

Random inspection report

Care homes for older people

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| Name: | Hillcroft (Caton Green) Nursing Home |
| Address: | Caton Green Road Brookhouse Lancaster Lancashire LA2 9JH |

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|---|------------------------------|
| The quality rating for this care home is: | three star excellent service |
| The rating was made on: | 01/05/2007 |

A quality rating is our assessment of how well a care home, agency or scheme 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 review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

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|------------------------|--------------|---|---|---|---|---|---|---|
| Lead inspector: | Date: | | | | | | | |
| Denise Upton | 2 | 1 | 0 | 4 | 2 | 0 | 1 | 0 |

Information about the care home

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| Name of care home: | Hillcroft (Caton Green) Nursing Home |
| Address: | Caton Green Road Brookhouse Lancaster Lancashire LA2 9JH |
| Telephone number: | 01524770334 |
| Fax number: | 01524771472 |
| Email address: | val.o'connor@hillcroftnursinghomes.co.uk |
| Provider web address: | |

| | |
|--|---------------------------------|
| Name of registered provider(s): | Hillcroft (Caton Green) Limited |
| Name of registered manager (if applicable) | |
| Mrs Valerie O`Connor | |
| Type of registration: | care home |
| Number of places registered: | 35 |

| Conditions of registration: | | |
|--|-----------------------------------|---------|
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| dementia | 19 | 0 |
| old age, not falling within any other category | 0 | 16 |

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|---|--|--|--|--|--|--|--|--|
| Conditions of registration: | | | | | | | | |
| The home is registered for a maximum of 35 service users to include up to 19 service users in the category DE (dementia) and up to 16 people in the category OP (older persons 65 and over) | | | | | | | | |
| The service should employ a suitably qualified and experienced manager who is registered within the Commission for Social Care Inspection.. | | | | | | | | |
| Date of last inspection | | | | | | | | |

Brief description of the care home

Hillcroft (Caton Green) Limited is the second smallest of five homes operating within the Hillcroft Limited group of homes and is situated near to the small village of Caton, approximately 10 miles north of Lancaster. The home is a detached dwelling, built in a Victorian style, originally used as a maternity home but its use was changed to that of a nursing home in more recent times. The home is situated in its own quite extensive grounds and is built over two floors. Additional accommodation has been built on. The home has two main areas - The Manor and The Croft. The home is reasonably close to local shops and amenities in the nearby village but, because of the needs of the residents, there would be very few people who could access these independently. The current range of fees vary from £567.00 per week to £710.00 a week and are calculated according to assessed needs. Further details about the fees and what is included in the fees can be obtained from the registered manager of the home. The home's Statement of Purpose and Service User Guide are made available to all residents, prospective residents and relatives. These important booklets tell people about the home and the services and facilities provided.

What we found:

This short random inspection did not look at all the standards identified in the National Minimum Standards - Care Homes for Older People but focused on the health and personal care delivered and the systems in place for managing complaints and the protection of people living at the home. These are important issues that directly affect the quality of care delivered and whether positive outcomes for residents has been achieved.

Individual care pathways were in place for each person living at the home that were detailed and informative, four of these were viewed. The pre admission assessment covered a wide range of needs that included, nursing needs, personal care needs, dietary needs and requirements, sight, hearing and mobility needs and social and religious requirements. A separate care pathway was written for each area of need identified in the pre admission assessment. There was clear evidence of at least a monthly review of the individual care pathways taking place, with on-going amendments made as required. This helped to make sure that a clear and up to date record was maintained of each residents current strengths and needs so that staff were aware of any changes to the level of support and assistance required. Care pathways evidenced gave clear instruction in order to guide and direct staff. This enabled staff to provide an individualised service that was delivered in a consistent way. This also helped to make sure that people living at the home were encouraged to do what they could for themselves and promote independence whilst ensuring that all staff were giving the same amount of help when required.

