

Key inspection report

Care homes for older people

Name:	Hillcroft (Morecambe) Nursing Home
Address:	Woodlands Morecambe Lancashire LA3 1LZ

The quality rating for this care home is:	three star excellent service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Denise Upton	0 8 0 4 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Hillcroft (Morecambe) Nursing Home
Address:	Woodlands Morecambe Lancashire LA3 1LZ
Telephone number:	01524858599
Fax number:	01524858699
Email address:	gill.shearn@hillcroftrnursinghomes.co.uk
Provider web address:	

Name of registered provider(s):	Hillcroft Limited
Name of registered manager (if applicable)	
Ms Gillian Shearn	
Type of registration:	care home
Number of places registered:	54

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	24	0
old age, not falling within any other category	0	30

Additional conditions:

The registered person may provide the following category of service only: Care home with nursing - Code N. To service users of the following gender: Either. Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP (maximum places - 30), Dementia - Code DE (maximum places - 24). The maximum number of service users who can be accommodated is: 54.

Date of last inspection

Brief description of the care home

Hillcroft Nursing Home (Morecambe) Limited is registered to provide nursing care to up to 54 people of either sex. This home is one of a group of five homes, all operated by the Hillcroft Company, which has a Board of Directors who is reported to by the General Manager. The General Manager oversees the five nursing homes, each having their own named Registered Manager, registered with the Care Quality Commission.

Brief description of the care home

Hillcroft (Morecambe) is situated in a quiet residential area of Morecambe and is reasonably close to local shops and amenities. The home is built over two floors, with two separate units - one for those people who require nursing care and the other for those people who require more specialist dementia care. The current range of fees are from £665:00 - £710:00 per week. The home's Statement of Purpose and Service User Guide is made available to all prospective residents, existing residents and their family.

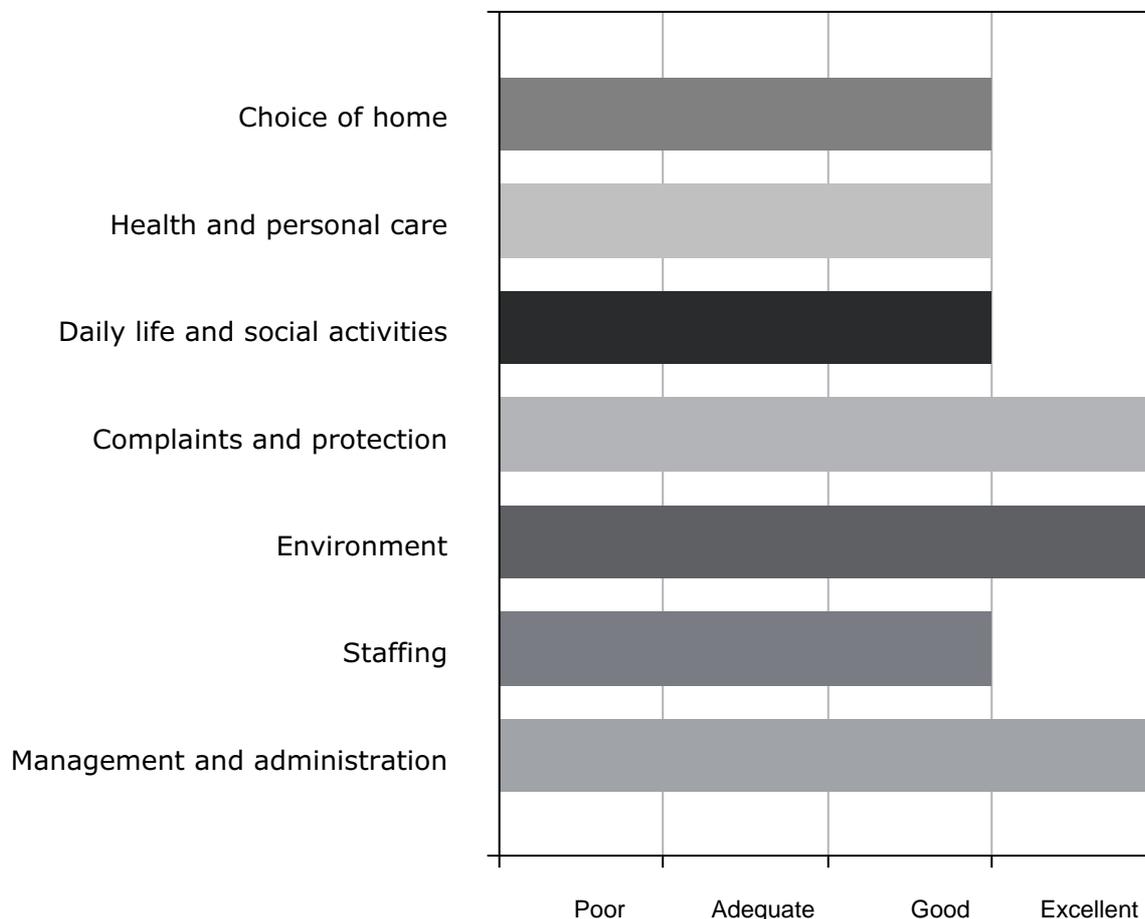
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This key inspection focused on outcomes for people living at Hillcroft Care Home with Nursing (Morecambe) and involved gathering information about the service from a wide range of sources over a period of time. This unannounced key inspection site visit took place during the course of a mid week day and spanned a period of approximately ten and a quarter hours. Twenty two of the thirty eight standards identified in the National Minimum Standards - Care Homes for Older People were assessed along with an additional standard relating to formal staff supervision. We spoke individually with the home's registered manager, two members of the qualified nursing team, a care worker and the cook on duty. Brief discussion also took place with a Director of the company and the general manager. On another day a telephone discussion took place with the company's training manager to clarify the range of training that is provided for staff working at the home. Good training helps to ensure that staff have the skills and abilities to provide a consistently high standard of care and support.

