Healthcare Homes Group Limited

Hillcroft House

Inspection report

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

We completed an unannounced inspection of Hillcroft House on 14 October 2015. Hillcroft House Residential Home is registered to provide accommodation for people who require personal care. The service provides places for up to 43 people. At the time of our visit 40 people were resident. This care home is part converted and part purpose built.

There was a registered manager in place and they were present on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a care home that was well run for the benefit of the people who lived there. Everyone spoke highly of the service offered and felt appropriately cared for. People told us that their needs were assessed, they were involved with their care and were consulted about

Summary of findings

changes. People experienced good care with on going monitoring of health needs and prompt access to health services. There was varied, needs led social stimulation and people liked the variety and quality of food on offer.

The service did not ensure that there were sufficient quantities of medicines to ensure the safety of service users and meet their needs. Risks associated with medicine management were not mitigated and the service did not maintain securely an accurate, complete and contemporaneous record in respect of each person's medicines.

Staff had the skill to support people and were well trained. There was a good team approach and collaborative working. Staff felt supported by management and liked where they worked.

Management was open, inclusive and regularly listened to people who used the service. There were systems in place to monitor and respond to events that occurred and feedback from people was used to develop the service further.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and acted appropriately to protect people.

Risk had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

People's medicine management was not robust.

Is the service effective?

Good

The service was effective. People had their health care needs met and received care and support that met their needs.

Staff received a thorough induction and on going training.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy diet.

Is the service caring?

Good

The service was caring. People were looked after by staff that treated them with kindness and respect.

People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive, caring relationships had been formed between people and supportive staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs.

People were involved in planning their care. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's complaints and concerns were taken seriously. People's experiences were taken into account to drive improvements to the service.

Summary of findings

Is the service well-led?

Good

The service was well-led. There was an open culture. The management team were approachable and their roles defined by a clear structure.

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 October 2015 and was unannounced. The inspection team consisted of one adult social care Inspector, a pharmacy 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. Our expert had experience of older people using health and social care services.

Information was gathered and reviewed before the inspection. This included all the information we hold about this provider, including statutory notifications. These are events that the care home is required by law to tell us about.

The methods that were used included talking to seven people using the service, five of their relatives and friends, three other visitors, speaking with six staff, pathway tracking five people using the service, observation of care and the lunchtime experience. We also looked at and reviewed records relating to medicines management, recruitment, training, audits and management of the service.

Requires improvement

Is the service safe?

Our findings

People told us they received their medication when they needed it. When asked about taking their medication one person using the service told us, "The nurse stays with me while I take my tablets".

During the inspection our pharmacist inspector looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines. We found that staff authorised to handle and administer people's medicines had received training and had been assessed as competent to undertake these tasks. We observed staff administering medicines and found that they followed safe procedures.

However, the medication records did not confirm that people were receiving their medicines as prescribed. When we compared medication records against quantities of medicines available for administration we found numerical discrepancies and gaps in records of medicine administration including records for the administration of the anticoagulant medicine warfarin. Records for the application of external medicines were poor and did not confirm they were administered as prescribed. We also noted gaps in records and delays in the application of patches for pain relief. For one person a pain relief patch scheduled to be administered the day before inspection had not been applied and so they did not receive their pain relief as prescribed. We noted some medicines including warfarin and the antidiabetic medicine metformin had not been administered to people as scheduled because they had not been obtained in time. This placed their health and wellbeing at risk.

Supporting information was available alongside medication administration record charts to assist staff when administering medicines to individuals. There was personal identification and information on people's preferences about how they have their medicines administered. There was information and charts in place to record the administration of anticoagulant medicine warfarin following scheduled blood tests. To protect people with limited mental capacity to make decisions about their own care or treatment, the service followed correct procedures when medicines need to be given to people without their knowing [covertly]. There were charts in place to record the application and removal of skin patches but there were gaps in the records. When people were prescribed medicines on a when required basis(known as PRN), there was written information to tell staff how and when to administer these medicines. However, for one person there was written PRN information available when the medicine was not prescribed in this way. Therefore they may not have had the medicine administered consistently and appropriately. For a person who regularly refused their medicines, there were no records showing action staff took to try to administer their medicines later or refer this matter to their prescriber.

Medicines for oral administration were stored safely for the protection of people who used the service and at correct temperatures. However, external medicines stored in people's rooms were not secured. This could place people at risk of inappropriate and unsafe access to the medicines.

