Astley Care Homes Limited

Hillcroft Nursing Home

Inspection report

135 High Street
Wordsley
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West Midlands
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Tel: 01384271317

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 14 November 2016 and was unannounced. The provider had changed their registration with us and so this was the first inspection of the service under the new provider registration.

Hillcroft Nursing Home is registered to provide accommodation and personal care to a maximum of 28 people who may have a physical disability or diagnosis of Dementia. At the time of the inspection, there were 22 people living at the home.

There was a registered manager in post who was present throughout the inspection. 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.

People were supported by sufficient numbers of staff who had completed recruitment checks to ensure they were safe to work. Staff understood how to report concerns and manage risks to keep people safe. People were supported with their medication in a safe way.

Staff received on going training and supervision to enable them to support people effectively. People had their rights upheld in line with the Mental Capacity Act 2005 and had been supported to access healthcare services where required. People were given choices at mealtimes and spoke positively about the meals they were provided with.

People were supported by staff who were kind and treated them with dignity. People felt involved in their care and were given choices. Advocacy services were available to people if required.

People's care needs were reviewed and staff understood people's needs and preferences with regards to their care. There were activities available for people and people had been supported to make complaints if needed.

The registered manager had not met their legal obligation to notify us of incidents that occur at the service. People spoke positively about the leadership at the service. Systems were in place to monitor the quality of the service and people had been supported to provide feedback on their experience of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who knew how to report concerns of abuse and manage risks to keep them safe.

There were recruitment systems in place to prevent unsuitable people being employed and there were sufficient numbers of staff available for people.

Medications were managed in a safe way.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to enable them to support people effectively.

People had their rights upheld in line with Mental Capacity Act 2005.

People were supported to have sufficient amounts to eat and drink and had access to healthcare services where required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and treated them with dignity.

People were involved in their care and were supported to access advocacy services if required.

Is the service responsive?

Good

The service was responsive.

People had their care needs reviewed and were supported by staff who knew them well.

There were activities available for people.

People were supported to make complaints if needed and complaints made were investigated fully.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had not notified us of incidents that occurred at the service as is required by law.

People spoke positively about the management and felt the home was well led.

Systems were in place to monitor the quality of the service and people were given opportunity to feedback on their experience of the service.

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 14 November 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority commissioning team to obtain their views about the home.

We spoke with nine people living at the home. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with one relative, two members of care staff, one nurse, a kitchen assistant and the registered manager.

We looked at three people's care records and nine medication records. We also looked at records kept in relation to staff recruitment and training, accidents and incidents, complaints and quality assurance audits completed.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "Yes very safe. They look after me and keep me safe and well". Another person said, "They [staff] keep me safe all the time, and keep an eye on me; they are lovely kind girls, well and the men too".

Staff we spoke with told us they had received training on how to safeguard people from abuse and knew how to report concerns. One member of staff told us, "[If I had a concern] I would write a statement and tell the nurse in charge and the manager". We saw that where concerns had been raised, the registered manager had taken action and referred the concern to the local authority safeguarding team.

People were supported to manage risks to keep them safe. One person told us how staff supported them to be safe when accessing the bathroom and said, "They [staff] stay around and keep an eye on me so that I am safely in and out of bed". We saw staff support a person to transfer from their wheelchair to a lounge chair. The staff supporting the person did this safely, ensured that the appropriate equipment was used and informed the person at all points about what they were doing. We saw that other people could display behaviour that could challenge. Staff we spoke with displayed a good understanding of how to support a person to manage the risk. One staff member told us, "We manage the risk by staying with [person's name]. The more you try to take them out of the situation, the more upset they can become so we just follow their lead". We saw staff do this and it had a positive effect on the person who was visibly more relaxed when staff were with them and as a result, the risk to the person and others was reduced. We saw that risk assessments were completed to provide staff with information on how they should manage risk. The risk assessments were individual to the person and looked at risks of falls, pressure areas and weight loss. Where accidents and incidents occurred, we saw that action had been taken to reduce the risk of these re-occurring. Actions taken included; referrals to other professionals such as falls teams, close observation and updating people's risk assessments.

Staff told us that prior to starting work, they were required to complete checks to ensure they were suitable for employment. These checks included providing a full employment history, obtaining two references and completing a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective employee had a criminal record or had been barred from working with adults. Records we looked at showed that these recruitment checks were completed. We spoke with the registered manager about how they ensured that staff who had worked at the home over an extended period of time were still suitable to support people. The registered manager informed us that at present there were no systems in place to update the checks made on staff but that this would be addressed with the provider to implement further checks.