In addition, one resident was spoken with at length and very brief general general discussion took place with several other residents in communal areas of the home. Information was also gained through individual discussion with three relatives who were visiting three different residents during the course of the site visit.

Prior to the site visit taking place, four Care Quality Commission (CQC) surveys were completed and returned by people living at the home. Six members of staff also completed a CQC staff survey. This helped to form an opinion as to whether individual needs and requirements were being met to the satisfaction of people living at the home.

Every year the registered manager is asked to provide us with written information about the quality of the service they provide. They are also asked to make an assessment of the quality of the service. This information, in part, has been used to focus our inspection activity and is included in this report. During the course of the site visit, a number of documents and records were examined and a tour of the building took place including communal areas of the home, toilets and bathrooms, some bedroom accommodation and the laundry and kitchen areas. There is a passenger lift in place to assist those residents who cannot manage the stairs.

The weekly fee for accommodation at Hillcroft (Morecambe) currently ranges between £665:00 - £710:00 per week. However fees are individually assessed and dependent on individual circumstances. Further details about the range of fees and what is included in the fees can be obtained from the registered manager at Hillcroft (Morecambe).

The last key inspection at Hillcroft (Morecambe) took place in April 2007, with Annual Service Review Inspections taking place in 2008 and 2009.

What the care home does well:

The resident and relatives spoken with were full of praise for the care and support they received and the kindness of the staff group. One person described the staff team as, "Excellent" and another person told us that, "Staff meet every possible need very well". People spoken with also said that privacy and dignity was well respected and that staff were discrete when offering assistance.

There is a good system in place to make sure that the individual needs and requirements of each prospective new resident are known prior to admission. This helps to make sure that people are only admitted to the home if their individual strengths and needs can be met by the staff team. The routines of the home are flexible and aim to allow residents their freedom and independence by enabling them to retain as much control over their lives as possible, thus promoting equality and diversity.

Visiting arrangements are in place to suit the needs of individual residents. The health care needs of people living at the home are well met meaning that residents have confidence that the staff team would arrange for medical assistance quickly if they were unwell.

What has improved since the last inspection?

As recommended in the last key inspection report, the way medication is managed at the home has now been improved. This means that people are better protected and ensures that they receive their medication as prescribed.

Staffing levels have been reviewed during the lunchtime period in the unit that accommodates people with dementia. The registered manager stated that she is confident that there are a sufficient number of staff on duty in this unit to ensure that all residents needs and requirements are met during the busy meal time periods.

Menus are reviewed on a regular basis so that there is a good variety and choice at mealtimes. Residents suggestions have been incorporated into menu planning in order to meet individual taste and choice.

What they could do better:

People are given verbal information and have their needs assessed before deciding to move into the home, so they know that their needs can be met. However to further strengthen the methods of information sharing about the home and the services and facilities provided, each newly admitted resident should be given an individual copy of the home's Service User Guide.

Although minimising personal risk is given high priority and ways of managing risk were incorporated in the care pathway, there were very few actual written risk assessment in place. By undertaking formal written risk assessments there would be clear evidence of what the risk was and for whom, the strategies that had been considered to minimise that particular risk and the outcome.

Although each person living at the home has a detailed Care Pathway that advises staff well, the content of the Care Pathway should, where ever possible, be shown or

explained to the individual resident and signed by the resident or advocate as acknowledgement and agreement.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have their needs assessed before they move into Hillcroft (Morecambe) so that they know that their individual needs and requirements can be adequately met.

Evidence:

Since the last key inspection, the home's Statement of Purpose and Service User Guide have been reviewed and updated as required. These two booklets tell residents, prospective residents and other interested people about the home and the services and facilities provided. At present a copy of the Service User Guide and Statement of Purpose is made available to prospective residents, existing residents and their relatives on request, so that they can read about the home and what is provided.

