

# Healthcare Homes Group Limited

## Hillcroft House

### Inspection report

Finborough Road  
Stowmarket  
Suffolk  
IP14 1PW

Tel: 01449774633  
Website: [www.healthcarehomes.co.uk](http://www.healthcarehomes.co.uk)

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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 House is a residential care home for up to 43 people living with dementia. On the day of our visit 41 people were accommodated. This care home is part converted and part purpose built. It is within walking distance to Stowmarket town centre.

At the last inspection on 14 October 2015, the service was rated Good. At this inspection we found the service remained Good.

We found a care home that was well run for the benefit of the people who lived there. People spoke highly of the service offered and felt appropriately cared for. People experienced good care with on-going monitoring of health needs and prompt access to health services. Visiting health professionals told us that the service was caring and met the needs of people who lived here. There was varied, needs led social stimulation and people liked the variety and quality of food on offer. Mealtimes were a pleasant experience for everyone.

Staff told us that they had the training and support to carry out their roles effectively and confidently. Staff spoke highly of the management who they said were approachable and made positive changes when needed. Staff were happy and positive. This exuded from some who sang and danced through their working day whilst positively supporting people. This light-heartedness was felt by the people being supported and prompted them to smile and join in. People looked happy and there was a degree of calm and people had purpose to their day.

There were sufficient numbers of staff to meet people needs. People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required.

Medicines were safely managed. The manager had oversight and had thorough quality assurance processes in place that were fed up and monitored by the wider organisation. The manager was supported appropriately by the provider and spoke positively about developments and resources being available to them.

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 House

## **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 checked 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 comprehensive inspection took place on 31 May 2017 and was unannounced.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the 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.

During our inspection we spoke with 13 people, three relatives, the registered manager, deputy manager, five staff, and a visiting health professional. We reviewed six care files, three staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from harm and risks as at the previous inspection, staffing numbers remain consistent to meet people's needs and the rating continues to be good.

People told us that they felt safe living at the service. One relative told us, "My [relative] has been kept safe since they moved here; they weren't safe at home anymore." Another said, "I've been able to breathe out... I was on edge all the time before my [relative] came here." Staff knew how to keep people safe and protect them from harm. A relative said, "I have never seen anything that made me think the carers weren't kind and thoughtful." Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and these were fully investigated.

Risks to the service and individuals were well managed. Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. The service was proactive in ensuring that these control measures did not restrict people's independence. For example the risk of being hurt if they fell, we saw there was guidance for staff on what support people required to reduce the involved risk without impinging on people's independence. This meant that people could continue to make decisions and choices for themselves.

Records showed us that people who had developed eating difficulties and those that had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were able to tell us about medicines and their side effects and those medicines that were time critical to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended. There was a good relationship with the local supplying pharmacist who audited medicines at the service.

The registered manager calculated how many staff were required to support people. People and staff told us that there were enough staff working at the service. One staff member told us, "We have the right number of staff. Usually seven carers in the morning and six in the afternoon and there are two seniors on as well. We do not drop from that even if we are not full." We viewed the roster for four weeks and saw these staffing levels had been maintained with occasional agency usage. The roster was planned well in advance. This meant there were suitable numbers of skilled staff to meet people's needs.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Staff told us that they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

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). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication.

People told us they were happy with the food they were served. One person told us, "The meals are lovely; I'm never hungry and get lots of choice." Their relative commented, "Dinners look appetising. ... The puddings are to die for, they are so well presented." A different relative told us, "The [staff] noticed [my relative] had lost weight, they referred [them] to the dietician and now they get supplements like milkshakes." The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were able to eat their meal unaided they were offered support to eat. This helped to ensure that people got the food they needed to stay well. People told us that they enjoyed their meals; they had two choices for dinner and were able to ask for an alternative if they did not want what was on the menu.

People were supported to maintain good health. One person told us that, "It's nice here, I'm looked after well. If I need to see a doctor, he comes out." Another person said, "I wasn't well and they [the staff] came and sat with me for an hour until I felt better." The registered manager and care staff continued to have a good working relationship with external health professionals. We spoke to a visiting health professional who praised the home for their appropriate communication with their surgery. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

## Is the service caring?

### Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be good.

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. One person said, "The girls [staff] are so kind, they remember if I need sugar in my tea." Another person said, "The girls [staff] are all good, there's not one I could say a bad word about."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "The staff here are so friendly and cannot do enough for my [relative]. They are really kind, friendly and helpful." Another relative told us that, "They [the staff] are so thoughtful, my [relative] doesn't like juices or squash. So every morning two cans of [their favourite drink] are bought into [them]."

People's privacy and dignity was respected and promoted. Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time.

We observed warm caring relationships where humour was used appropriately. People were happy and smiling and content. One person said "They're all good [staff], they make me laugh." Another person told us, "There's nothing to dislike about being here, the staff are all kind to me." And one person said, "I don't mind being here at all, I don't want to be anywhere else."

## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

One relative when asked what they thought of the service told us, "It's not the Ritz, but its heart is pure gold." The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to support people to engage in meaningful activity they enjoyed. Care plans were detailed for staff to follow and were kept under regular review. They were kept secure.

The service routinely listened to people to improve the service on offer. The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. When asked if they had needed to complain to the service, one relative said, "I haven't needed to complain, if [my relative] tells me that something has upset them, I talk to the staff. Anything you bring up with them gets done; it has always been dealt with, anything I have raised." Another said, "I have never needed to, if something is worrying [my relative] I speak to staff or the manager and things get sorted." A person living at the service told us, "I have no complaints; they are good people and treat me well."



# Is the service well-led?

## Our findings

At this inspection we found staff were as well led as at the previous inspection. The rating remains Good.

The service had a registered manager. 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. Statutory notifications received showed us that the manager understood their registration requirements.

The registered manager continued to promote a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the manager about anything they wished. We saw evidence to support that people's views were used to influence what happened in the service. For example, changes to the internal courtyard area that was being developed.

People told us that they were happy with the quality of the service, one person said, "They [the staff] listen to what I say. I get what I need." People and their relatives thought that the service was well-led, one person said, "The girls [staff] are kind and are always there if I need them, they go out of their way to help me."

We were told that the manager was friendly and made herself available if people wanted to speak with her. They felt they could approach the manager if they had any problems, and that they would listen to their concerns. She was often seen around the home and would stop to say hello and ask how people were as she passed by. Staff said the manager was very visible and supportive. One said, "There is an open door and no invisible barriers to talking with the manager and she solves things for us all."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. One staff member said, "I can speak freely at the team meetings and during supervision, I feel supported." A relative told us, "Care is very, very good. They are caring all the way down, from the manager to the domestic staff."

Residents and relative meetings were held regularly, which gave people the opportunity to voice their views of the service and to make suggestions on how the service could improve. One relative said, "There are resident's meetings where we can join in and comment." And another said, "I think they listen to us. My [relative] wanted something different on the menu and it was done."

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.