

Healthcare Homes Group Limited

Hillcroft House

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 

Summary of findings

Overall summary

About the service

Hillcroft House is a residential care home for up to 43 people living with dementia. On the day of our visit 40 people were living at the service. This care home consists of an older building and newer extension. It is within walking distance to Stowmarket town centre.

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

People told us they were happy living at the home however, we identified some shortfalls that had not been picked up through the providers governance systems. Nutritional risks to people's welfare had not been consistently assessed and appropriate action taken to mitigate the risks. Medicines were not always managed safely.

There was a new manager who had been in post three weeks at the time of our inspection visit and had already begun to make improvements such as increasing the staffing numbers.

Staff knew how to safeguard people from the risk of harm and abuse. Staff were recruited safely, and they received appropriate training and support to equip them with the necessary skills.

We received positive feedback from people and their relatives about the caring nature of staff. People were treated with kindness and compassion.

People's meal time experience would benefit from further review and co-ordination. We have made a recommendation about this.

The home was clean and well maintained. The design and décor of the building took account of people's needs.

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.

People had their needs assessed and care plans were developed. These described people's needs and gave staff guidance in how to meet them in ways they preferred. The provider had a system to manage complaints. People and their relatives were aware of how to complain and told us they felt confident any concerns they may have would be listened to and addressed. People's end of life wishes were sought.

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

Rating at last inspection

The last rating for this service was Good (published 22 June 2017).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillcroft House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Hillcroft House

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 Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Hillcroft House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because at this time there was public health guidance in place around a viral outbreak – Covid-19. We needed to be assured that neither people using the service, staff or the inspection team were at risk from us carrying out our site visit

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the manager, the regional manager, deputy manager, care workers, the chef and kitchen assistant and the head housekeeper.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not assured that risks to the health, safety and well-being of people were suitably assessed or appropriately monitored within the home. This was because the care records we looked at either lacked clear detail or contained conflicting information.
- Care plans were in place in relation to people's nutritional needs and assessment tools such as the MUST (malnutrition universal screening tool) were used to determine if people were at risk nutritionally. However, these were not always kept up to date and completed as people's needs changed. Records were generally review up until September 2019 and then stopped until January 2020. This meant there was a period of around four months where any nutritional risks were not being reviewed.
- Several people were at risk of weight loss and for some one of the actions was for their weight to be recorded weekly. There was no evidence within the care records or MUST assessment that these had been completed. The deputy manager provided us with some weekly weights they had printed from the computer however these did not always match with the weights that had been recorded in the care plans. The computer records of weights were not also used to update the MUST to ensure any mitigating action was taken.
- The dietician had prescribed one person specialist high calorie drinks in October 2019 to trial for two weeks to see if the person liked them and they helped to encourage a higher calorie intake. It had been identified in January 2020 that the person had not been having the drinks as prescribed and staff were asked to follow this up with the person's GP. The deputy manager told us they thought the person was having the high calorie drinks, but no records could be identified to demonstrate this had happened.
- Another person had been identified by a healthcare professional as being high risk of choking. The person's care plan however stated them to be at low risk and therefore mitigating actions were not being identified in line with the level of risk. The provider had failed to adequately assess and mitigate against the risks of harm to people.

Using medicines safely

- One person had been prescribed a PRN sedative medicine at the beginning of March 2020 which had been administered two times. When asked the deputy manager and senior staff to count the number of tablets in stock against the amount recorded on the medicine administration record (MARs) the medicine could not be found. Staff searched the medicine cupboard but could not locate it.
- Where people were prescribed medicines that they only needed to take occasionally (PRN), guidance was not always in place for staff to follow to ensure these medicines were administered in a consistent way. A person who had been prescribed a PRN sedative at the beginning of March 2020 did not have guidance in place for when staff should administer this.

- There were several missing signatures on some of the MARs we checked.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The service had systems to protect people from risk of abuse. People told us they felt safe at the home and relatives had no concerns about their family member's safety. One person's relative commented, "I am so pleased [family member] lives at Hillcroft House. People's safety is foremost."
- Staff received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare.

Staffing and recruitment

- People, their relatives and staff all told us that staffing levels had been insufficient to meet people's needs in a timely manner however the new manager had seen this within their first three weeks of employment and had already made adjustments in the allocation of staff to address this.
- There continued to be safe staff recruitment systems in place. Prior to commencing work, prospective staff had a Disclosure and Barring Service (DBS) check undertaken. The DBS help to prevent unsuitable people from working with vulnerable people. The DBS check shows if potential new staff members had a criminal record or had been barred from working with adults.

