

Hillcrest Manor Limited

Hillcrest Manor Nursing Home

Inspection report

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Tel: 01743792692

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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

At our last inspection in November 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Hillcrest Manor Nursing Home is a nursing home for 43 people. The home comprises of two units, The Manor and The Granary. The Manor provides general nursing care for up to 33 people and The Granary provides nursing care to 10 people who are living with dementia. The Granary is situated on the ground floor and accommodation in The Manor is arranged over two floors with a shaft lift giving access to bedrooms on the first floor.

People felt safe living at the home. People were protected from the risk of harm or abuse because the provider had effective systems in place which were understood and followed by staff. There were enough staff to help keep people safe and meet their needs. People received their medicines when they needed them from staff who had been trained to carry out the task. There were effective systems in place to reduce the risk of the spread of infection.

People were cared for by staff who had the skills and training to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat well in accordance with their needs and preferences. People's health and well-being were monitored and met.

Staff interacted with people in a kind and respectful manner and they knew people well. People's privacy was respected and staff supported people to maintain their dignity. The provider's procedures relating to confidentiality were understood and followed by staff.

Activity staff provided people with opportunities for social stimulation and people were supported to maintain contact with their family and friends. Staff ensured people saw healthcare professionals when they needed. People could be confident that they received a service which met their needs and preferences. Concerns and complaints were taken seriously and responded to.

There were effective management systems in place and there were systems to monitor the quality and safety of the service provided. People were supported by a team of staff who felt supported and valued.

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.

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|---|---------------|
| Is the service safe? The service remains Good | Good ● |
| Is the service effective? The service remains Good | Good ● |
| Is the service caring? The service remains Good | Good ● |
| Is the service responsive? The service remains Good | Good ● |
| Is the service well-led? The service remains Good | Good ● |

Hillcrest Manor Nursing Home

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 was a comprehensive inspection and was unannounced. The inspection took place on 23 May 2018 and was carried out by two adult social care inspectors.

We did not request a provider information return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We looked at statutory notifications sent in by the service. A statutory notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We contacted Healthwatch and local commissioners to seek their views on the service provided. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised. We used this information to plan the inspection.

During our visit we spoke with 12 people who used the service and 11 visitors. We met with the registered manager and spoke with seven members of staff. We met with people in their bedrooms and communal areas where we were also able to observe how staff interacted and communicated with people. Some of the people we met with were unable to tell us about their experiences so 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.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of four people who lived at the home. We also looked at records relating to the

management and administration of people's medicines, health and safety and quality assurance. We checked three staff recruitment files and staff training and supervision records.

Is the service safe?

Our findings

People and their relatives told us they had confidence in the staff and that they felt safe and secure living at the home. One person said, "I like the staff. I am happy here." Another person told us, "I feel safe here. They hoist me all the time and I never worry. I spend most of the day laughing with staff, they are all so good." A relative told us, "When I leave here I don't have any worries because I know my [relative] is safe and is well cared for." Another relative said, "I visit every day and I have never had any concerns." Some people were unable to tell us about their experiences because they were living with dementia; we observed people looked relaxed and comfortable in their surroundings and with the staff who supported them.

There were sufficient staff to meet people's needs and to help keep them safe. A person who lived at the home said, "My impression is that there is always enough staff." A relative told us, "Staffing has improved considerably in my view." We observed staff responded quickly to any requests for assistance. For example, one person asked to go out in the garden and this was facilitated. On the Granary unit we observed staff spending time chatting with people. When people used their call bells to summon assistance, we saw staff responded in a timely manner.

The provider's procedures for staff recruitment helped to protect people from the risk of harm or abuse. Staff were not permitted to start working at the home until checks had been made on their suitability to work with people.

Staff had been trained to recognise and report any signs of abuse. The staff we spoke with told us they were confident in reporting concerns and felt that appropriate action would be taken to keep people safe. A member of staff said, "If I thought someone was being abused, I would make a written record and report to a manager, who I'm confident would take the appropriate action. My own relative is in care so I wouldn't hesitate."

There were procedures in place to mitigate risks to the people who lived at the home. People's care files included a wide range of risk assessments in areas including environmental risks, mental capacity, moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. Where there was an assessed need a plan of care had been developed which provided guidance to staff on how they should support people so that risks could be minimised. For example, one of the care plans we read stated that the person was at very high risk of falls and should always be supervised when walking. When the person got up from their chair, a member of staff immediately went to support them.