However as identified in Regulation 5 (2) of the The Care Home Regulations 2001, there is a requirement for the care home to provide an individual copy of the Service User Guide to each newly admitted resident. Whilst it is acknowledged that some residents may not be able to read or understand the written information provided in

Evidence:

the Service User Guide, every effort should be given to providing the information in a suitable format. For example, the Service User Guide could be provided in extra large print, on a CD or in a more pictorial format so as to make it easier for individual residents to access the information.

Alternatively if a resident is still unable to access the information, an individual copy of the Service User Guide could be given to their next of kin or advocate to make them fully aware of what the home provides so that they can assess if the intended services are meeting needs. This would help to make sure that as many people as possible had access to the information in a way that suited their particular needs. One relative told us that although when she first visited the home to enquire about accommodation at Hillcroft (Morecambe) she had been provided with a folder that contained details about all the different homes within the group, she had never seen, or being made aware of Hillcroft (Morecambe) specific Service User Guide. This same relative did say however that she felt very confident that the registered manager would verbally provide any information requested.

People are only admitted to Hillcroft (Morecambe) if their health, personal and social care needs could be met. The homes registered manager, who is experienced in undertaking pre admission assessments, carries out an assessment of people considering moving into the home. This is completed in order to determine if the level of care and support required could be provided at the home. The prospective resident is visited in their own home or alternatively, in hospital. This provides an opportunity for the prospective resident to find out more about the home and for the registered manager to undertake a formal assessment of current strengths and needs. This information, along with any other relevant assessments conducted by other agencies such as health or social services are taken into account. This collated information, along with any further information provided by family or other advocates, provides the basis of the initial care pathway.

Wherever possible, prospective residents and/or their family are encouraged to visit the home and meet staff and other residents as part of the assessment and introductory process. The files viewed showed that good pre assessment information is gathered and that relatives are involved in this process where possible. Information includes health, religious and social care needs and highlights any areas of risk. This enables the registered manager to make an informed decision as to whether the individual needs and requirements of a prospective new resident could be met at the home. Once the assessment process is complete and the registered manager has made a decision, the prospective resident is provided with written information confirming the outcome of the pre admission assessment.

Evidence:

One resident spoken with confirmed that a pre admission assessment had being undertaken by the registered manager. This lady told us that staff were marvellous when she was admitted and that she was now feeling quite comfortable living at the home.

Hillcroft (Morecambe) does not provide an intermediate care service.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People receive the care and support that they need in a way that meets their expectations.

Evidence:

Following the assessment and admission process, a care pathway is drawn up detailing the level of support and assistance required in order to meet assessed needs and requirements. Each person has a written care pathway and five of these were viewed. Initial care pathways included the areas of need identified during the pre admission assessment process. The care pathways, that are in the main computer generated with provision for specific unique information, were detailed and informative. Subsequently staff were provided with clear guidance in respect of the individual support required for each resident and how this was to be achieved. There was evidence of good person centred care been promoted in the care pathways seen. For example in respect of one resident the care pathway stated in the mental health section, "Displays physical aggression". Instructions for staff were to "Alleviate aggressive behaviour whilst protecting residents and staff". In order to do this staff were to monitor any behaviour 'triggers' in order to defuse potentially difficult

Evidence:

situations from developing. There was evidence that the behaviour charts had been well completed in order to assist this task.

Individual care pathways covered a diverse range of assessed strengths and needs such as health care, personal hygiene, mobility and spirituality. Care pathways also included social interests and religious needs and requirements. This is good practice and shows that all needs and requirements are equally considered and strategies put into place to address each area of a resident's chosen daily life style.

There was clear evidence that care pathways included the management of identified risk. However although staff were provided with guidance of how to minimise an identified risk, in the main there few written risk assessments in place in order to clarify why a particular strategy had been put into place or what other strategies had been considered in order to minimise that particular risk. Care must be taken to identify why a particular course of action is necessary, particularly where this could be used to restrain a person, for example a hoist. Although the restraint may be in the best interests of the resident in order to provide safety and protection, there should be a written risk assessment in place to identify what the actual risk is and for whom, identify the person that has undertaken the assessment of risk, the options considered and the outcome. This would then provide a clear audit trail of how the risk was assessed and minimised. Written risk assessments were evidenced in some of the care pathways seen in respect of nutrition and continence.

From the documentation observed, there was clear evidence that care pathways are reviewed at least monthly or more frequently dependent on need. Amendments were seen to individual elements of the care pathway when an assessed need had changed resulting in a new assessed need being added or an obsolete assessed care need being deleted. We were informed that relatives are always invited to the multi disciplinary reviews and that the registered manager has an open door policy for any relative to discuss progress or a concern. However the individual resident and relatives spoken with stated they had no idea what a care pathway was, nor had they ever seen one. People spoken with did say however that if there were changes to the care required they were told about this. Relatives in particular felt very confident that the registered manager would explain any changes required and the reasons why.

