Random inspection report

Care homes for older people

Name:	Hillcroft (Carnforth) Nursing Home
Address:	North Road Carnforth Lancashire LA5 9LU

The quality rating for this care home is:	three star excellent service
The rating was made on:	

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.

Lead inspector:	**Date:**							
Denise Upton	1	1	0	5	2	0	1	0

Information about the care home

Name of care home:	Hillcroft (Carnforth) Nursing Home
Address:	North Road Carnforth Lancashire LA5 9LU
Telephone number:	01524734433
Fax number:	01524720050
Email address:	
Provider web address:	

Name of registered provider(s):	Hillcroft (Carnforth) Limited
Name of registered manager (if applicable)	
Mrs Frances Clare Corris	
Type of registration:	care home
Number of places registered:	66

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	38	0
old age, not falling within any other category	0	28

Conditions of registration:
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 - 38), Dementia - Code DE (maximum number - 28). The maximum number of service users who can be accommodated is: 66.

Date of last inspection								

Brief description of the care home
Hillcroft (Carnforth) Limited is the largest of the five homes operated within the Hillcroft group of homes and is situated in the small town of Carnforth, approximately

Brief description of the care home
8 miles north of Lancaster. The home is registered for 66 people of either sex who require either general nursing or nursing with specialist dementia care. The home is situated in its own grounds and is built over three floors. Each floor has its own name - Elm, Oak and Ash and a dedicated team of staff for each floor. The main entrance and top floor of the home accommodate administration, offices and visitors lounge. Although the home is reasonably close to local shops and amenities, because of the nursing needs of the residents, there would be few people who could access these independently. The current range of fees are from £567:00 per week to £710:00 per week and are 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. Until now residents have not been provided with an individual copy of the home's Service User Guide. This is an important booklet that tells residents and prospective residents about the home and the services and facilities provided. However we have been informed that the Home's Service User Guide is currently being reprinted and a copy of this will soon be provided to each resident.

What we found:

This short random inspection did not look at all the minimum 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 issues relating to 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.

Following the assessment and admission process individual care pathways are drawn up. During the course of the site visit five of these were viewed. Relatives had been asked to provide background information about the individual's family history and working life, which may help staff to get to know the person better and understand their past lifestyle.

Care pathways were in place on all the files viewed and addressed different areas of need such as personal hygiene and dressing, physical and mental health, personal safety, skin care, communication, mobility and any behaviour, which may pose difficulties. Individual care pathways are being reviewed regularly with good evidence of changes and amendments made to the care pathways as necessary. This means that staff always have clear, up to date information in order to provided a high quality, consistent service. Two members of the staff team individually spoken with, confirmed that they felt sufficient written information was provided to ensure a good quality of care, that was supplemented by good verbal information sharing.

For one person, their care pathway had been amended to reflect changes in the support needed for personal care. Staff had monitored and recorded the behaviour of this person to determine if there were any triggers that influenced a specific behaviour. It was noted that this person responded more positively to staff that were female. The care pathway was amended to reflect this information. This had positive outcomes for the resident concerned and staff were able to respond in a very person centred way to the care and support provided when assisting with personal care.

The vast majority of the care pathways observed were detailed and informative and gave clear and detailed direction for staff with regard to personal care needs, physical and mental health care needs and nursing interventions. This enabled a consistent service to be provided. Although strategies had been adopted and information incorporated in the care pathways to minimise any individual risk, there was not necessarily a formal risk assessment available so as to determine the most appropriate method to minimise a particular risk. This is an area that had been recently identified during the inspection of another home within the group. We were told that the comments made about the lack of formal risk assessments had been considered and action was now been taken to make sure that all relevant written risk assessments are in place throughout the group of care homes. This shows that the senior management team are responsive to best practice suggestions and are keen to provided an excellent service.

Care pathways also included social interests and religious needs and requirements. This is good practice and shows that all needs and requirements should be equally considered and strategies put into place to address each area of a resident's chosen daily life style. We were told that for most residents, dependency needs are high and generally people

living at the home are unable to undertake outings away from the home. Activities are determined by individual dependency levels and particularly in the unit that accommodates people with dementia, family's are encouraged to become involved with social activities along with staff working at the home.