People's medicines were managed and administered in a safe way by staff who were trained and competent to carry out the task. A person who lived at the home said, "The nurse brings my tablets every morning." Another person told us, "I get my medicine always on time, when I'm supposed to." Medicines were securely stored, including those medicines which required additional secure storage. We checked a random sample of medicines which required additional secure storage and these tallied with the records maintained.

Records of accidents and incidents were maintained. All accidents and incidents were regularly analysed

which helped to identify any traits and actions needed to reduce the risk of reoccurrence. We saw that following an increased number of falls on the Granary unit, the registered manager had rearranged the layout of the lounge area and this had resulted in a significant number of falls.

The provider's procedures helped to protect people from the risk of the spread of infection. The home was clean and smelt fresh. A relative said, "The place is clean, I have no concerns about hygiene." Staff had access to a good supply of personal protective clothing (PPE) such as disposable aprons and gloves. We observed staff using PPE appropriately. For example nursing and care staff discarded PPE after assisting a person with their personal care needs.

There were arrangements in place to deal with foreseeable emergencies. Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan which gave details about how to evacuate each person with minimal risks to people and staff. Records confirmed that staff received regular training on fire safety and we saw records confirming that the fire alarm was tested on a weekly basis. Moving and handling equipment such as hoists, had been regularly serviced by external contractors.

Maintenance staff were employed and we were informed that any repairs were dealt with in a timely manner. We met with the maintenance person who said, "Anything I need for repairs I can get it very quickly, and [name of registered manager] is very supportive." Records showed the maintenance person carried out regular checks on the environment to ensure it remained a safe place for people. Checks included hot water temperatures, window restrictors and visual checks on the environment and equipment used by the people who lived at the home.

Is the service effective?

Our findings

People and their relatives were confident that staff had the right skills and experience to meet their needs. A person who lived at the home said, "Staff are well trained and know what they are doing." Another person told us, "They [staff] are very able. I think the training must be good." A relative told us, "My relative was very agitated, but they have calmed down and improved since coming here." We observed staff were confident and competent when they supported and interacted with people.

Staff were positive about the training they received. A member of staff said, "I think the training is good and I get what I need. [Name of registered manager] makes sure we are trained before accepting a new admission. For example, there was one person who was tube fed [with a percutaneous endoscopic gastrostomy (PEG)]. Before the resident moved in [name of registered manager] organised refresher training for the nurses." Another member of staff told us, "I get regular training each year, such as manual handling, health & safety, food hygiene and safeguarding. I think training is very good and you can ask for anything specific."

People were supported by staff who had undergone an induction programme which gave them the skills to care for people safely and effectively. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be supported.

People told us staff supported them to make choices and that they respected their wishes. One person said, "They [staff] always do what I ask as quickly as they can." Another person told us, "I'm never forced to get up in the morning. I wake up in my own time and ask for help when I want to get dressed." Another person told us, "I can do what I want really. I prefer to spend most of my time in my room and that's not a problem." On the unit caring for people who were living with dementia, we heard staff offering choices to people. For example, one person was sat alone at the dining room table and a member of staff asked if they were happy there or if they would prefer moving to the lounge. When the person said they would like to go to the lounge, the staff member supported them to do so. We observed another person wandering around the unit and we saw a staff member discreetly followed them to ensure they remained safe.

Staff had received training about the Mental Capacity Act 2005 (MCA) and understood the importance of ensuring people's rights were respected. The 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 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of the MCA and had made applications to the local authority for those people who required this level of restriction to help keep them safe.

Before people move to the home the registered manager visited them to carry out an assessment of their needs. This helped to ensure the service could effectively meet the person's needs and aspirations. The care plans we read contained pre-admission assessments and, where appropriate, assessments from the local authority and hospital discharge assessments. Information from the assessments helped to formulate a plan of care which detailed the person's needs and how these should be met by staff.