Never the less it was clear that the resident and/or relatives spoken with had never had sight of the actual care pathway. Where ever possible, the individual care pathway should be developed in conjunction with the resident concerned so that the resident could have their say about the care and support that they felt they required. If this was not possible, and if the resident had no objection, consideration could be

Evidence:

given to the care pathway being offered and the content discussed with the nearest relative so that the assessed needs and ways of addressing the assessed needs are known and agreed. The care pathway should where ever possible be explained to the resident and if requested an individual copy of the care pathway should be provided for the resident to keep.

The registered manager told us that a letter is sent to relatives informing them of the care pathway and that opportunity is provided for this to be discussed with relatives. In view of the comments from the resident and relatives spoken with, consideration could be given to regularly reminding residents and relatives of what the care pathway is and that a copy of the care pathway can be made available on request.

It was noted that a daily report is completed in respect of each resident. Whilst this is good practice the record was incomplete and in the main provided very little information. The majority of entries simply said 'Care as Pathway'. If a record is to be kept, it is important that the information provided is relevant and informative. This same issue was raised in the last key inspection report however little progress appears to have been made in order to address the issue.

The health care needs of people living at the home are well met. Residents and staff were relaxed and got on well together. This comfortable relationship enables staff to get to know people well and any changes in health and well being are quickly noted and speedily addressed. There is a good relationship with health and social care professionals in order to maintain residents health and social well-being. An individual record is maintained of all health professional visits for each resident. This ensures that a good record is kept of health care visits and the frequency of need. Health care needs and requirements are addressed through detailed person centred care pathways specific for each area of need including specialist nursing interventions.

Careful consideration is given to end of life care. The Liverpool Care Pathway is in place at Hillcroft (Morecambe) to ensure that end of life care provides comfort, pain relief for the resident and support for the next of kin during this difficult period. Last wishes are recorded in the Care Pathway when expressed, so that there is no uncertainty about this personal preference. The registered manager told us staff would like to undertake further research into end of life care particularly the Gold Standard Framework. Training for this has been arranged and staff are committed to working together to achieve this gold standard award.

The resident and relatives spoken with told us that people living at the home always got the medical care and support that they needed when they needed it. From

Evidence:

discussion with the people spoken with and from the Care Quality Commission (CQC) surveys received, everybody expressed satisfaction over the care provided by the staff at the home. People using the service and their relatives confirmed that staff listened to them and acted on what they said. One person said, "The staff are very friendly and caring and genuinely concerned when somebody is unwell. They all do their best".

As part of the visit, we checked how medicines were being handled. We checked a sample of medicines stocks and medicines records. Overall we found the handling of medication was well managed that help protect the health and wellbeing of people who live in the home. The requirement and recommendations with regard to medication made at the last key inspection have, in the main been implemented to good effect. There is a good system in place to make sure that medication is administered safely and as prescribed. Only qualified members of staff administer medication.

The medication administration records of five people were viewed. These had been completed correctly and had a photograph of the person attached, this is good practice and helps prevent mistakes being made. Medicines stock was seen to be well organised, records were clearly presented and spare stock was stored securely. Records of medicines received into the home, given to people and disposed of were signed and up to date. We were informed that regular recorded checks are carried out to make sure staff were giving and recording medicines correctly. When any mistakes were found action was taken immediately to help prevent them happening again. In one instance a hand written entry on the drug administration record was seen to be signed and dated but not checked and countersigned by a second person. This appeared to be an isolated incident. Countersigning a hand written entry in the drug administration record is good practice so as to ensure that the hand written entry is correct for the protection of residents. There is a homely remedies policy in place and we also saw evidence of protocols in respect of 'when required' medication. This is medication that is not taken on a regular basis. This ensures consistency of use.

Residents spoken with felt that their privacy and dignity was well respected at the home. A carer also gave a good account of how she respected resident's privacy and dignity when assistance with personal care was required. The health and personal care that people receive is based on their individual needs so they receive personal care in the way they prefer and in a way that shows respect for their privacy and dignity. All staff receive training in respect of maintaining privacy and dignity during induction training and National Vocational Qualification (NVQ) training. Staff have also received recent refresher training with regard to dignity in care. This helps to make sure that staff are kept up to date with best practice for the benefit of residents. The preferred

Evidence:

term of address of each resident is identified at the time of admission and always respected.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People received the support they needed to live their chosen lifestyle.

Evidence:

People living at Hillcroft (Morecambe) are offered a choice of activities that is suited to their wishes and lifestyle. Prior to admission staff obtain as much information as possible about the social, cultural and leisure needs of people living at the home. This means that staff have the information they need to make sure that the care and support provided is right for that person. People's spiritual needs are also recorded so they can be given opportunity and any help they need to continue to follow their faith. Information incorporated in the Annual Quality Assurance Assessment (AQAA) told us that Minsters from the local church visit the home and offer Communion to residents that wish to participate and alternative arrangements are made for those residents that have other religious preferences.