Although there was clear evidence in the individual care pathways that individual risks had been identified and action taken to minimise those risks, very often there was no supporting formal documentation to support or explain the decisions made in order to minimise that particular risk. In the main, only the outcomes of assessing the risk were identified in the care pathway. Formal documented risk assessments were restricted mainly to nutritional assessment and continence. Whilst there is no suggestion or concern that identified risks had not been well managed or appropriate action taken to minimise that particular risk, there should never the less be a formal risk assessment in place when ever a risk is identified. This would ensure that a clear audit trail was available to identify what the actual risk was and for whom, identify the person who had undertaken the formal risk assessment, the options considered in order to minimise the risk and the outcome and reasoning behind the decision. Formal risk assessments should be reviewed at least monthly along with the individual care pathways and amended as required. This would makes sure that the risk and the risk management strategies adopted remained current so as to not infringe on personal independence.

Although the resident and relative spoken with were extremely complementary about the care and support offered by staff and felt strongly that all needs and requirements were being very well met, it was apparent that neither the resident or relative had actually seen the care pathway or had the content explained to them. A member of staff spoken with also told us that it was not usual practice to speak with the individual resident or their relative about the care pathway once developed. Where ever possible, the individual care pathway should be developed in conjunction with the resident concerned so that the resident can have their say about the care and support that they feel they require. If this is not possible, and if the resident had no objection, consideration could be 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 completed 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.

Staff working at the home and the resident and relative spoken with all said that people living at the home always got the medical care and support that they needed when they needed it. Records seen confirmed that residents health care needs are being fully met. 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. A relative told us, "All staff are really good, when ever you need anything they get it for you".

There are good systems in place to make sure that medication is administered safely and as prescribed. Only qualified members of staff have responsibility for the administration and recording of medication. This helps to keep people living at the home safe and to maintain their optimum level of health. There is a robust medication policy and procedure that staff are expected to adhere to.

The medication administration records of four people were viewed. These had, in the main, been completed correctly and had a photograph of the person attached, this is good practice and helps prevent mistakes being made. There is specific guidance regarding medication prescribed to be administered when required. This helps to ensure that this type of medication is given in a consistent way. The majority of medication is provided in blister packs. Medication such as liquids, which cannot be supplied in the monitored dosage system, is being dated when first used. This is good practice and helps to provide an audit trail and also helps to avoid medication being used past its use by date.

On the drug administration records seen, there were three isolated instances of a dose omission without explanation. In one of these instances we were told that a relief nurse had not completed the medication drug administration record correctly however the medication had been given as prescribed. Dose omissions without explanation suggest that the drug administration record had not been signed immediately after the medication had been given. It was also noted that hand written entries in the drug administration record had not been checked and countersigned by a second member of staff to confirm accuracy of the record. It is recommended that when ever a hand written entry is required on the drug administration record, as well as this being signed and dated by the person making the entry, a second member of staff should check the record and countersign to confirm accuracy of the recording. This should be the exact replica of the pharmacist label. This would help to keep people safe.

Through discussion with one of the qualified members of the nursing staff team, it was established that the home do not see the signed prescriptions prior to the medication being dispensed by the pharmacist. We were also told that on occasions, repeat medication is dispensed even though this medication was not ordered or required on that occasion. This leads to waste. It is suggested that a system be developed whereby staff at the home check the prescription against what was actually ordered, prior to the medication being dispensed. This would avoid unnecessary medicines being delivered to the home.

Residents privacy and dignity is well respected at this home. 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. A relative who completed a Care Quality Commission (CQC) survey told us, "I am very happy with Hillcroft Nursing Home. No complaints on any of the services". A resident said he felt that his privacy and dignity was always well respected by staff. A member of staff who completed a CQC survey said that the home, "Looks after residents very well. They keep you informed of changes within the home regarding residents needs and abilities, updates your training , good relationship between staff". Another member of staff said, "It's a comfortable place to work we give very good care". Policies and procedures are in place that guide staff to ensure resident's privacy and dignity is respected at all times. Recent dignity training has been provided for the majority of the staff working at the home. These important topics also form part of the National Vocational Qualification (NVQ) training that has been undertaken by the majority of care staff. The preferred term of address of each resident is identified at the time of admission and always respected.

Hillcroft (Caton Green) 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 discussion with the registered manager it is understood that a record of complaints is kept that includes details of any action or investigation undertaken and outcome. Written details of the complaint procedure is incorporated in the Service User Guide. Since the last Annual Service Review inspection, no complaints have been received either by the home or by the Commission. We were told that all concerns are followed up no matter how small and that any complaint received is discussed at staff meetings. If possible, preventative measures are put in place to ensure that the same issues do not reoccur. This shows that complaints are taken seriously and acted upon to improve the service.

