sure he is not in pain, I am very thankful". We saw that medication was stored in a locked medication trolley in a locked room. We checked the records and stocks of medication held for eight people and found that records and stocks balanced. Systems were in place for the re-ordering of people's medicines so that they did not run out. We saw that a new person required a protocol for the use of medicines used 'when required', and we saw the person's care plan provided very good detail as to the signs and symptoms to look for before using the medicine. The nurse was able to explain when the person may need their medicine and as the person had only been at the home a couple of days the information about their medicine needs was particularly detailed and useful to guide the nurses. We sampled the provider's audits of medicine and found this had been effective in picking up and addressing any errors. For example an error in the use of codes had been identified and rectified. We observed the nurse administer people's medicines and saw this was done safely. Nurses had the training to undertake this task safely.

Good

Is the service effective?

Our findings

People that we spoke with told us that they were happy with the way in which their needs were met. One person told us, "I've been here a long time, the staff know what they are doing and I know they are trained because of the way they help me; they all know what they are doing and do it well". A relative told us, "[Family member's name] is very well cared for; the nurses really understand his needs and explain to me why they need to do certain things, I am very confident in them".

Staff spoken with told us they had received an induction when they started work at the home. We saw they had received training in a range of areas to be able to do their job effectively. This included vocational qualifications and they valued this opportunity. The staff told us the new manager was very approachable and responsive to requests for training. We saw training records which showed staff had mandatory training in core areas. Additional training in specialist areas that was relevant to people's needs had been provided or planned. Staff from the domestics, laundry and catering teams all said they were involved in the training activities. Staff said they were always invited to sit in on the nurse training sessions. We observed staff applied their knowledge in the care of people; they showed they understood how to communicate with people who might be confused, agitated or disorientated. We saw they knew how to assist people safely with the use of aids such as hoists and wheelchairs and how to support people who had fragile skin. Staff had received regular supervision and attended team meetings where they could discuss their practice. This meant the people were supported by staff who had received the appropriate training and support to provide effective care.

We saw staff sought consent from people regarding their every day care needs. We saw staff asked people what they wanted to eat, whether they wanted their medication and whether they were ready and happy to have personal care tasks carried out. We heard a staff member approach a person and discretely ask if they needed the toilet, and then checked with them if they were ready to use the hoist to move them. Discussions with staff showed they had been provided with training on the Mental capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how to apply this to their practice. People confirmed that staff did seek their consent before carrying out personal care tasks. People told us they chose what clothes they wore, where they sat, whether they wanted to go out and their routine for the day. Prior to our inspection we had information that nursing staff had not fully followed the procedures for people who had a 'Do Not Attempt Resuscitation' [DNAR] in place. This had resulted in a person unnecessarily going to hospital for treatment. We spoke with the nurse and saw there was a clear system in place to easily identify those people so that important information about the decisions people had made was available when needed to avoid unnecessary admission to hospital. We saw some people required the use of bedrails to reduce the risk of falls. Records showed that people's mental capacity had been assessed and considered and their consent to the use of bedrails was in place.

Staff were able to identify a person whose decisions could place them at risk and whose liberty was restricted. We saw that they had discussed this with the person concerned. We spoke with the person who told us they understood these safeguards. The manager advised us no one had a DoLS authorisation but one person's liberty was restricted under The Mental Health Act. We were told this would be reviewed and if necessary a referral made to the supervisory body to deprive the person of their liberty. The provider was working in line with the principles of the MCA and DoLS to safeguard people's rights and safety.

People told us they enjoyed the meals on offer and we saw the cook offered people a variety of choices before their meal. During breakfast and lunch staff ensured people had drinks and additional drinks and snacks were provided during the day. People had appropriate plates and cutlery appropriate to their needs. Staff demonstrated that they knew each person's needs and preferences in terms of food. One person told us, "There is a good choice of food." Another person commented, "There is plenty to eat and drink, you can have what you want." We observed a mealtime and saw staff appropriately supported people who needed assistance to cut up their food, or who needed assistance to eat their meal. People were offered extra portions and were offered a choice of drinks with their meal. One person told us, "They come round regularly with drinks, but if you are dry you only have to ask and you get another drink". Our discussion with the cook showed she was aware of each person's likes and dislikes and who needed supplements in their diet or needed a soft diet. Staff had completed nutritional risk assessments and

Good

Is the service effective?

people had been weighed regularly which was recorded in their records. We were informed by a health professional that the manager had consulted with a dietician in regards to the menu and that people were referred to the dietician for advice when needed.