The mobile library service is still frequently used and the 'pat' dog is still a favourite with a lot of the residents who have had to leave pets behind, or who generally just enjoy the company of animals. Transport is arranged to take residents out or to enable home visits with families if they so wish. One relative told us that his mother had particularly enjoyed a visit out to a farm with staff and was hoping that there

Evidence:

would be a similar trips out in the future. We were told that the easily accessible and spacious enclosed garden, that is provided with colourful plants, is frequently used and there is space for residents to plant flowers and shrubs themselves if they so wish. Birthdays, special events and religious festivals are celebrated and a pantomime is held twice a year.

From the records seen, daily recreational therapy is provided. This includes such things as music and CD's, television, nail care and hand massage and leg and chair exercises. Whilst it is recognised that it is sometimes difficult to motivate residents to engage in social activities particularly if concentration spans are limited, of the four residents that completed a CQC survey, in reply to the question, 'Does the home arrange activities that you can take part in if you want?', different answers were received. One resident did not answer the question, one resident said 'usually' but the other two residents said only 'sometimes'. This would suggest that the activities provided should perhaps be reviewed and residents asked how they would like to spend their time so that their needs and expectations can be met.

It was noted that in the three daily recreational records seen that covered three consecutive days, the record showed that every single resident in that particular unit had enjoyed the same activity at the same time over the three day period. It is important that records reflect the true picture. There was no doubt that an individual activity as described had taken place in that unit on that day. However what would be unusual, was that every single resident in that unit was interacting and engaging in that particular social activity at the same time. It is only the residents that are engaging with the activity in some way that should be recorded as doing so.

People are encouraged to maintain contact with family, so that they can continue to be part of family life. Visiting arrangements are in place to suit the needs of individual residents. As seen visitors are made very welcome. Residents can entertain their guests in a communal area of the home or in the privacy of their individual bedroom accommodation.

During the course of the site visit there were numerous visitors, the relationship between the staff team and relatives was seen to be open, cordial and supportive. One relative told us that he visited every day, was always made very welcome and often enjoyed a meal at the home. This same person also told us about the 'open days' that are arranged for families several times a year and that on Christmas Day, Boxing Day and New Years Day, relatives are invited to enjoy a meal with their relative that is living at the home.

Evidence:

As far as possible, people are encouraged and supported to make decisions about their day-to-day lives, such as when to go to bed, when to get up and how to spend their time. Advocacy information is available. People are encouraged to bring their own important possessions into the home and so personalise their individual bedrooms.

The resident spoken with individually said that she liked the meals served. The relatives spoken with also considered the food served to be of good quality and standard. There is a four week rotating menu that was evidenced that showed a wide range of food are offered. There is a choice of menu at each meal. Discussion with the cook confirmed that menus are changed periodically to reflect seasonal availability with fresh fruit and vegetables served at most meals. If a resident did not want the meal choices of the day, an alternative meal of the resident's choice was always provided. Specialist cutlery and plate guards can be provided if required to aid independence and specialist diets can be accommodated in respect of medical, religious and cultural needs and requirements. Drinks and snacks are served at regular intervals and as evidenced, on request. We were told that residents comments have influenced the foods served and menu planning arrangements. For example spaghetti bolognese and curry are now regularly served as a minority of residents had suggested that they would like to see these foods on the menu. This shows that suggestions and requests are taken seriously and acted upon.

Nutritional needs are given careful consideration. This is a strength of the service. A nutritional assessment is undertaken on admission. If there are concerns about nutritional intake, there is close liaison with a speech and language therapist and dietitian that are employed in a consultancy role. The speech and language therapist and dietitian jointly work together to provide nutritional advice with regard to the specific nutritional needs and requirements of the individual and the specific way to serve the food so that the nutritional need is met. There are also plans to provide training by the Speech and Language Therapist to complement the diet and nutritional training that is already undertaken so that staff gain more understanding of the mechanics of swallowing and the measures employed to ensure that residents eat a balanced diet.

Advice is also provided regarding general menu planning within the home. This ensures that all residents are provided with a varied, well balanced and nutritious diet that meets their taste and choice.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are good procedures so people who live in the home are able to express their concerns and be listened to, their rights are protected and they are safeguarded from abuse.

Evidence:

Hillcroft (Morecambe) has the corporate complaint policy and procedures in place, which includes details that any complaint would be responded to within a maximum of 28 days. From information in the Annual Quality Assurance Assessment (AQAA) completed by the manager prior to the site visit, a record of complaints is kept that includes details of the complaint, details of the investigation, outcome and any action taken as a result of the outcome. The complaint procedure is displayed in a communal area of the home. The AQAA also told us that the home operates an open door policy for residents and their relatives should they wish to discuss any matters of concern. There is a culture within the home where by residents and their relatives feel comfortable in raising issues or making suggestions at an early stage. We were told in the AQAA that all complaints are taken seriously and acted upon as soon as possible.