People told us there were enough staff available to meet their needs and that staff responded to them in a timely way when they needed support. One person told us, "Now when I need the loo in the night I press my buzzer here, and the girls come right away". Another person said, "There's always someone around if I want them. If I ring my buzzer anytime they are here more or less straight away". Staff we spoke with felt that they could be busy due to people requiring extra support, and at these times they did not feel there were enough

staff on duty for people. One staff member told us, "There is not always enough staff. If a few people are having bad days [and so need more support] it can be rushed". However, another staff member told us that the registered manager did take action to try and support staff and told us, "I do raise it [when there is not enough staff] and they [the registered manager] will adapt and increase the numbers of staff". This was confirmed by another member of staff who told us, "There is enough staff if staff do not call in sick. You can't always get things covered but the nurses and managers will step in. They are hands on". We saw that there were sufficient numbers of staff available and that where people required support, this was provided in a timely way. We saw that during busy times, the registered manager and nurse would support care staff to ensure people received support when needed.

People told us they were happy with the support they received with medication. One person told us, "They [staff] give me my tablets twice a day, in the morning and at tea time. They give me them in a plastic pot. I get a drink. I'd forget if they didn't give them to me". We spoke with the nurse who informed us that only nurses would support people with medication. The nurse told us they were observed giving medication to ensure they remained competent and able to do this safely. We saw that medications were stored safely and room and fridge temperatures were checked daily to ensure that medications would not be adversely affected by the temperature.

We saw that some people had medication on an 'as and when required' basis. There was no guidance available for staff to advise them on when these medications should be given. We spoke with the nurse about this who told us they used their own knowledge of the person to know when they required these medications. The nurse went on to give examples of this and demonstrated a good knowledge of when different people would require their 'as and when required' medication. We spoke with the registered manager about this who informed us they would implement guidance for staff on this to ensure these medications continued to be given consistently.

We checked medication records and saw that the information recorded on the medication administration record (MAR) matched what tablets were available. However, for two records, the number of tablets recorded did not match what had been recorded on the MAR. There was no evidence to suggest that these medications had not been given but the nurse was unable to account for the error. We spoke with the registered manager about this who was going to look into the recording of these medications to find how the error occurred.

Good

Is the service effective?

Our findings

People told us that staff had the skills and knowledge needed to support them effectively. One person told us, "They [staff] are very hard working. They know what they are doing".

Staff told us that when they started work at the home, they were required to complete an induction that included completing training and shadowing a more experienced member of staff. One member of staff told us, "My induction was good. It went through policies and procedures and I spent a week shadowing. They also did my medication competencies". New staff were also enrolled on the Care Certificate. The Care Certificate is an identified set of standards that care workers should adhere too. Staff spoke positively about the induction and one member of staff said, "The induction prepared me for the role". Staff also told us they had access to ongoing training. One member of staff told us, "We get updates to our training and have to do it every year. It's a mix of face to face training and distance learning". Records we looked at showed that staff had received training relevant to their role. Where gaps in people's training were identified, we saw that the registered manager had taken action to book staff onto the required training.

Staff told us they had supervisions with their manager and were given opportunity to undertake additional training to aid their learning. One member of staff told us, "If we have supervision, we can ask for extra training. I asked to do a course on team leading and they have put me on it". This was confirmed by other staff who informed us of extra learning opportunities they had been supported to take part in.

Staff felt confident that they were given all of the information they required to support people effectively. One member of staff told us, "They [the management team] tell us of any changes in handover. We will discuss people and how best to support them. I get all of the information I need and if I hadn't, I could ask". A nurse we spoke with confirmed that discussions were also held regularly between the nursing team to discuss people's clinical needs. The nurse told us, "The communication is very good. We write each other a handover to pass over anything clinical and it works well. We are in constant touch and will call each other for clarification if needed".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their consent before supporting them. Staff we spoke with told us they had received training on MCA and could explain how they seek people's consent. One member of staff told us, "I get permission by asking people. If they can't consent verbally, we can do this by writing things down". We saw that staff supported people to make decisions and sought consent before supporting them.

Staff we spoke with understood what DoLS are and how people should be supported when these safeguards are in place. Although no-one at the home currently had a DoLS authorisation in place, staff displayed an awareness of who had these previously and who was awaiting an authorisation.