Preventing and controlling infection

- Staff received infection control training and protective equipment was available for use.
- There were hand washing facilities available to staff, visitors and people to reduce the risk of spread of infection.

Learning lessons when things go wrong

- The manager had oversight of all accidents, incidents or near-misses. They reviewed all reports to ensure staff had taken appropriate actions at the time. This helped to ensure lessons could be learnt, and further incidences prevented.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 at the point they moved into the home. This information was then used to create individual plans of care and support. These plans reflected people's diverse needs, including aspects of their life which were important to them.
- The manager sought out best practice guidance and used this to ensure standards of care at the home were appropriate.

Staff support: induction, training, skills and experience

- People and their relatives told us that the staff were trained, and they had confidence in them to provide safe and effective care. One person said, "The staff here are very good, they know what to do." A relative commented, "Staff are fantastic, brilliant especially the experienced ones."
- New staff completed an induction in line with nationally recognised induction standards when they started work at the home.
- Staff used the skills gained through induction and on-going training to carry out their roles effectively. One staff member told us, "We get regular training, we're all trained on the equipment we use."
- Staff told us they had not been receiving regular formal one to one supervision but still felt supported and that the open culture meant they could talk to a line manager or senior colleague at any time.

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

- Although there were enough staff to support mealtimes, we saw the midday meal was disjointed and hectic at times. Staff aimed to assist people who were in eating in their bedrooms and who required assistance however they were busy between doing so and supporting those people living with dementia who would frequently leave the dining table. This resulted in staff moving between people providing encouragement and not having the time to sit and support people fully.
- People and their relatives told us there was a choice of food and it was tasty. One relative said, "The food is good, there is a choice as well."
- Where people required their food and fluid intake to be monitored records were in place. These records were generally well completed although we did view there were occasional gaps and it was not always clear where people had been offered snacks. We saw people were encouraged to have drinks between meals to keep their hydration levels up.

We recommend the provider reviews the dining experience to ensure people receive their meals in a timely manner and ensure mealtimes are a sociable experience.

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

- Where necessary, the staff team worked with other services to deliver effective care and support.
- The manager and staff worked in partnership with health and social care professionals such as, community nurses to ensure people received the care they needed to remain healthy and well.
- People's relatives told us if their family member was unwell, staff acted promptly to seek advice from health professionals.

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

- The premises were accessible and suitable for the needs of the people living there, with aids and adaptations available to assist people and to encourage independence.
- The building consists of an original building with a newer extension. Both areas were accessible by a passenger lift.
- People's rooms were warm and personalised to meet their needs.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records contained information on how staff supported them to make day to day decisions. A relative told us, "I like that people are able to do as they wish. They are able to be individuals and move about the home freely."
- People were asked for their consent to care and support. We saw staff asked for consent from people in the most appropriate way for the individuals.
- People were fully involved in decisions about their care and their capacity to do so was respected.
- Where restrictions were to be placed upon people in order to keep them safe, an application was made to the local authority DoLS team.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, and their relatives, were complimentary about the care provided, one relative told us, "The care here [Hillcroft House] really is very good. It was recommended to me and the first thing I noticed was staff knew people very well." Another relative said, "I would recommend because they really look after people here. Overall the carers very good. They do care rather than just do the job."
- Staff interacted with people in a caring way and demonstrated patience when interacting and supporting people who were living with dementia. they supported people.
People were supported to maintain relationships with their families and friends who were always made welcome by staff.
- Staff were positive about the care people received and the team work in place that supported this. One staff member told us, "[People] who live here are lovely. We always remember they are someone's family, their mother, father, grandmother or grandfather. They need love and we are part of their family now too."