A resident spoken with was very clear about who she would speak with if she did have a concern or complaint but then went on to say that she had no complaints and was quite happy with everything. The relatives spoken with reiterated this as did the people that completed a CQC survey.

Evidence:

Hillcroft (Morecambe) continues to have a variety of corporate policies and procedures in place for the protection of residents. This includes an adult protection policy and procedure and a whistle blowing policy to help protect people living at the home from abuse or discrimination. All staff have received training regarding protection and abuse that is regularly updated. Care staff also receive guidance in respect of adult protection as part of their National Vocational Qualification training (NVQ). Opportunity is also provided for this topic to be discussed during team meetings. This helps to remind staff of the importance of protecting residents and the responsibility of the staff group in this matter.

To ensure that the staff team are kept up to date with important new legislation and guidance, all managers and qualified members of staff have received training about the Mental Capacity Act and Deprivation of Liberty Safeguards. We were told that mandatory training with regard to these important matters is now part of the induction training programme provided to newly appointed members of staff. This important training helps to equip staff with the understanding and knowledge to be more confident about Deprivation of Liberty issues whilst protecting people living at the home by ensuring that unnecessary restrictions are not imposed.

There have been no formal complaints or any incidence of adult abuse protection issues recorded in the last twelve months at Hillcroft (Morecambe).

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Hillcroft (Morecambe) provides a safe and comfortable environment that is well maintained and a pleasant and homely place to live.

Evidence:

Hillcroft (Morecambe) is a detached purpose built home situated in a residential area of the Town. Community resources and facilities are reasonably close including local shops. Accommodation is provided on the ground and first of the building. There is a passenger lift for ease of access to the upper floor. There is a large and very pleasant garden area that can be easily accessed which is provided with seating. We were told that the garden is well stocked with colourful plants and flowers during the summer months and that residents enjoy sitting out in the warmer weather. A car parking area is provided at the side of the building.

The home is welcoming, comfortable, well maintained and provides excellent accommodation. All bedroom accommodation is for single occupancy and provided with an en-suite facility. There are a variety of lounges giving choice of places to sit. Communal areas of the home are bright, welcoming and airy. Pictures and ornaments give a homely touch and there are photographs displayed of residents and staff enjoying social events.

To ensure safety, all radiators in resident accommodation are guarded and there are

Evidence:

thermostatic devices on all hot water outlets in resident accommodation to prevent the risk of accidental scalding. Aids to independent living, including grab rails, hoists and assisted baths are provided to meet the needs of residents accommodated.

The resident and relatives spoken with were pleased with the communal accommodation available and individual bedroom accommodation. Comments on the CQC surveys said that the home was always 'fresh and clean'.

Hillcroft (Morecambe) is clean, hygienic, odour free and very well maintained with a variety of policies and procedures to advise staff in the control of infection. We were told that the ancillary team work hard to maintain the current environment and that general maintenance is attended to by a designated person with larger projects undertaken by specialist builders. The external doors are protected by a coded door system to prevent unwanted intrusion and to help keep people safe who may wander.

Laundry facilities are in a designated area of the home and situated away from resident accommodation and food preparation areas. The laundry is well equipped to meet the needs of the home and was neat, tidy and appeared to be well organised. Information in the AQAA confirmed that all members the staff team have received recent infection control training. This important training ensures that people working at the home are aware of good infection control measures in order to protect residents.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A settled, competent and well trained staff team provide a personalised package of support to the people living at the home.

Evidence:

Staffing levels at Hillcroft (Morecambe) are determined by the assessed needs of residents accommodated. Registered nurses are employed at the home as well as care staff. Additional staff are on duty during busy periods of the day and there are sufficient 'waking watch' qualified and care staff on duty during the night time period to ensure that the assessed needs of people living at the home are met. There are sufficient ancillary staff employed to ensure standards in respect of maintenance of the building, domestic tasks and catering arrangements are maintained. Observation confirmed that current staffing levels appeared to be appropriate in meeting the needs and requirements of current residents. Staff were able to spend some time with residents and the atmosphere was relaxed and comfortable. Recently a 'Hospitality Hostess' post has been created. There is now a designated person for five hours a day, seven days a week with responsibility for providing hospitality for visitors and to sit and chat with residents and relatives. We were told that this had been a very positive development that had benefited everybody.

The registered manager confirmed that although there were sufficient staff on duty

Evidence:

during each shift period to address residents assessed needs, staffing arrangements are kept under review. There is a pool of dedicated relief bank staff who cover for holiday and absences. Bank staff have undertaken appropriate training and are familiar with the routines of the home. This helps to make sure that residents are consistently cared for by people who understand the ways of working within the home and the records that must be maintained.

The resident and relatives spoken with had no concerns about there being sufficient staff on duty to make sure that needs and requirements were met. One person told us "There always seems to be enough staff on duty, the buzzer is always answered within a short time". Another person spoken with said, " Staff come quickly when you press the bell". Staff spoken with also felt that there was always enough staff on duty to fulfil residents assessed needs and requirements. One member of staff told us, "Staff are friendly and efficient, the home's atmosphere is positive, friendly and everybody is supportive". Another member of staff simply said, "They do well at everything".