Whilst it is acknowledged that for some people the ability to engage in social activities is limited, other people were able to express their thoughts and views regarding activities that they enjoy but this information was not necessarily reflected in their care pathway. For example, one resident individually spoken with was very able to tell us what activities she enjoyed that included punch balls and soaps and murders mysteries on the television. This same resident said that she would also like to try some weaving and sewing but nobody had asked her what activities she would like to undertake. The leisure and social care pathway for this person simply said, 'follow recreational plan'. Given that no hobbies or interests had been recorded for this person, it is difficult to see how a person centred recreational plan had been devised for this resident. What was available was a form detailing which residents had participated in a particular activity such as bingo, hand massage, nail care, but this appeared to be activities provided for all residents rather than a personalised approach to addressing individual social care requirements. Consideration could be given to slightly amending the personal history form that the resident or relatives complete to include asking specifically about social interests and hobbies. This would enable social activities to be provided that met individual expectations.

Another example in respect of the same resident was observed in the mental health, nursing interventions section that said, "Provide mental stimulation and encourage mental activity". There was no guidance for staff as to how this aim was to be achieved or what strategies were to be adopted in order to provide a person centred approach in addressing this need. It was unclear what this statement actually meant in practice for this particular resident.

Never the less in the main, staff appeared to have a very clear understanding of the individual support needs of each person living at the home. Staff and residents spoke with were very positive about the high standard of care and support provided at the home. One resident that completed a Care Quality Commission survey told us in answer to the question, 'What does the home do well' said, "Very caring and supportive, treats all residents as individuals and respectfully ensuring personal dignity always maintained. Dedicated hostess service for family visitors is very welcoming and creates a warm atmosphere especially for new visitors. Hillcroft Carnforth is a happy and comfortable home and any problems are dealt with promptly. Overall maintains a high standard of care". Another person said, "The care, support and love that mother and our family receive is wonderful". A resident spoken with during the course of the site visit was equally positive telling us that, "Everybody is good and respectful, you can have a laugh with them. The staff are very kind and caring - I am not just saying that, it's true. Everybody is friendly and talks to each other, I like a laugh and a joke with staff, it makes me feel cheerful."

Staff keep daily records however these varied in quality. Whilst some of the records gave some limited information about what sort of day that person had had or what that person had enjoyed, for many more the daily record simply said 'care as pathway'. This does not provide sufficient information and implies that all elements of the care pathways had been undertaken during each shift period. This is unrealistic. Daily records should give an

overview of how each person has been during that specific period of time and be personalised to the resident.

Individual records are kept of all contact with health care professionals, such as a dentist, optician, chiropodist or Community Psychiatric Nurses. A separate record is kept of General Practitioner (G.P.) visits that details the reason for the visit and outcome. This means that it is easy to find information and to 'track' any specialist input. Residents spoken with all stated that their health care needs were being met. This was also confirmed by residents that completed a Care Quality Commission (CQC) survey.

As part of the visit, we checked how medicines were being handled. We checked a sample of medicine stocks and medicine records. Overall we found that there was safe systems in place to manage and administer medication that help protect the health and wellbeing of people who live in the home. Only qualified 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. 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. The pharmacist is available for advice and internal medication audits take place on a regular basis.

It was noted that the occasional hand written entries on the drug administration record had been signed and dated but not countersign by a second member of staff to confirm accuracy of the recording. When handwritten records of prescribed medication have to be made, these should be checked and signed by two members of staff. This would help to reduce the chance of errors being made.

From discussion with a member of staff, it was apparent that there were no protocols in place to advise staff under what circumstances it would be appropriate to administer 'when required' medication. This is medication that is not necessarily administered on a regular basis. Written directions for staff in respect of each individual resident that is prescribed 'as required' medication would help to ensure consistency of use.

Residents spoken with felt that their privacy and dignity was respected and that staff were sensitive and mindful of residents feelings, with one resident saying that privacy and dignity was, "Taken care of very well". Another resident spoken with said that not only did carers make sure that her privacy and dignity was well maintained, but that she also felt "respected " by staff. However this resident also said that she would prefer a female member of staff to assist with personal care but this did not necessarily happen. We were told that each person is asked during the assessment process if they had any preference for a male or female carer to assist with personal care. Given that this resident appeared to be unaware that she had choice or alternatively had forgot this information, it may be useful to periodically remind people that they do have a choice as to whether they prefer a male or female carer to assist with personal care. A member of staff spoken with gave a good account of how she respected resident's privacy and dignity when assistance with personal care or nursing interventions was required. All care staff receive training in respect of maintaining privacy and dignity during induction training and National Vocational Qualification (NVQ) training and daily informal supervision arrangements. We were told that further privacy and dignity training is soon to be arranged for all staff, to ensure that this important topic is understood and best

practice promoted at all times. During the inspection staff were observed responding gently and sensitively to individuals.