People were supported to eat well in accordance with their needs and preferences. One person told us, "The food is alright and there are plenty of choices available. There's always plenty to drink too." Another person said, "The food is very good. I get too much really and choices are always available." Another person said, "I could have anything I liked. [Name of chef] the cook comes and sees me and will make me anything I want, but because of my health I choose to have a lot of soups." Care plans detailed people's preferences for food and drink and these were understood by staff. For example, on the Granary unit we heard a member of staff offering a person an alternative vegetable as they knew the person did not eat one of the vegetables provided. Staff supported people in accordance with their plan of care. For example some people required their intake to be monitored. Records showed people had been offered regular food and drink and where there were concerns, these had been shared with the registered nurse who had contacted the GP. Referrals to dieticians and speech and language therapists had been made in a timely manner. A relative told us, "The food is freshly prepared and my [relative] has put on weight since coming here." Another relative said, "They [staff] make sure my [relative] has a varied diet, which is pureed and plenty to drink."

People were supported to maintain their health and well-being. A registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. People saw health care professionals when they needed them. These included GP's, opticians, chiropodists and dentists. Records showed that where there were concerns about people's health, these were quickly referred to the GP who then made referrals to appropriate health care professionals. People also saw professionals to meet specific health needs such as diabetes, dementia and tissue viability nurses.

The environment had been suitably adapted to meet the needs of the people who lived at the home. There were grab rails and ramps to assist mobility and a shaft lift gave access to bedrooms on the first floor.

Is the service caring?

Our findings

People told us staff were kind and respectful. One person said, "I'm very happy with the way the home is run, the staff are genuinely caring and kind in my mind. I'm very contented with things." Another person told us, "It's a lovely place, a very nice place to be. The carers are very lovely and kind. I'm visited by the peacock every day, who sits on my patio. I have a lovely view as well." A relative said, "The care and the staff are excellent. Our relative always looks fit and able." Another relative told us, "All the staff are marvellous. They are so kind and gentle with the residents."

We observed staff interacting with people in a kind and respectful manner. There was a relaxed and friendly atmosphere in the home and we heard laughter and friendly banter between staff and the people who lived at the home. A member of staff told us, "It's a happy place to work and I think the residents are happy and get good care. I would be more than happy for a relative of mine to live here."

Staff took time to get to know people and they recognised when a person was unhappy or distressed even where they were unable to express themselves. For example when a person, who was living with dementia, became very anxious, a staff member sat with them and gently reassured them and helped to distract them by engaging the person in an activity. We saw the person became relaxed and was smiling at the member of staff.

People told us when staff supported them with their personal care needs; this was carried out in a dignified and respectful manner. One person said, ""Staff are very kind and respectful. I always feel ok and never awkward when getting washed and changed." Another person told us, "They [staff] help me wash and get dressed. Even though I'm embarrassed, they are so considerate and respectful." We saw that when people were being assisted in their bedrooms, a notice was placed on the door advising others not to enter. People told us staff respected their privacy and always knocked on their bedroom door before entering. One person said, "They [staff] always knock and wait for me to invite them in." A member of staff said, "Treating people with respect is really promoted here. We look after our residents just as we would if they were our relative."

People had their own bedrooms which they could personalise in accordance with their tastes and preferences. One person told us, "I like my room very much. It's my little home."

People were supported to maintain a level of independence. A person who lived at the home said, "The staff are very patient. It takes me a while to get myself organised in the morning but the staff don't try and do for me. They know I like to do as much as I can." Care plans detailed what a person could do for themselves and what level of support they needed.

The provider had procedures in place relating to confidentiality and these were understood by staff. People's care records were securely stored and we observed that staff ensured they did not discuss people in front of others.

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning the care and support they received. A person who lived at the home said, "One of the nurses had a chat with me about how I wanted the staff to help me. It seems to be working well." A relative told us, "We have had meetings to discuss on-going needs and they keep me informed of my [relative's] health conditions."

People were provided with opportunities for social stimulation. One person said, "There are plenty of activities and the singer comes in regularly. It's all very nice. It's enough for me." Another person told us, "We have lots of activities. I'm in the gardening club. There is also a cookery club. It's more than enough for me." On the day of our visit we observed people enjoying a visit from the hairdresser. A person who lived at the home said, "Oh I do look forward to having my hair done. It makes you feel so much better." Designated activity staff were employed and on the day of our visit we observed them spending time chatting to people and supporting people to attend the hairdresser.