Staff training is given priority to ensure that the staff team are well qualified in order to meet the individual needs of residents accommodated. Of the thirty eight members of the care staff team, thirty two have achieved at minimum, a National Vocation Qualification (NVQ) Level 2 in care. Three other members of the care staff team are currently undertaking this award. A number of care staff have also achieved the higher Level 3 of this award. NVQ training is a nationally recognised qualification for care staff and shows that the majority of care staff at the home have had their skills, knowledge and understanding assessed in order to provide a good standard of care. This means that residents can be confident that they are supported by a skilled staff team. The qualified nursing team are also supported to ensure that they fulfil their training obligations under the nursing and midwifery council guidelines.

Good additional training is also provided that is valued by staff. Further training in specialised areas is provided specific to the individual needs of the people living at the home and to develop the skills and knowledge of the individual member of staff. This helps to ensure that a good, individualised service is promoted by a well trained staff team. Good training is provided to all grades of staff. Through discussion with the company's training manager, it was established that recent staff training has included a range of mandatory health and safety training, dementia care, catheter care, therapeutic activities, optical and deaf awareness, diabetic care, adult protection and challenging behaviour training that is to be rolled out to all staff. Deprivation of Liberty Safeguards training has already being provided to qualified members of staff and recently recruited members of staff as part of their induction training, again this will be provided to all relevant members of staff in due course.

Evidence:

At commencement of their employment, all newly appointed care staff that do not already hold an NVQ qualification, undertake mandatory 'Skills for Care' induction training. This again is nationally recognised, basic skills training for care staff. This training is planned so that it either immediately precedes or immediately follows, induction training to the home. This ensures that newly appointed staff have the basic skills to provide an acceptable level of care.

Staff spoke positively about the training provided and what they had learned that they were already putting into practice.

Hillcroft (Limited), the company that owns Hillcroft (Morecambe) has a structured recruitment policy and procedure in place for the employment of new staff. This helps to protect residents and to ensure that only suitable people are employed at the home. The staff files of four members of staff working at Hillcroft (Morecambe), two of whom that had been recently appointed were viewed. In the main, this included an application form, two professional references including one from the most recent previous employer, a criminal records bureau disclosure and a check against the nationally held list of people have been deemed unsuitable to work with vulnerable people. Copies of certificates relating to training completed with their previous employer and current employer were also available. It was noted however that in one instance, a reference accepted was from a personal friend rather than two professional references. Where ever possible, references should only be accepted from previous employers, preferably the most recent. Personal friends may not be subjective in their comments and often have no experience in order to provide an objective account of the applicant in a work situation.

There was clear evidence that a full Criminal Records Bureau (CRB) disclosure had been obtained but the majority of the actual CRB disclosures had been destroyed prior to the site visit taking place. From discussion with the manager, it would appear that they had been misinformed. There is a requirement that the complete CRB disclosure is retained until the next Care Quality Commission (CQC) site visit takes place. Once the CRB disclosures have been viewed as part of the site visit inspection, they can then be destroyed. A record was however kept of the date the CRB disclosure had been received.

A recently appointed member of staff confirmed that the recruitment procedure had been followed and that she had not been allowed to take up her post at the home until the required clearances and references had been obtained and deemed satisfactory.

Evidence:

Comments about the staff team and the level of care and support provided were consistently very positive. One person described the staff as, "Friendly and very pleasant". Another person said that staff were, "Excellent in every way", and that "I cannot find fault with anything" and a third person simply said that staff were, "Brilliant". A member of staff that completed a CQC survey told us that the home was very good at, "Caring for people, talking to them, generally looking after them to the best of our ability". A second member of staff said that the home was, "Very good at supporting staff, residents and families through illness and death".

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service was well run and a high level of consultation with people meant that people using the service and their relatives could contribute to its development.

Evidence:

The registered manager at Hillcroft (Morecambe) is a registered nurse, has extensive experience of managing a care home for older people and is committed to maintaining high standards within the home. Staff spoken with told us that the registered manager was encouraging and supportive. One person told us she felt, well supported by the manager and said that there was a good staff team that got on together like a family. Another, more recently appointed member of staff said, "I feel well supported by colleagues and matron, the lines of communication are good, we are a good close working unit, care given is definitely good".

The registered manager has successfully completed the Registered Managers Award. This is a nationally recognised advanced qualification that all managers of care homes are expected to achieve. The manager has also gained a examiners/assessors

Evidence:

qualification and is currently completing the Gold Standard Framework award. The registered manager attends a variety of courses to make sure that her knowledge is up to date in order to advise and guide staff appropriately.