People told us that they were happy with the meals they were provided with. One person told us, "The food is nice here. We have a lot of choices. It's always tasty. Yes its good thanks". Another person said, "You couldn't ask for better food or better choices, anywhere. We have some lovely food here. I have what I want". We saw that although people were asked what meals they would like, there was no set menu and staff would often make this decision based on their knowledge of the persons likes and dislikes. People we spoke with were happy with this and we saw that if people did not want the meals offered, staff would ask them what they would like and support them to have an alternative. We asked kitchen staff about how they were kept informed on people's dietary needs. The kitchen assistant told us that the information was provided by care staff and that the information was held in the kitchen. The kitchen assistant had an understanding of people's individual's dietary needs and knew people well. We saw that only one person was sat at the dining table and others eat in their lounge chair or their room. People we spoke with told us that this was their choice and one person said, "Sometimes I eat in my room, sometimes the lounge. I do what I like". Where people required support to eat, this support had been provided by staff and we saw that once people had eaten, staff offered them extra portions of food before taking the person's plate.

People told us they were supported to access healthcare support where required. One person told us, "If I feel off, the staff will ring the doctor. When I was really unwell not long back with my chest they got the doctor". Staff we spoke with understood the action they should take in an emergency and we saw that where needed, staff had supported people to access their GP or hospital. Records we looked at showed that people had attended appointments to maintain their health and wellbeing. For example, we saw evidence of people visiting the optician, podiatrist and physiotherapists.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. One person told us, "They [staff] are so kind. Nothings too much trouble for them". Another person said, "They're lovely [staff]. They're kind and respect me as I am. They are good to me you know. Golden. I don't know what I'd do without them". We saw that staff had developed friendly relationships with people and staff displayed warmth when spending time with people. For example, we saw that one person spent much of the day upset. All staff who saw this person took time to sit with them, reassure them and relieve their distress. We saw that the person responded positively to this and was visibly reassured following time with staff.

People told us they were involved in their care. One person told us, "Oh yes they are caring, they ask me what I want today, wash or a shower. I like a shower" and, "We are having a meeting soon to talk about what I think about my care". Staff we spoke with were able to explain how they ensure people are involved and given choices. One member of staff told us, "I ensure people are given choices by giving people the options and asking what they would like. We do know what people like and do not like but we don't just assume". We saw that people were given choices by staff. For example, where people were supported into the lounge, staff asked people what seat they would like before supporting them to sit down. We saw people were asked about what music they would like to have played in the lounge and what they would like to drink. Relatives we spoke with also told us they were involved in their family member's care, were kept informed of any changes and were able to visit at any time. One relative told us, "I visit my relative every day. But yes I can come whenever I want. There are no restrictions about people coming here any time of day or night".

People were treated with dignity by staff. One person told us, "They [staff] are very respectful and very kind. They call out to me before they come in [my bedroom] and will say hello it's me, can I come in, and are you ok". Staff told us how they ensured people were treated with dignity and gave examples that included; closing doors and curtains when providing personal care, covering people with blankets when using a hoist to ensure they were not exposed and giving choices. Staff also explained how they ensured privacy and told us they knock before entering a person's room and leave people if they do not want you in the room. We saw that people were treated with dignity. We saw that people were spoken to respectfully by staff who referred to people by their preferred name. We saw that people had been supported to maintain their appearance in the way they wished. One person was supported by staff to have their handbag with them at all times as this was the person's wish.

Staff told us they encouraged people to maintain their independence where possible. One member of staff told us, "I will never assume that people cannot do things for themselves. I will always ask if they would like to try to do things". We saw that people were supported to be independent where possible. At mealtimes, we saw that people were provided with equipment to enable them to continue to eat independently and that where people were able to walk independently, they were encouraged to do so.

The registered manager told us that no one currently living at the home had required the use of an advocate but that they had previously sourced this support for people when needed. The registered manager understood the procedure they needed to follow if a person required the use of an advocate and informed

us they had an on going relationship with the local advocacy service should anyone require their support in future.

Good

Is the service responsive?

Our findings

People and their relatives were involved in an assessment of their needs prior to moving into the home. This was completed to ensure that the provider would be able to meet the person's needs. Records we looked at showed that these assessments took place. People's care needs had also been reviewed regularly to ensure that care provided continued to meet their needs. A relative we spoke with told us they were involved with this and said, "She [the registered manager] gives me a catch up on how my relative has been". Records we looked at showed that reviews took place and that care records held up to date information about people's needs.

