

Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Carnforth

Inspection report

North Road
Carnforth
Lancaster
Lancashire
LA5 9LX

Tel: 01524734433

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19 December 2018

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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 ●

Summary of findings

Overall summary

Hillcroft Carnforth is one of six nursing homes managed by Hillcroft Nursing Homes Limited. The home provides accommodation for up to 64 people in three separate units, catering respectively for people with general nursing needs, dementia and challenging behaviour. The home is situated in the town of Carnforth and close to community facilities. At the time of our inspection there were 62 people living at the home.

Rating at last inspection.

At our last inspection we rated the home good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service Good. We found the registered provider continued to provide a good standard of care to people who lived at the home.

Why the service is rated Good

At this inspection we found the registered provider had systems to record safeguarding concerns, accidents and incidents and took action as required. The service carefully monitored and analysed such events to learn from them and improve the service.

Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the Care Quality Commission when required.

People told us staff were caring and respectful towards them. Staff we spoke with understood the importance of providing high standards of care and enabled people to lead meaningful lives.

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner. One person commented, "There is more than enough [staff]."

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

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

We looked around the building and saw the home was clean and a safe place for people to live. We found equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

Medicine records provided staff with a good understanding about specific support needs of each person who lived at Hillcroft Carnforth. We noted people had access to healthcare professionals and received ongoing healthcare support when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems supported this practice.

People told us they had plenty of food and drink with the option of additional snacks and drinks between meals. One person told us, "If you did not like what was on the menu, they would bring you something else."

We observed only positive interactions between staff and people who lived at Hillcroft Carnforth. We observed humour used to foster positive relationships. There was a culture of promoting dignity and respect towards people. We saw staff spent time with people as they completed routine tasks. One person told us, "They [staff] are very kind, all of them." One relative stated, "[Family member's] quality of life has improved since he came here."

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

The management team used a variety of methods to assess and monitor the quality of the service delivered. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the care provided.

People were supported with activities and social interaction but the registered provider also respected people's right to not participate and engage in activities.

The registered provider offered people dignified end of life support that extended after their passing. People preferences related to end of life care were recorded and respected.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hillcroft Nursing Home Carnforth

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.

The inspection took place on 18 and 19 December 2018. It was unannounced on the first day. Two inspectors attended on the first day along with 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 had experience of caring for older people who received support. One inspector visited on the second day.

Before our inspection, we checked the information we held about the Hillcroft Carnforth. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning and contracts departments at Lancashire County Council and Healthwatch Lancashire. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. This helped us to gain a balanced overview of what people experienced when they received support at Hillcroft Carnforth.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding

practice.

We activated the call bell three times during our visit to assess staff availability and response times. We spent time watching day to day activities, communication, relationships and care practices taking place. We did this to assess the quality of interactions that took place between people living in the home and the staff who supported them.

We spoke with six people who lived at Hillcroft Carnforth and five relatives, the registered manager, two directors, the deputy manager, quality manager and one nurse. We also spoke with eight carers, two chefs, one member of housekeeping, the receptionist and the handyperson. We looked at the care records of six people; training and recruitment records of four staff members, records relating to the storage and administration of medicines and the management of the service.

We looked at what quality audit tools and data management systems the provider had. We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Hillcroft Carnforth.

Is the service safe?

Our findings

People who lived at the home told us they felt safe in the care of staff who supported them. One person told us, "I feel safer than I did [at home], I like peace and quiet." One relative commented, "I have no worries whatsoever, [family member] is safe. The staff are so good." A second relative said, "[Family member] would say if he felt unsafe. He is very safe here."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe. One staff member told us if they ever saw anything they had a duty to report bad practice stating, "We are pretty good at safeguarding. It is all about keeping people safe."

We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect people who may be vulnerable.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. For example, as part of their reactive strategy to falls and a lesson learnt, technology was used to alert staff of people's whereabouts and minimise the risk of further falls. We saw personal evacuation plans (PEEPS) for staff to follow should there be an emergency.

Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. There were systems to record monitor and reflect on accidents and incidents including behaviours that challenge.

The registered manager continued to ensure there were sufficient numbers of staff available to meet people's needs. Staff were visible in communal areas providing supervision and support for people. People said staff had the time to support them. One person commented, "There are more than enough staff." A relative commented, "There are more staff than I would expect." We pressed the call bells three times during our visit and noted staff were responded in a timely manner.