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people's communication needs well and we saw people being encouraged to make decisions about their day. For example, where they wished to sit, what they had to eat or whether they wished to take part in an activity.
- Staff showed patience and gave people time to answer questions about the support they wanted.
- Whilst some people could not recall being involved in planning their care relatives told us they felt involved and informed in their family member's care.
People continued to be encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff did not enter people's bedrooms without first knocking to seek permission to enter.
- Staff knew people well including their preferences for how they liked their care and their personal life histories and their families.
- People's care plans were stored securely in a lockable room which supported their information to remain confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People gave positive comments about how the staff supported them. One person said, "It's all good here, it's all done as I ask and like."
- Peoples needs were assessed prior to admission to the service and used to develop care plans setting out the how their preferences and how their care and support needs were to be met.
- The views of people, staff and other health and social care professionals were considered when people's plans were initially put in place and reviewed, so people's needs would continue to be met.
- We received mixed but mainly positive feedback about the range of activities and opportunities for people to engage in hobbies. People and their relatives spoke of some change to the staff co-ordinating this area of support. A recently recruited activities coordinator had just resigned and therefore the manager was due to start looking for a replacement
- During our visit the activities coordinator was still at work. We viewed positive engagement with people on both floors of the home which woke previously sleepy people and resulted in them becoming engaged. People were happy with the range of social activities and events available to occupy their time.
- Relatives gave examples of the social engagement they had observed at the home. One relative said, "They take part in activities such as dancing. I saw staff dancing with [person] who has a zimmer frame. It was absolutely fantastic." However, they also gave examples where improvements could be implemented, "This comes back to the staffing levels, but it would be good if those people living on the top floor could be supported to come downstairs to join in more."
- Staff spoke of positive activities taking place and regular visits to a bowls club near the home, "People like going out. It can be hard work, but we try to help people get over to the [bowls club]. People have told us it 'makes them feel human again' which is great."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were included in their assessments and care plans, so staff were aware of any specific support needs or preferences.
- Both written and pictorial information was available to people to help them make decisions and to assist them in navigating around the home.

Improving care quality in response to complaints or concerns

- Systems continued to be in place to acknowledge and respond to complaints. Relatives told us they felt confident any concerns would be addressed and acted on by the new manager. One relative commented, "I was concerned about my [family member's] care in one particular area. Before this manager I was visiting and knew it wasn't right. Since the new manager has arrived and I told her it has improved, I don't have concerns anymore."

End of life care and support

- There was no one receiving end of life care at the time of our inspection however the staff were aware of good practice and guidance in end of life care, and respected people's beliefs and preferences.
- Where people had made a decision not to be resuscitated a DNACPR was in place and this important information was available to staff to ensure they acted in accordance with their wishes.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team used a range of audits to monitor the service however, we found issues with the lack of appropriate management of nutritional risk and medicines management required improvement. This meant that the audits in place were not always effective.
- The manager was new to post however other senior staff had been employed longer and their systems of audits and checks had not been consistently effective as it had not identified or addressed the issues we found during the inspection.
- The new manager had been in post three weeks at the time of our inspection visit and had been very well received by people and their relatives as they spoke positively about the leadership of the service. One relative told us, "It [Hillcroft House] had a bit of a 'dip' for a while but this new manager has picked it up again very quickly."
- Feedback from people and their relatives was welcomed and listened to. Relatives spoke of being invited to meet the new manager and share their feedback and ideas for making any improvements. A relative commented, "The new manager has been very approachable and since joining has already held a consultation day to introduce herself and tell us about her experiences." A second relative said, "Relatives had an afternoon with the new manager, we had tea and a 'natter'. It was very good, and she listened to all our ideas."
- Staff told us they were beginning to benefit from the approach of the new manager and were positive that there would be strong leadership in the home moving forward. One staff member said, "We're getting more response from the new manager staff feel she is sincere. She keeps us informed and she's very hands on." Another staff member commented, "We had moments in the past where things were not so good, but the new manager seems really nice. She has been getting to know people really well, I feel like I could approach her."
- People had opportunities to maintain and develop links with their local community. They enjoyed community events at the neighbouring bowls club as well as interactions on occasion with local schools.
- Our observations demonstrated the culture of the service was friendly and inclusive.

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 provider and manager understood their responsibilities under Duty of Candour. People's relatives told us the new manager was approachable.
- The management team were open and transparent during our inspection visit. They welcomed our feedback and were keen to make any necessary improvements needed.

Continuous learning and improving care; Working in partnership with others

- The service worked with medical professionals, community services and local authority social workers.
- Information was shared appropriately where required.
- Links with the local community were maintained to promote independence and wellbeing for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's care and treatment were not always planned and managed in a way that promoted the health, safety and wellbeing of people.