

Raycare Limited

Hillcroft Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hillcroft Residential Care Home is a care home providing personal care to up to 34 people. The service provides support to older people, people living with dementia and younger adults. At the time of our inspection there were 30 people using the service.

The home is set over 3 floors and there is a secure unit for people with dementia. There are communal areas for people to use and parking facilities for visitors.

People's experience of using this service and what we found

People were supported to take their medicines and staff assessed risks to people's health and wellbeing. We have made recommendations regarding storage of some medicines, and fire safety. People were supported by enough staff to meet their needs, and staff knew people well. The home was clean and comfortable, and we observed staff wearing PPE. People were protected from the risk of abuse and from the risk of mistakes being repeated due to effective systems and processes. People told us they felt safe; 1 person said, "The staff are wonderful and give me reassurance. Staff are always around so I feel safe and don't get lonely."

Staff completed person centred care plans that included detailed information about people's needs, choices and preferences. People spoke highly of the food, and we observed a range of healthy choices. People could personalise their bedrooms, and communal areas were fit for purpose. People were supported by well-trained staff who had the right knowledge, skills and experience.

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

We found a positive culture at the home. People and their relatives spoke highly of the staff, and staff told us they loved their jobs. Staff said the current registered manager had made a lot of changes which had improved the service, and said they felt supported in their roles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was good (published 10 December 2019).

Why we inspected

We received concerns in relation to the management of safeguarding issues, and cleanliness and hygiene. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hillcroft Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by an 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.

Service and service type

Hillcroft Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hillcroft Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 November 2023 and ended on 9 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people that used the service and 14 relatives. We spoke with 10 members of staff including care staff, kitchen staff, the deputy manager and the registered manager.

We looked at a range of records including 3 people's care plans and medicine records. We looked at health and safety records, staff rotas and audits. We looked at policies and procedures and 3 staff recruitment files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and mitigated.
- Recent fire risk assessments had been undertaken, with no high-level risks identified. However, during our inspection, we found that all bedroom doors automatically locked upon closing. Staff were required to open all doors with a key; people that were mobile could open their own doors from the inside. We sought advice from the fire and rescue service who confirmed this could be a fire risk. The registered manager immediately took action to address.

We recommend the provider consider ways to improve fire safety regarding bedroom doors.

- Risks such as falls, weight loss and choking were accounted for and regularly reviewed. Recent risk assessments for bed rails had not been conducted for the 3 people that had them. This was immediately actioned following our feedback. Staff completed weekly safety checks on bed rails.
- There was a detailed post-falls policy and staff could describe what they would do if someone had a fall. The registered manager monitored falls to identify themes. Following our feedback, the registered manager implemented a clearer way for staff to document what actions they took after someone had a fall.
- All necessary health and safety checks such as gas and electrical testing had been made and were in date.
- There was a maintenance system to make sure items were replaced or fixed when required.

Using medicines safely

- People were supported to take their medicines.
- Most medicines were stored securely however we found that topical creams were left in people's rooms. The date of opening was not recorded for these creams. This was immediately addressed following our feedback.
- During a mealtime we saw a staff member bring a container of drink thickener into the dining room to add to a person's drink. Although the item was not left unattended by staff at any point, we fed back to the registered manager that drink thickener should be stored securely at all times. This was immediately addressed.

We recommend the provider consider guidance around the storage of some medicines and amend their practice accordingly.

- There was detailed information about medicines in people's records to guide staff, with information included for medicines that were prescribed to be taken 'as and when required'.

- Staff completed medicines training and their competencies were checked.
- Staff signed to say they had administered medicines as prescribed.
- There was a detailed medicines policy and the registered manager completed regular medicine audits.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff completed safeguarding training and knew what to do if they had concerns.
- There was an up-to-date safeguarding policy which staff could access.
- People felt safe, and relatives had confidence in the staff. One relative said, "I am completely confident in my [relative's] safety. She always appears happy and well cared for when I visit."

Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- Dedicated staff followed cleaning schedules and we observed a deep clean of the lounge being undertaken.
- There was an up-to-date IPC policy and we observed staff wearing PPE during mealtimes and personal care tasks.

Staffing and recruitment

- People were supported by enough staff that had been recruited using safe processes.
- There were enough staff to meet people's needs with a low reliance on agency staff. The registered manager had adopted a bonus scheme to enhance pay which improved staff retention.
- Necessary safety checks had been made during recruitment including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- Staff completed incident forms, and these were reviewed by the registered manager to identify themes and change practice where required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care was delivered in line with guidance.
- Staff were committed to delivering good outcomes for people and made sure all their needs and choices were adhered to.
- Care plans were easily accessible, and staff recorded their care notes on electronic devices which could be reviewed by the deputy manager and registered manager.

Staff support: induction, training, skills and experience

- People were supported by staff with the right knowledge, skills and experience.
- Staff completed inductions when they started their jobs and training in relevant courses was up to date. The registered manager completed regular 1-1 supervisions with staff and staff felt able to ask for guidance when needed.
- Relatives thought that staff had the right skills. One relative said, "My [relative's] needs are always met, staff appear to know how to deliver her care."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink healthily.
- There were dedicated kitchen staff who had knowledge about people's dietary needs, preferences and choices. There was good availability of fresh fruit and vegetables and different meal options.
- People enjoyed the food, 1 person said, "The cook is really good and makes nice food. If I need any help the girls will assist me."
- Staff made referrals to dieticians and speech and language therapists when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies and supported people with their wider healthcare needs to promote positive outcomes.
- Staff worked with agencies such as district nurses, physiotherapy, mental health teams and social workers to co-ordinate people's care.
- Staff supported people to attend health appointments and access community activities. A relative said, "The home is good at getting help when necessary for my [relative]."

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs.
- People could decorate their rooms according to their preference and rooms were homely and comfortable. One person said, "My room is lovely and it's how I want it."
- The provider recently updated communal areas by decorating and replacing the flooring.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and applied for legal authorisation to deprive a person of their liberty appropriately.
- People's care plans contained MCA assessments and consent was considered throughout staff caring tasks.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found a positive culture at the service. People were supported by staff that enjoyed their jobs and spoke highly of the management and working environment.
- People enjoyed living at the home and relatives spoke positively. One relative said, "The manager appears to have the skills to guide staff to give good care."
- Staff valued their jobs and engaged positively with people. Different activities were regularly arranged. During the inspection musicians visited to play songs people were familiar with. Staff actively encouraged people to be involved and dance and sing, and we observed this had a positive effect on people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities regarding the duty of candour.
- People told us the management team kept them up to date with any issues or concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers were clear about their roles and understood quality performance.
- The registered manager made statutory notifications to relevant external organisations which is a regulatory requirement.
- Regular audits of the service were undertaken and outcomes for people were monitored to identify any areas that needed improving.
- The management team had a good understanding of risk. Thorough risk assessments were undertaken, reviewed regularly and risks mitigated. The registered manager was responsive to any concerns raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people, their relatives and staff.
- People and their relatives were asked for feedback and staff could bring ideas to team meetings and appraisals.
- A relative said, "If problems were to arise I know I could go straight to the manager and my issues would be dealt with. I am kept informed of changes and any information I need." Another relative said, "I am kept

informed about my [relative's] care and I feel the home is well run."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff were committed to continuous learning to improve care and worked in partnership with others.
- The registered manager took part in projects that helped services deliver high standards of care. The provider arranged for independent performance reviews to identify areas for improvement.
- The service worked in conjunction with other agencies including the local authority, commissioners and wider health teams. They also linked in with the local community.