We looked at recruitment practices to ensure staff had been recruited safely. We spoke with four staff members and they were complimentary about the recruitment process. They confirmed they had undertaken all necessary checks as part of their employment process. They all stated they had not delivered any support to people before appropriate DBS clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. We looked at historic rotas to evidence staff only delivered care and support after they had been approved. This showed us procedures reflected good practice guidance.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, given as prescribed and stored and disposed of correctly. Medicines were managed in line

with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

People were protected from the risk of acquired infections. Each unit at Hillcroft Carnforth was clean, spacious and suitable for people. Infection control audits were carried out. Appropriate personal protective equipment (PPE), hand hygiene gel and liquid soap were in place and available.

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

Is the service effective?

Our findings

Each person had a pre-admission assessment, to identify their needs and establish Hillcroft Carnforth could meet these. We noted people's needs were continually evaluated to ensure care plans were up to date. All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. One person told us, "They are well trained. Everything I have is perfect for me personally." A relative said, "The quality of the carers is very good."

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. We could establish through our observations people received care which was meeting their needs and protected their rights. This meant people received effective care from established and trained staff that had the right competencies, knowledge, qualifications and skills.

All staff we spoke with told us they had received an induction at Hillcroft's own training academy before they started delivering care. They also stated they had received training upon their employment plus ongoing yearly refresher training. One staff member told us, "[Trainer] is lovely, we had a really good session. She makes it easy to understand." This showed the registered provider had systems to ensure staff knowledge reflected best practice in supporting effective outcomes.

We asked staff if they were supported and guided by the registered manager. Staff told us they felt supported by the registered manager and the nurses informally and formally through their presence within the home. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Not all staff said they had received recent one to one guidance or appraisal. We spoke with the registered manager who stated they had planned all meetings to ensure all staff received the opportunity to formally discuss their work experiences and personal development.

Staff responsible for preparing meals had information about people's dietary requirements and preferences. One person told us, "The food is excellent! I have no complaints at all I can have whatever I fancy." One relative commented, "The meals look very good and I think my husband gets too much, but I cannot complain at all." A second relative said, "The food looks very good and my [relative] thinks so too because he very rarely leaves anything." We also received comments that some people did not always like the food prepared and family members brought meals into the home even though alternative meals were available.

People were supported with their dietary needs. Nutrition support plans were in place and where necessary included guidance from relevant healthcare professionals, such as dietitians and speech and language therapists (SALT). Support plans, risk assessments, and food and fluid charts were completed and up to date.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS).

From records viewed we saw consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. This showed the registered provider was providing care and treatment in line with legislation and guidance.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. For example, one person told us, "They do seem to notice if I am not feeling too good." Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. We noted and observed regular visits from community health care professionals to manage people's ongoing health conditions. We spoke with one visiting health professional who told us they found the service professional with all staff willing to listen and engage to promote people's ongoing good health. This showed the registered manager worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

We looked around the building and found it was appropriate for the care and support provided. There was a lift that had a code to ensure people could only use with support to manage risk and safeguard their safety. Each room had a nurse call system to enable people to request support if needed. Communal walkways were clear and free from hazards minimising the falls risks for people who liked to walk independently around the home.

Is the service caring?

Our findings

People and their family members were complimentary about the standard of care at Hillcroft Carnforth. One person told us, "They are very friendly and always willing to sit and chat." A family member told us, "The staff here go out of their way to be kind. They even have time to look after me." A second relative commented, "I trust the staff implicitly. I will sing their praises until the cows come home, they are like family." A third relative shared, "When people have been a bit upset, staff put their arms round them. They [staff] really do care for everyone."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation such as the Equality Act 2010. We saw staff had an appreciation of people's individual needs around privacy and dignity. We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff treated people with respect. Staff made good use of touch and eye contact when they spoke with people and we saw this helped people to relax. We observed staff knocked on people's doors before entering. One person told us, "They always do respect my privacy and dignity."

People were well presented and looked comfortable in the presence of staff. People were helped by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff. We observed one person smiling and walking arm in arm with two carers. When they walked past the person gave a wink and a laugh. The care staff also laughed and joked as they walked along the corridor." This showed the registered provider promoted people's dignity, and evidenced people had a positive and equal relationship with staff.