Hillcroft (Carnforth) 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 and investigation taken. Since the last key inspection no complaints have been received by the home or the Commission.

The complaint procedure is incorporated in the home's Service User Guide a copy of which is about to be given to each resident. Residents spoken with were very clear that if they did have any concerns they would speak with the registered manager or another member of staff. Residents spoken with also told us that if they did have a complaint they felt that their concerns would be taken very seriously and acted upon. This was supported by comments made on the CQC surveys completed by residents. However nobody expressed any complaints. There were however, many complements.

During the visit, it was clear that people living at the home had formed good relationships with staff, meaning that any minor issues could be raised and dealt with informally as part of day to day life at the home. The members of staff spoken with were clear about what they should do if a complaint was made to them including making sure that the registered manager was quickly made aware of the concern if the issue could not be immediately addressed.

Hillcroft (Carnforth) 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 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 one to one supervision 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.

Hillcroft (Carnforth) has a zero tolerance to any form of abuse. Since the last inspection there have been two safeguarding referrals that the management team fully cooperated with. Following a multi agency approach to the investigation, the first safeguarding issue was unfounded. The second safeguarding allegation was referred by the home but does not involve any staff working at the home. This recent allegation is in the early stages of investigation. This shows that any complaint or allegation is swiftly acted upon for the protection of residents.

What the care home does well:

The home is well managed, with good training provided for staff. As well as employing qualified nursing staff, the majority of the care staff team have now achieved an National Vocational Qualification (NVQ) in care. This means that people are supported by staff who have had their work practice assessed and are deemed to be competent workers.

There is an excellent relationship between residents, relatives and staff. This means that people living at the home feel comfortable and cared for and that relatives are confident that they would be kept informed of any change.

In the main there are good and informative care pathways in place for each area of identified need. This makes sure that staff have enough written information to provide a high quality of care in a consistent way.

What they could do better:

The staff team at Hillcroft (Carnforth) try hard to ensure that a consistently high quality of care and support is provided at all times. However there are a small number of issues that could be improved to make the service even better. The majority of the individual care pathways in place are very informative and give good direction to staff, however this is not necessarily so in respect of leisure/social care pathways. These care pathways were often not person centred and provided no evidence that individual interests or hobbies were taken into account. By ensuring that social care pathways were completed with the same care as other care pathways, a service would be provided that met individual social care expectations.

Daily records are completed by staff in respect of each resident accommodated. Whilst this is good practice, the daily records observed during the course of the site visit often lacked sufficient useful information. Daily records should provide a concise and accurate written overview of how each person has been during that specific period of time and personalised to the resident.

There are good systems in place to ensure that medication is safely managed. However it was noted that when a hand written entry was required in the drug administration record, although the entry had been signed and dated by the person making the entry, this had not been checked and countersigned by a second member of staff to confirm accuracy of the recording. This would help to protect people.

Comments from residents and staff about the quality of the care and support provided were however extremely positive. We were told that the home provided an excellent service and that the home did, 'Everything well". A relative told us that the home was, "Very friendly, good atmosphere , happy. Thoughtful- anniversaries, birthdays etc. Relatives always made to feel welcome (always the offer of a cup of tea). Residents always clean and well cared for". A member of staff told us that, "Hillcroft have continuing high standards and a very dedicated matron who cares not only for residents but family and staff". Another member of staff said that the home, "Tries to cater for people's needs even if not within normal limits".

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	Individual care pathways relating to leisure and social interests should be given equal priority and written in a person centred way so that expectations could be met.
2	7	Residents should be reminded that they have a choice of requesting a male or female member of staff to assist with personal care tasks. Care plans should indicate if care is preferred to be delivered by a male or female staff member and these choices should be upheld at all times.
3	7	Individual daily records written by staff should contain sufficient information to give an accurate and concise overview of how each individual resident has been and personalised in respect of the resident.
4	9	It is recommended that protocols are developed for each person if 'when required' medication has been prescribed. This would provide written advice to all staff of when it may be appropriate to administer this medication so as to ensure a consistency of use.
5	9	All hand written entries in the drug administration record should be checked by a second person and signed to

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
		confirm accuracy of the recording.

Reader Information

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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