People were supported to maintain contact with those who were important to them. One person told us, "I do look forward to my visits from my family. They are always offered a cup of tea when they come." Another person said, "The management and staff always make my visitors feel very welcome. I tend to see my visitors in my room but you can go where ever you like. It's very relaxed." One person liked to telephone their relative every week. A member of staff told us, "[Name of person] likes to go into the office so they can have a chat with their [relative] in private." During our visit we saw numerous relatives coming and going throughout the day. Visitors were greeted by staff and offered refreshments. A relative told us, "I visit every day and I am always met with a smile. The staff really are marvellous." Another relative said, "It's a happy and relaxed place here. What you see today is what it's like every day."

People were able to see religious representatives which enabled them to practice their faith even if they were unable to attend services or meetings outside the home. A religious representative regularly visited the home to hold services for those that wanted to attend.

Staff monitored people's health and ensured they were referred to healthcare professionals when required. A person who lived at the home said, "Once I wasn't feeling too well at all. The nurse came and had a chat with me and got the doctor to come and see me. It's a very good service." People's contact with healthcare professionals was recorded in their plan of care. Information included the outcome of the visit and any treatment prescribed. People's medication records showed that treatment had been administered as prescribed. People also saw healthcare professionals to meet their specific health needs. These included Parkinson's specialists, tissue viability nurses, speech and language therapists and mental health specialists. During our visit a nurse contacted the mental health team after care staff informed them of deterioration in a person's mental well-being.

There were procedures in place to ensure people's wishes during their final days and following death were respected. There were discussions with people about their preferences and these had been recorded in their plan of care. The registered manager informed us there was nobody who was receiving end of life care.

The provider had procedures in place to respond to any complaints or concerns. People and their relatives told us they felt confident in raising concerns and felt confident their concerns would be taken seriously. A person who lived at the home said, "All in all I'm very happy with the place and the staff. I do like it here, I have no worries. I would say if I did." Another person said, "I know I can speak to staff or the manager if I'm not happy. I haven't had cause to as yet." A relative told us, "Any complaints I have raised have always been dealt with. I'm very happy my relative is here, we feel very lucky." Another relative said, "We are encouraged to raise concerns. I feel listened to and things get addressed by management."

Is the service well-led?

Our findings

There was a registered manager in post. 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.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager and registered nurses, who were supported by a team of care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities. Catering, domestic, administrative, maintenance and activity staff were also employed.

The people and relatives we met with knew the registered manager by name and they were positive about how the home was managed. A person who lived at the home said, "I know [name of registered manager] who is very nice and listens. All the staff are like family friends. We are one big family." A relative told us, "Things have really improved since [name of registered manager] took over. I would rate this place as excellent."

Staff morale was good and staff told us they felt well supported. One member of staff said, "I get really good support from [name of registered manager]. She does my supervisions and I find them really useful." Another member of staff told us, "The management are approachable and do listen to what you have to say. I love my job and I love working here" Another staff member said, "I feel valued and appreciated now. At first that wasn't the case. Things have improved with the new manager. "We have a monthly staff meeting and you can speak your mind and management do listen to me."

There were policies relating to equality and diversity and these were understood and followed by staff. A member of staff said, "In respect of diversity issues, there is a very progressive attitude towards it in my mind." Another member of staff explained that they had received training in equality and diversity and they told us, "People are treated as they wanted to be treated, irrespective of their sexuality or religion."

People were provided with information in accessible formats. For example one person who was registered blind, received a daily newspaper produced in Braille. Another person had a speaking clock and the chef was in the process of creating picture menus to assist people with communication difficulties to choose their meals.

There were audits and checks in place to monitor safety and quality of care. In addition to audits carried out by the registered manager, audits and visits were carried out by the provider's regional manager. We saw that where shortfalls in the service had been identified action had been taken to improve practice. Examples included the review of people's care plans and the implementation of staff supervisions.

Since taking up post, the registered manager had worked to establish links with the local community. The

home is in a rural location but local school children and scouts visited the home to celebrate special occasions and relationships had been established at the local pub.

The registered manager and provider promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example following an incident at the home, the registered manager had worked in partnership with other authorities and had implemented systems to reduce the risk of the incident happening again.

The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included tissue viability nurses, GP's, dieticians, commissioners and the local authority safeguarding team. The professionals we contacted did not express any concerns at the time of our inspection.

In accordance with their legal responsibilities, the provider had conspicuously displayed their previous inspection rating in the home and on their website. The provider had informed us of significant events which had occurred in the home.