This was a breach of the Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3).

People told us they felt safe living at Hillcroft House. When we asked about being safe one person gave us an example. "Yes very safe". "When I can't talk, I had a crackle in my throat and couldn't speak properly, here I feel safe because they all come in [the staff] to check on me".

Staff had received safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. They felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. There was a policy in place. Records showed staff had been trained. We spoke to staff and they knew external agencies to report concerns to. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. This showed the manager took measures to recruit appropriate staff. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People had their call bells to hand to enable them to summon staff when needed. There were call bells in all the bedrooms and sensor mats in place for some people to alert staff at night. We saw that one person who remained in their bed had the call bell attached to their bed by means of a clip so this was close at hand if needed. People in receipt of care told us they felt there were sufficient numbers of staff to meet their needs and keep them safe. Staff said there were enough staff on duty to support people. We observed care happening in a timely way and

Requires improvement

Is the service safe?

people did not have to wait long to be attended to. We concluded there were enough skilled and competent staff to help ensure the safety of people. Staffing levels were assessed and monitored depending on people's needs. This enabled care and support to be given in a timely manner and adjusted as people's needs changed.

People were supported to take everyday risks. We observed people walking freely around the home and were told of people frequently going out into the community. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, people were supported to go into the local town to purchase shopping and visit local coffee shops.

Risk assessments highlighted people at risk of skin damage or in some cases falling that may cause injury. Staff knew who required frequent moving to reduce the likelihood of a pressure ulcer developing. People at risk of skin damage had special mattresses and cushions to maintain their skin integrity. One person had a plan to prevent them falling. It had been identified that an increase in falling had been associated with recurrent urinary tract infections. After appropriate consultation, this person had been placed on a long term antibiotic. This intervention was working and falls had been reduced.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. A relative told us that they believed the training given to staff, "Allowed them get on top of things". A different relative said, "It's nice to know that when I leave them they're being well looked after". Staff undertook an induction programme at the start of their employment at the home. The manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. Staff told us that when they were new they shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Staff training in areas such as food hygiene, infection control, first aid, moving and handling and dementia awareness were in place to support staff's continued learning and was updated when required. Staff were confident that the training they received made them competent for the role they performed. We had sight of the training matrix and this showed training received and planned to ensure people did receive regular updates.

Staff felt supported and able to approach the manager with any concerns, but a regular system of supervision which considered their role, training and future development was not in place. Staff were aware of their annual appraisals and some had dates set for these. Different staff groups met to discuss their responsibilities and role at the service. There were regular meetings held between senior staff, carers and domestic and laundry staff. We saw the minutes of these meetings and relevant matters were discussed to improve the service and experience of people living at the home. Examples included, resident of the day (This focused on one reviewing persons complete experience for the day), and incident forms completed.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who may need their liberty restricted to keep them safe and provides protection for people ensuring their safety and human rights are protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS applications had been appropriately made. The service was aware of the legal process they were required to follow and sought advice appropriately from the local supervisory body.

People's capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA and followed this in practice. Staff were aware of how to support people who lacked capacity to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. Staff members told us they gave people time and encouraged people to make simple day to day decisions. We saw examples such as; People chose to have their main meal seated in the entrance hall. Staff enabled this to happen and ensured people had choice and the equipment and support to eat their meals. When asking about consent one person told us about how they liked their personal care, "I can do the rest but they wash my back - they tell me what they are doing". The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. Staff understood this law and provided care in people's best interests. Staff sought people's verbal consent before they engaged in personal care.

People were provided with a healthy diet and encouraged to drink often. All bedrooms had fresh covered water changed twice a day and regular tea and coffee was provided throughout the day. People had access to snacks and cake that were placed out for people to help themselves. A relative told us, "If they ask for a banana they bring them one, and there's always a fresh jug of water in their room". The majority of the people spoke highly of the catering. Comments included; "It's very good, I can't fault it". A different person said, "Oh yes, there's more than enough, when I sit down at the table they ask me what I would like – I'm a good eater, if I have a good dinner I don't really want much else". One person visiting their relative told us, "The menu's look good, practically every day there's an option that they'd be happy with".