There are clear lines of accountability within the home and external management. The General Manager from the company visits the home frequently to audit records and to speak with residents and staff. This helps the General Manager to make a judgement as to whether the home is well managed and whether the care and support provided by staff at the home is meeting the needs of the people that live there. There are also regular visits to the home by the homeowner. We were told that although the General Manager visits the home on at least a monthly basis and as required by regulation, completes a written report on the conduct of the care home, a copy of this report is not routinely provided to the registered manager at the home. As specified in Regulation 26 (5)(b) of the Care Homes Regulations 2001, the registered manager at the home must be provided with a copy of this report.

Ways to gain information regarding quality assurance about the home and whether the support offered is meeting residents needs, is considered very important. Various quality assurance systems are in place. As the majority of residents living at the home are unable to participate in resident meetings, staff spend time talking individually with residents to try to ensure that their wants and wishes are, as far as possible, being met. As previously stated in the report, there appeared to be an excellent relationship between residents and staff, this helps residents to feel comfortable in expressing their wishes. With particular regard to residents that cannot verbally express their wishes, there is a system in place where by every time written communication is sent to a relative a comment slip is enclosed inviting feedback about the home. This supplements the verbal discussions that take place with residents. In addition, a bi annual meeting including a buffet luncheon is arranged in a local hotel for all relatives. This is also attended by a Director and General Manager, the Matron's of the five home's within the group and various members of staff including ancillary staff. At these meetings, relatives are told about plans for improvement, and invited to say what they think the home is doing well and what could be improved. Responses are evaluated and action taken when necessary.

A relative spoken with said how much he enjoyed these meetings that were very friendly, informal and well attended. We were told that everybody mingled together and contributed to the event. This also provided opportunity for family's to talk with each other and compare experiences, so that they could support each other. As a result of one relatives comments, the hospitality hostess role was created to welcome visitors and provide light refreshment. We were told that the home had many

Evidence:

comments about how welcome this was. This also shows that comments and suggestions are taken seriously and acted upon.

People living at the home are encouraged to remain financially independent or are assisted in this task by a relative or other advocate. However where the home does retain monies for some people, a robust system is in place to protect the interests of residents. This includes clear and accurate records of any financial transactions undertaken and secure facilities to store monies held. Residents' monies held in safe keeping are further protected by random, external, financial audits.

Although staff do receive formal annual appraisal and newly appointed staff receive a six month probationary appraisal, formal one to one staff supervision does not currently take place. Although the registered manager stated that her door is always open and staff do go and discuss issues with her, this is not normally recorded. Formal, one to one staff supervision that takes place at least six times a year is considered to be good practice. This would mean that staff have regular opportunity to meet privately with their supervisor in order to discuss work practices and training needs as well as any other issues relating to working at the home. All staff do receive daily informal supervision as part of the management role.

We were told in the AQAA that records relating to health and safety and maintenance of equipment are held. This included equipment such as manual handling equipment and fire equipment that are regularly serviced and that the electrical installation and electrical equipment are also checked. The staff training records also confirmed that staff receive mandatory health and safety training including, fire safety training, first aid training, manual handling training, food hygiene and infection control training. Since the last key inspection further health and safety training has been provided to make sure that staff are aware of the importance of maintaining the health and safety of residents and their responsibility in this matter. Refresher training is also provided on a planned basis to ensure that staff have regular up to date information to act on. All these checks, along side the training that staff receive, help to protect people living at the home, staff and visitors.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	1	5	<p>Regulation 5(2) of the Care Homes Regulations 2001 states that each resident must be given an individual copy of the home's Service User Guide.</p> <p>This would ensure that every resident or their relative/advocate was made aware of important information including the services and facilities provided at the home and the complaint procedure.</p>	20/05/2010
2	33	26	<p>A copy of the monthly Regulation 26 report must be provided to the registered manager at the home.</p> <p>This would ensure that the registered manager had written information regarding the outcome of the Regulation 26 visit.</p>	17/05/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	It is recommended that the Service User Guide be made available in suitable format for the individual resident so that as much as possible, they can understand the information provided.
2	7	The daily report should be informative and provide clear information.
3	7	Where ever possible the individual care pathway should be developed in conjunction with the resident concerned. Residents should be shown their care pathway and have the content of their care plan explained to them. Alternatively with the residents consent, a relative could be invited to look at the care pathway so that they can have their say regarding the content and monitor any changes.
4	7	A formal written risk assessment should be in place when ever a risk is identified.
5	9	Every hand written entry in the drug administration record should be checked and countersigned by a second person to confirm accuracy of the recording. This would help to keep people safe.
6	12	It is recommended that the activities provided be reviewed to make sure they are meeting people's needs and interests.
7	12	The daily activity record should only record the activity undertaken and the actual residents that participated and engaged with that activity.
8	29	The full CRB disclosure in respect of newly appointed staff should be retained until the next CQC site visit inspection.
9	29	Where ever possible references should only be accepted from previous employers rather than personal friends.
10	36	Formal recorded staff supervision should take place at least six times a year.

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