Staff spoken with were very clear about what they should do if a complaint was made to them. The relative spoken with and the relative that completed a CQC survey, both said they would have no hesitation in speaking with the registered manager or another member of staff if they did have any concerns. Both felt very confident that any concerns would be taken seriously and acted upon. One person told us that the home, "Cannot be improved" and that the, "Care and support are excellent". People living at the home have formed good relationships with staff, meaning that any issues could be raised and dealt with informally as part of day to day life at the home.

Hillcroft (Caton Green) continues to have a variety of policies and procedures in place for the protection of residents. This includes the corporate adult protection policy and a whistle blowing policy to help protect people living at the home from abuse or discrimination. All staff receive mandatory 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 discussion during one to one appraisals and at team meetings. This helps to remind staff of the importance of protecting residents and the responsibility of the staff group in this matter. Since the last inspection there have been no safeguarding issues regarding the home.

What the care home does well:

There is a good system in place to make sure that the individual needs and requirements of each resident is known and that relevant information is regularly updated to ensure it remains current. Staff are given good guidance and direction so that a consistently high level of care and support is provided that meets the individual needs and requirements of each resident.

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. Privacy and dignity is well respected. The staff team work well together and showed a good understanding of the needs of individual residents.

There is a very good relationship between residents, relatives and staff. Residents and relatives responded very positively about the care, kindness and helpfulness of the staff team. One relative told us that the home, "Cannot be improved, care and support is excellent, nothing is too much trouble and nothing is forced on you, you can get up when you are ready, its like living at home". Staff also spoke very positively about the service provided. One member of staff told us, "We give a really good level of care, friendly towards everybody. We make sure that everybody is comfortable and well cared for until the end of their life".

There are good systems in place to manage any complaints or concerns. There is an open door policy whereby residents and relatives can speak with the registered manager at any time, should they be concerned about something or require some information. The protection of people living at the home is considered very important. All staff receive mandatory training so that people living at the home are kept safe and free from any sort of abuse or discrimination.

What they could do better:

The staff team at Hillcroft (Caton Green) worked hard to ensure that a high quality service is consistently maintained that meets the individual needs and requirements of each person accommodated. However there are a small number of things that could still be done to strengthen the service further.

Although it was clear that emphasis is placed on identifying and minimising any areas of risk, few formal, documented risk assessments had been completed. Whenever a risk is identified, a formal risk assessment should always be completed to explain why a specific risk management strategy had been put in place. Formal risk assessments should be regularly reviewed to ensure that outcomes remain current, so as not to infringe on personal liberty.

Care pathways, that identify individual needs and requirements and guide and advise staff as to how that particular need is to be met, should, where ever possible, be developed in conjunction with the individual resident so that the resident can have their say about what they want and need. Once the written care pathway is available, this should be explained to the resident so that the resident has opportunity to agree the content or request amendments.

There are good medication procedures within the home and medication is generally well managed. However it was recommended that any hand written entries in the drug administration record should be checked and countersigned by a second person to ensure

accuracy of the recording. There were occasional instances where by the drug administration record had not been signed even though the medication had been given. The drug administration record should always be signed immediately after the medication has been given.

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 set out on page 2.

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, 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, 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 |
|-----|----------|------------|-------------|----------------------|
| | | | | |

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 | 7 | When ever a risk is identified, a formal, documented, risk assessment should always be undertaken. |
| 2 | 7 | When ever possible, the care pathway should be developed in consultation with the individual resident. The resident should then have the completed care pathway explained to them in order to ascertain their views and agreement. |
| 3 | 9 | The drug administration record should be signed immediately after the medication has been given. |
| 4 | 9 | It is suggested that the signed prescriptions are seen and checked prior to the medication being dispensed. This would help prevent waste. |
| 5 | 9 | All hand written entries in the drug administration record should be checked and countersigned by a second person to confirm accuracy of the recording. |

Reader Information

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| Document Purpose: | Inspection Report |
| Author: | Care Quality Commission |
| Audience: | General Public |
| Further copies from: | 0870 240 7535 (telephone order line) |

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got 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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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