We observed dinner being served in the three dining rooms. People were offered a choice of drink and meal choice was made by selecting from a plated up choice of hot meal. We observed members of staff interacting with people throughout their meal. Staff were attentive and encouraged people to eat and drink, giving appropriate support where needed. There were three members of staff

Good

Is the service effective?

present in each of the three dining areas, which allowed flexibility to support people to eat, accommodate people who arrived late and also support people who needed to leave to receive personal care during the meal.

People's care records highlighted where risks with eating and drinking had been identified for example where there had been weight loss. Staff monitored these people's diets. Where necessary GP advice had been sought and supplements prescribed or fortified diets provided from the kitchen. Appropriate referrals had been made to the speech and language team (SALT) and dietician where needed.

People had their health needs met. Several people using the service told us that a chiropodist called regularly and that they were happy with the service they provided. One relative told us, "I take them to the opticians but they do have a service here – you can get the optician to come in". They also told us that a GP had visited and that they were satisfied that a doctor would be called if needed. A different relative told us "When they were unwell [chest infection] I talked to the staff and they called their GP who came the next day". A relative said, "Their legs got really dry and itchy – I mentioned it to them [the staff] and they got the nurse to look at it". We also spoke to a visiting health professional who confirmed that staff acted appropriately and referred to their service in a timely way. These examples showed us that the staff respond and seek medical advice appropriately to meet people needs.

Staff communicated effectively to share information about people's, health needs and any appointments they had such as dentist appointments or GP visits. Relatives confirmed that they were informed of events affecting their family member's well-being or health status. Records showed that people had access to a range of community healthcare professionals to support their health needs and received on going healthcare support, for example, from community psychiatric nurses, hospice services and dieticians. Staff promptly sought advice when people were not well, for example if they had a suspected urine infection or chest infection. Staff were mindful of each individual's behaviours and mannerisms which might indicate they were not well or in pain.

Good

Is the service caring?

Our findings

The atmosphere in the home was calm and the staff were organised and friendly. People using the service all appeared clean, smart and appropriately dressed and their demeanours engaged but relaxed. People told us consistently that the staff had a caring attitude.

People using the service told us there was a homely feeling and that the staff were kind. One person told us, "They're very friendly towards everybody, we all seem to know each other". Another person said "You can't beat this place". One person told us, "I think they're brilliant" and another person said, "They're so good, I really can't fault them". One member of staff told us, "It's just a really nice home, I'd have no hesitation in putting my relatives here".

We spoke with staff and it was evident that they knew people very well. Staff were able to speak confidently about how people liked to be supported and what their individual preferences were. Staff were respectful in how they addressed people and were mindful of confidentiality.

Visitors we spoke with talked highly of the care for their relative. One relative said, "They're great, they really are – they [their relative] are much more relaxed, they've just loosened up generally, they seem to like them a lot here". Another relative said, "The staff are very friendly and hospitable, caring, helpful. They're very easy to talk to and willing to help you when they can". A different relative told us, "Since they've been here their facial expression is more relaxed, not as fraught". Another person told us "They wander around and make friends with the other residents, they've certainly brightened up".

We observed staff interactions with people who lived at the home that were friendly, kind and sensitive. One person was staying at the home for a short break. They had a care plan in place which we saw. When we visited the person we observed the staff member had taken time and care to recall small elements of the plan and was able to converse in a meaningful way about subjects that were meaningful to the person. This showed that staff had a genuine interest in the individual.

We observed that staff were mindful of matters of privacy and dignity especially in relation to personal care. Staff acted promptly when a person's dignity was compromised in front of visitors. The layout of the home enabled people to be independent. There was level access to a suitable garden. In areas of the home there were satellite kitchens so people could make a drink and wash up if able to which helped maintain their independence.

We found that people were involved in making decisions about their care and were influential in how the home worked. There were two types of meetings held. One was about relatives supporting relatives – people at the service also attended. The manager did not attend this meeting. The other was a relative and residents meeting, which the manager did attend and this was more about influencing and being informed of developments and changes within the home. We looked at the minutes of the last meeting and found that people expressed a view and were listened to on subjects such as entertainers coming in the home, trips out and activities provided. These meetings also informed people about staff changes, service developments and information about deprivation of liberty safeguards.