We looked at people's care records. We saw evidence they had been involved with and were at the centre of developing their care plan. The plans contained information about their current needs as well as people's likes and dislikes. For example, we read one person liked to wear make-up. We visited the person and saw they were wearing their make-up. Daily records completed were up to date, well maintained and informative. We saw evidence to demonstrate the care plan had been reviewed and updated on a regular basis. This ensured the information documented about people's care was relevant to their needs.

There was clear collaboration between the registered manager, staff and people they supported. They had carefully considered people's human rights and support to maintain their individuality. The registered provider had a good understanding of promoting, protecting and respecting the person's human rights. They could describe the importance of promoting individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. For example, staff spoke positively about people who displayed unique behaviours. They presented the person's full personality that valued them as an individual and did not focus on behaviours that could be viewed as negative.

Records were kept securely and could be accessed on a computer with the use of an individual password. Only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people should they require it. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us several people had formal advocates.

Is the service responsive?

Our findings

Care workers understood the support that people needed and were given time to provide it in a safe, effective and dignified way. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. One relative told us, "They have looked after and cared for [relative] from day one. They manage him very well. They know him and know his quirks."

We saw everyone living at Hillcroft Carnforth had a care plan. People or their relatives told us they understood and agreed its contents. One person said, "My son sees to that. They seem to have everything sorted out." A second person stated, "I am happy with what they have written down about me."

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We looked at what arrangements were in place to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs.

The service had a complaints procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. We saw complaints received had been taken seriously and responded to appropriately. People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals. One person told us, "I would definitely speak up if I was not happy about something." One relative commented, "No complaints, everything is excellent."

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. We spoke with a visiting relative who family member had very recently died. They requested to share their positive experiences with the inspection team. About their relatives end of live care they said, "I feel my [family member] was valued as a person." This showed the registered manager guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support so the people have a dignified and respectful end.

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. There was a timetable of activities that people had the option to participate in. On the day we visited the hairdresser also visited. We observed people enjoyed having their hair cut and or set. One person told us, "I like reading and the staff sort me out with books." While talking with the person a staff member appeared with three books, from a bookcase, for her to choose from. A second person said, "Sometimes I join in but

that is my decision." A relative said their family member liked to be active and enjoyed accompanying the cleaner and was given a duster to participate and keep occupied. This showed the registered manager recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

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. 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.

We asked people and their relatives if they felt the home was well managed. People consistently told us Hillcroft Carnforth was well led. About the registered manager one relative told us, "The Matron [registered manager] is excellent. I can ask her anything." A second relative said, "[Registered manager] has always got time for people, and she still knows what is going on."

Hillcroft Carnforth demonstrated good management and leadership with clear lines of responsibility and accountability within the management team for different units within the home. The registered manager and the staff team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager told us, "Relatives expect us to know everything about their family member so it is important we have that knowledge." One staff member commented, "I like my job, I enjoy it. We have got a good team."

The registered provider had governance systems to ensure the home was resilient and delivered a quality service. Hillcroft Carnforth is one of six nursing homes managed by Hillcroft Nursing Homes Limited. Working between the six homes was the quality manager who was responsible for quality monitoring and audits. We saw evidence there was a structured schedule for audits, meetings and surveys.

The home worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including G. P's, psychiatrists, community mental health teams, forensic services and district nurses.

We saw minutes, which indicated nurse, staff and ancillary staff meetings, took place. Topics revolved around the people being supported, any changes within the company and any safety alerts staff needed to be made aware of. We saw further quality and head of department meetings took place. We also saw the directors of the company visited the home (and the other five homes) to talk with staff and answer any questions. Questions and answers were typed and distributed throughout all six homes. Questions included pay rates, rotas and the request for lightweight uniforms. We noted the uniforms had been replaced. The registered manager attended head of department meetings to review the care delivered throughout the company and share what has gone well and not well. This allowed the registered manager to share positive practice and learn from other manager's experiences.

One staff member felt the meetings should be more frequent but felt supported by the management team. The registered manager also attended senior management meetings with managers from other branches. They told us, "It's good to hear what is happening in other places and take away their good practice."

We noted the registered provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should bad weather an incident or accident occur. This meant the provider had plans to protect people if untoward events occurred.

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