People were supported to have their healthcare needs met by appropriate health professionals. One person told us, "I don't worry about my health because they make sure I see who I need to see". Staff we spoke with were aware of people's health care needs and the nurse was taking action when there were concerns about the health of people. People told us they had access to a range of health professionals and we saw from people's records that the dietician, chiropody, opticians, dentists and consultants had been utilised. We were told by the external clinical commissioners group they had no current concerns about people's health needs. People's care plans showed that the appropriate health professionals had been consulted and people's needs had been kept under review to maintain good health.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the staff and that staff were kind and helpful towards them. One person said, "I like living here, the staff are very kind and I've always found them to be very nice people". A relative told us, "My [Family member] is totally dependent on the staff, I wouldn't leave them here if they weren't caring and had compassion".

We observed that staff were courteous and spoke warmly to and about the people they cared for. They all seemed to know the people well. We heard them talk to people about their past history, and lifestyle and the things that mattered to them. We saw staff engage with a person new to the home who wanted to continue to care for their partner also in the home. Staff used their knowledge of both people's needs to encourage the person in a manner that enabled them to be caring towards their partner. The staff we spoke with told us when the busy parts of the day were completed they were able to spend time talking with people and getting to know them. A person told us, "We have a good old natter and a laugh when they are not busy". Another person told us, "It's nice to know they care enough to sit and talk and ask us how we are". We saw in the afternoon that staff spent time with people and everyone was interacting and laughing. A member of staff we spoke with told us, "It is important to keep in mind that any of these people could be a member of our family". Another member of staff said. "I am always amazed how caring the younger staff are with all the people, nothing fazes them".

A relative said, "They are very caring, I know he likes them because he always smiles when they come into the room and although he finds it difficult to talk, he puts his thumb up as a sign of greeting". We observed that when staff entered people's room's people responded to staff with smiles. On occasion we saw staff hold people's hand or stroke their arm. Staff had a good insight into people who were unable to respond verbally and one staff said, "I let her know I'm here, hold her hand or stroke her hair". Another staff member told us they knew from people's body language if they were expressing pain or discomfort they would try and console and reassure them, one staff member said, "Just a touch can show kindness".

We observed the way staff worked to ensure people's dignity was maintained. We saw that staff were attentive to people when assisting them to the toilet; closed the doors and ensured they adjusted people's clothing accordingly. We saw staff speak quietly and discretely when asking people if they wanted personal care. We also saw staff assisted people to clean their hands and face after meals to preserve their dignity. We found there was an emphasis on respecting people's dignity. The staff we spoke with all told us how they maintained people's privacy and dignity. One staff member said, "We always treat people how they would want to be looked after or as if they were my mom or dad". We saw all the people were dressed appropriately and were clean**.** The people who were being nursed in bed all had clean linen and bed clothes. A relative whose family member was cared for in bed said, "He is always immaculately presented, skin, hair clothes, always fresh bed linen, I couldn't ask for more". Staff were able to explain to us the importance of maintaining people's dignity because some people had difficulties with their memory or understanding.

Some people were able to tell us that they exercised a degree of choice throughout the day regarding their preferred routines. We saw they had a choice of meals and where they ate them. People told us the time they got up and went to bed was determined by them as was the choice of a shower or a bath. One person said, "Oh yes I can ask if I want a bath or shower and if I wanted it more than twice a week they would do it".

Good

Is the service responsive?

Our findings

People who lived at the home told us that they were happy with the care provided. One person told us, "I have discussed my needs with staff and they do ask me how I want things done".

Relatives we spoke with told us staff understood people's needs and that staff kept them informed about their family members health and care matters. A relative said, "I am very pleased with how they manage [name of family member], care needs, and they do ask my opinion and tell me when anything has changed".

We saw that staff understood people's individual needs. A relative told us, "I was involved in discussing [name of family member] care needs at admission and I know the staff know them well and how to care for them". We saw people's care plans contained information about each person's history, needs, health, hobbies and preferences when they were admitted to the home. A relative told us, "I have regularly spoken with staff to discuss any changes". Staff were able to tell us about each person and how they met their care needs. We saw for example staff supported a person with the use of a stand aid. The person told us, "I can't get up but two staff help me with the stand aid and help me into the wheel chair". We saw another person needed support because they sometimes became agitated with people around them. Staff provided support to the person to distract and calm them. A staff member said, "Sometimes the person forgets where they are they just need reassurance so we explain to them and this tends to calm them down".