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs, They were written using the person's preferences that were obtained from detailed assessments before the person moved in and obtaining relevant information from other professionals. They reflected how the individual wished to receive their care. Preferences such as preferred name, preferred gender of staff to give personal care, people's likes and dislikes, their routine and friend and family contact information. People, family and professionals were involved as far as possible to develop these. One relative explained that staff knew their relative very well and since they had been at the home they had changed considerably. A relative told us, "Their care plan was discussed, agreed and ok, they had asked for more help as far as eating was concerned". Relatives felt they were involved and kept informed. One relative said, "If there's anything relevant to their life they speak to me". We found that care records were informative and up to date. Staff said these were used to inform them about people's needs. Staff also said the handover was useful and the handover book kept them up to date with changes to people's needs if they had been off work for a few days.

On the day of our inspection there was several visitors and activities to keep people stimulated. The hairdresser was visiting and several ladies were seen with new hair styles. A visiting dog, with their owner spent time around the home and people were genuinely pleased to touch and pet the animal. A local priest came to visit. [other religious activity was listed on a notice board as a regular option]

In the morning the activities coordinator was seen during the morning to do manicures, pedicures, and hand massage for people. In the afternoon twelve people were seen to be actively participating in a quiz during which the atmosphere was seen to be lively, jovial and provoking lots of laughter. The activities coordinator prompted people to call out their answers and linked the dialogue with people's related personal experiences such as dates and events in order to fully engage people.

People enjoyed a variety of interests and hobbies. One person told us, "We have a game with a ball – it's very good". Another person told us, "I've done a bit of knitting here – we're going out tomorrow, I forget where they said". One member of staff told us, "I like to take the residents out for a walk to the park and I try to encourage resident's families to come with me". One relative told us, "They made flower arrangements and put them on display for them - they were very pleased with that". The same person told us, "They walk into town with the carer". All activities were clearly advertised on the notice boards for people to see. Photographs of recent events were displayed. This included a recent trip to Felixstowe.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed within the home. People knew who to contact if they needed to raise a concern or make a complaint. Several people told us that they had not felt the need to complain but they knew who the manager was and found her to be approachable and helpful. A complaints log noted any concerns and the action taken in the past. There were three recent complaints received and we saw that in two cases the matters were looked into by the manager and resolved to the satisfaction of the complainant. The third matter was currently being looked into and the complainant had been responded to. This demonstrated to us that the manager listens and acts on what people bring to their attention.

Good

Is the service well-led?

Our findings

The manager took an active role within the running of the home and had good knowledge of all the staff and the people who used the service. There were clear lines of responsibility and accountability within the staffing structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Staff comments included; “The manager is approachable and listens. The staff here are marvellous, we work as a team.” Another said, “The management is supportive and friendly. I would recommend this home to anyone.” All staff we spoke with were positive and motivated about the home and were able to tell us about the vision and values of Hillcroft House and what they were achieving as a team. One staff member said, “The staff have a lot of involvement with the relatives – the manager is very encouraging”.

Everyone we spoke with confirmed that they knew who the manager was and that they saw her regularly. Their attitude in all cases was positive and their moods light, friendly and good humoured throughout the inspection process.

The manager told us about and we met social work students on placement at the service. This was a mutual beneficial arrangement that not only developed the student, but enabled individualised and group activities to be developed. This focused time supported the relatives group as well as projects such as a men’s group.

People and their relatives were encouraged to voice their opinion informally and through regular meetings and they felt listened to when they did. People’s comments in the quality assurance questionnaires we reviewed were positive. The provider also conducted an annual survey of people using the service for them to gauge how effective their service was. There was an action plan in place to develop the service further.

The manager actively monitored incidents and completed audits of the service to drive improvement in safety and the experience of people at the service. These included falls, safeguarding referrals, infections and hospital admissions. The manager was able to speak of action taken in one case that led to a reduction in falls and kept one person safer. Other audits completed included the dining room experience, record keeping and infection control. We found that all three of these matters to be well managed during our inspection. One minor matter in the laundry was brought to the attention of the manager and was resolved on the day.

The provider conducted a monthly visit to the service. They spoke with people who used the service and staff who worked there and produced a report. There was an action plan in place with timescales to complete. The last report seen had actions related to medicines management, but we had gone on to identify a breach in medicines, therefore this monitoring may need to be reviewed to ensure it is as effective as it should be. The manager felt supported by the wider organisation and felt able to request training, resources and advice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 The service did not protect people against the risks associated with medicine's, by way of doing all that is practicable to mitigate any such risks. The service did not ensure that there were sufficient quantities of medicines to ensure the safety of service users and meet their needs. Regulation 12.2 (b) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17.2 (c)