People told us that staff knew them and their care needs well. This was confirmed by a relative who said, "They [staff] are very kind and know my relative well. In all the time they have been here only one member of staff has changed so they know [person's name] inside and out". Staff we spoke with displayed a good understanding of people's needs and preferences with regards to their care. For example, we saw that one person who was in their room was upset. A staff member came to the person and sat with them, holding their hand and stroking their forehead. We later spoke with the staff member who informed us that this person due to their medical condition would often cry out and they liked to be comforted by having their hand held. This demonstrated that staff knew how people would like to be supported and acted on this. Records we looked at held personalised information about people and gave guidance for staff on their likes, dislikes and preferences with regards to their care. We saw that staff knowledge of people reflected what was in their care records.

People told us they were able to join in with activities and we saw that these were available for people throughout the day. We saw that people had access to music, magazines and word searches throughout the morning. Where staff were in the communal areas, we saw they would sit with people and support them in these activities. People were seen chatting to each other about the television and had access to the remote control to choose what they would like to watch. During the afternoon, we saw that a group activity of bingo was carried out. Staff actively encouraged people to take part in the activity and provided support for them to do this where possible. There were no set activities in place. We spoke with the registered manager about this who told us that they had previously trialled activity plans but that this had not always been responsive to people's needs and so they had decided to choose activities on a daily basis. Staff we spoke with told us they had supported people to take part in activities that included; arts and crafts and arranging for singers to visit. We saw photographs displayed around the home that showed people taking part in activities.

People told us they knew how to make a complaint if needed. One person told us, "I can talk to any of them if I had a worry. I've never had to complain". We saw staff supporting a person to make a complaint. The person had not enjoyed their lunch and we saw them inform a member of staff. The member of staff reassured the person throughout with comments such as, 'You must never worry about telling us' and 'If you are ever not happy, then tell us and we will change things'. This reassured the person who then opened up to the staff member about what it was they did not like about their lunch. We looked at records held on complaints and saw that where complaints were made, the registered manager had completed an investigation into these, informed the person making the complaint of the outcome and produced action

plans to address the concern and reduce the risk of re-occurrence.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and the provider have a legal obligation to notify us of incidents that occur at the service. However we found that we had not always been informed of incidents as we should have been. For example, we saw within accident records that one person had injured themselves on two separate occasions. The nature of the person's injury meant that a notification should have been sent to us to inform us of the actions the home had taken in response to the incident. However, we had not received this. We also found that one person had previously had a Deprivation of Liberty (DoLS) authorisation in place. This had since expired but the registered manager had not informed us that an authorisation had been granted. This meant that the registered manager had not met the legal requirements of their registration with us.

We saw evidence of an open culture amongst staff and all staff spoken with understood how they could whistle blow if they had any concerns. One member of staff told us, "If I felt [management] hadn't acted [on my concerns] I would go to the local authority safeguarding team, Care Quality Commission or the Nursing and Midwifery Council if it was about a nurse".

People and relatives we spoke with knew who the registered manager was and spoke positively about the home. One person told us, "I love it here". A relative we spoke with said, "I feel so relieved that [person's name] is here now. Our relative couldn't get better care anywhere". We saw that the registered manager had a visible presence around the home and knew people well. People were relaxed in the registered managers company and spent time speaking and laughing with her.

Staff told us they felt supported in their role. One member of staff told us, "I do feel supported; I can raise issues quite easily. They are fantastic". Another member of staff said, "We are lucky as we can go to our manager and ask for advice". All staff we spoke with told us that staff meetings were held to discuss the care they provide and gain support if needed. Staff also confirmed that they had access to a manager outside of office hours if they needed this.

People told us they were given opportunity to feedback on their experience of the service via questionnaires. One person told us, "The staff talk to us and we get a questionnaire about what we think about the home. We have meetings but there's nothing at all to moan about here". We saw that people had been given the opportunity to take part in resident and relative meetings but people had responded to the letter and said that they did not want these. The registered manager informed us that questionnaires were sent out and where areas for improvement had been identified, these had been acted upon. However, we were unable to see these on the day as they could not be located. Following the inspection, the registered manager sent us further details of the questionnaires sent out to people and we could see that questionnaires were sent to people in June 2016.

We saw that systems were in place to monitor the quality of the service. The registered manager completed monthly audits that looked at medication, activities, falls and number of hospital admissions. Accidents and incidents that occurred at the service had also been monitored on a monthly basis to identify any trends or patterns. We saw that where areas for improvement were identified, there was a plan put into place to

address this.

The registered manager had a clear vision for the future of the home and told us that they received support from the provider. The registered manager said, "[Provider's name] visits every week without fail and will also call. He is very supportive". The registered managers plans included expanding the range of training provided to staff to enable them to further support people who display behaviours that can challenge as this is an area that she has identified they are experiencing more often. The registered manager told us, "We are having more people with behaviours that challenge but I won't allow this until the staff are fully trained".