We saw staff shared information between shifts so that they had up to date information about caring for people. For example one person was poorly and this had been passed on to the next shift. We saw the nurse regularly check on the person in their bedroom. Staff told us that the handover between shifts kept them informed of people's changing needs. People's needs had been reviewed by health professionals and their recommendations had been included in the care plan. Staff we spoke with were able to tell us who was at risk of developing pressure sores and how they should support them. People we visited people in their rooms had their call bell near to them and one person told us, "Yes I can use it and they will come".

There was an allocated activities worker who had explored community outings for people who were interested. People told us they did have access to interesting things to do; they had been out for lunch and to the local shopping centre. A trip out for shopping had been planned for the following day and a person told us, "We have ring and ride and a shopping list, I can do my shopping and then have lunch". There was evidence that people had been supported to make various items and take part in arts and crafts. We saw the activities organiser worked with individuals and in groups to stimulate people's memories and promote their abilities. People told us the entertainment had included visiting animals and musicians. The manager told us about plans to alter the garden area to make it more accessible for the people who lived at the home. We saw during the afternoon that people were enjoying various activities with the support of staff and there was a positive atmosphere with lots of conversation and laughter. The home had a regular newsletter which updated people on events and kept them informed of changes such as new staff working in the home and the garden being improved.

The people we spoke with told us they knew how to complain if they needed to. They told us they would talk to the staff or the manager who they saw on a daily basis. We spoke with a relative who told us they were aware there was a complaints procedure given to them when their family member came to live at the home. They told us if they had any concerns they would speak with the manager or staff and were confident they would be listened to. The complaints procedure was displayed and available in the homes statement of purpose information which we saw was provided to people and their families. There had been no complaints about the service this year. The manager said complaints would be recorded and responded to in writing if the need arose. We saw historical complaints confirmed this to be the process.

Requires Improvement

Is the service well-led?

Our findings

The manager was in day to day control of the service and was supported by nursing staff. People told us they knew who the manager was and spoke positively about them. One person told us, "She often talks to me and asks how I am". A relative told us, "I think the new manager is very approachable and seems to get things done.

Staff we spoke with said they had regular meetings with the manager about what was expected of them and felt they had good support and direction in their work. The manager told us they were always available for staff to speak directly with out of hours on the phone. They said the provider regional manager visited regularly and was always on call for support and assistance. The manager told us they were working to involve the staff team in the developments in the home. The most recent had been the appointment of one of the domestic team to be infection control lead in the home. One member of staff told us they had raised the issue of the staff giving more input to people's care plan reviews and this had been acted upon and they were now always consulted.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC) of important events that happen in the home. The manager had informed us of events that they were required to. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken. The provider had not met the legal obligation to provide a registered manager and the service had been operating with interim management arrangements since November 2013. The provider told us steps had been taken to rectify this and they had submitted their application to register the manager.

People that used the service and relatives had been able to share their opinions about the service via surveys. The results of recent surveys had been published in the homes newsletter to inform people of the feedback. The registered manager told us they had tried to organise relatives meetings but people did not want to attend. They said they talked to the people on a one to one basis to ensure the home was meeting their needs and if they had anything they wanted, however this was not documented in a formal way to demonstrate people's feedback on standards. Relatives and people who used the service knew who the registered manager was and felt they could approach them with any problems they had. This demonstrated that the provided encouraged and promoted an open and transparent culture. Our conversations with the registered manager confirmed that they knew the people who used the service well.

Audits had been completed by the manager who used a management tool to inform the lead operations manager about any events/accidents/safeguarding or issues with the environment of safety. The manager told us that the provider responded to requests for improvements and we saw improvements had been made to the décor and were being planned for the garden.

However systems needed to improve to ensure that staff were consistently adhering to guidance in people's risk assessments. Some of the records we looked at had not been well maintained. Positional changes for people were recorded on their monitoring charts. Staff were not completing these correctly. We checked 21 days records for a person and these had not been completed in a way that would show the person had been supported to change their position. The manager told us the nurse checked these records and signed them but this was not happening. Nurses did not have an accurate oversight of risks to people's wellbeing. We also found that monitoring records for people's fluid intake had not been seen and audited by the nurse or senior staff. Upon discussion with the manager they confirmed this had been an omission. Care staff we spoke with said they found the 'wheel' or turn chart difficult to complete. There was little room for them to note their care interventions or alert staff to current issues with each person. This meant the information available may not always alert staff to immediate issues relating to people's care needs.

Staff that we spoke with understood their responsibility to share any concerns about the care of people living at the home. They were aware of the provider's whistleblowing policy. Staff told us that they would raise any concerns if they needed to.