Hillcroft Nursing Homes Limited

Hillcroft Nursing Home Lancaster

Inspection report

Westbourne Road
Lancaster
Lancashire
LA1 5DX

Tel: 0152463107

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection visit at Hillcroft Nursing Home Lancaster was undertaken on 02 and 10 May 2017 and was unannounced on the first day.

Hillcroft Nursing Home is one of six nursing homes managed by Hillcroft Nursing Homes (Carnforth) Ltd. It is registered to provide care and accommodation for up to 20 people and is located in Lancaster. At the time of our inspection, 18 people lived at the home. The home caters predominantly for people living with dementia and who have complex behaviours.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last carried out a comprehensive inspection of the home on 22 March 2016. At this inspection, we rated the service as requires improvement as we identified two areas of concern. Documentation we looked at indicated people were not consistently supported to meet their care-planned requirements in relation to medicines. We noted administration of medicine forms contained missed signatures. We also made a recommendation about staff training on the subject of nutrition and hydration.

We carried out a focused inspection 18 November 2016 to ensure improvements had been made. We found the service had made all the required improvements.

During this inspection, we observed the administration of medicines at lunchtime. However, staff did not consistently record that moisturising creams had been administered.

We have made a recommendation about the introduction of a robust system to record and audit the application of prescribed creams.

Medicines were safely and appropriately stored and secured safely when not in use. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines.

We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who used the service were being met.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received safeguarding from abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

Relatives told us they were involved in the care of their family member and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were being met. We saw the management team had responded promptly when people had experienced health problems.

The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans were organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

Relatives told us they were happy with the activities organised at Hillcroft Lancaster. The activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the management team were accessible, supportive and approachable.

During this inspection, we received comments from relatives that demonstrated people received personalised care. Staff spoke fondly of people they cared for. It was evident people mattered and staff had developed positive relationships with the people they supported.

The registered manager had consulted with relatives for input on how the service provided could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Medicines were not always administered safely and securely.

Staffing levels were sufficient to support people safely. Recruitment procedures were safe.

There were suitable procedures to protect people from the risk of abuse.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The management team were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

We observed people being supported by staff with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

Relatives and people's representatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People received care that was person centred and responsive to their needs likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

Relatives told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well led.

The provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had a visible presence throughout the home. People and staff we spoke with felt the provider and the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

Hillcroft Nursing Home Lancaster

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of dementia care.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. At the time of our inspection there were no safeguarding concerns being investigated by the local authority. This helped us to gain a balanced view of what people experienced who accessed the service.

Not everyone was able to verbally share with us, his or her experiences of life at the home. This was because of their dementia/complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We observed how staff interacted with people who lived at the home. We observed how people were supported during meal times and during individual tasks and activities.

We had a walk round the home to make sure it was a safe and comfortable environment for people who lived there. We spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to four people who lived at Hillcroft Nursing Home, Lancaster and three staff files. We reviewed records about medicines administration, staff training and support, as well

as those related to the management and safety of the home.

We spoke with a range of people about this service. They included the registered manager, three members of the management team and six staff members. We also spoke with five relatives who visited the home during our inspection.

Requires Improvement

Is the service safe?

Our findings

People who lived at Hillcroft Lancaster were living with dementia and it was difficult to gain verbal feedback. Relatives we spoke with told us that Hillcroft Lancaster was a safe place for people to live. They told us staff responded promptly if people needed help. One relative told us when asked, "There are always plenty of staff about." A second relative commented, "There are always plenty of staff on." A third relative told us, "Life is a risk but my [relative] is very safe here."

About protecting people from avoidable harm and abuse, staff told us and records confirmed they had been trained to recognise the signs of possible abuse and knew who to report any concerns about people's safety to. All staff received safeguarding training as part of their induction and again as part of their ongoing learning and development.

As part of our inspection, we looked at how the provider managed people's medicines and ensured they were administered safely. We observed the nurse on duty at lunchtime. They used an electronic safe management of medicines system. The registered manager told us, the system reduced the likelihood of medicine errors taking place. The hand held electronic device used colour coding to indicate when medicines were due to be dispensed or if medicines had not been administered. The system allowed the registered manager to see what medicines had been administered by which staff and if staff had failed to administer prescribed medicines. The registered manager told us by using this system; there was a reduced risk of giving the medicine to the wrong person or administering medicines at the wrong time.

We inspected the contents of the controlled drugs cabinet and found stocks matched with those recorded in the controlled drug register. We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered

We looked at paper documentation and electronic documentation for the administration of creams. Staff had not ensured both documents contained the same information. Staff had not consistently documented that moisturising creams had been applied.

We recommend the service introduce a robust system to record and audit the application of creams.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, toilets, the kitchens and communal areas of the home. We found these areas were clean, tidy, and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary. We observed one person required support with personal care and infection prevention. The area around the person also required cleaning. There was positive clear communication between staff and the person was supported sensitively. Appropriate signage was used to make people aware of the hazard, which was dealt with in a timely manner.

As we completed our walk around the water temperature was checked from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe

temperature and minimised the risk of scalding. All legionella checks were systematically completed.

We checked the same rooms for window restrictors and found all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling.

During our inspection visit, we observed staff were effectively deployed in all the communal areas to keep people safe. Throughout our inspection visit, we observed staff were close by and able to respond effectively to manage any risks when people displayed behaviours that may challenge. The registered manager told us staffing levels were regularly assessed to ensure staff were able to meet people's needs safely.

Staff we spoke with were able to explain the ways in which they supported people to ensure their safety and how they minimised risk. We reviewed care records and saw assessments were carried out to ensure risks were identified. One staff member told us, "We are given an outline of the person when they arrive. The care plan and the care are adjusted as we get to know the person more." We noted risk assessments on malnutrition and the assessment of risk around people developing a pressure ulcer.

A second staff member told us they had CITRUS training to support people who may display behaviours that challenge. The aim of Citrus is to impart knowledge to staff that can then prevent, minimise and manage violent and aggressive situations. This showed the provider provided structured learning and development to staff that ensured risks to people were managed and their safety was supported and protected.

As part of our inspection, we looked at how accidents and incidents were recorded. These were documented appropriately and in detail. We checked how accidents and incidents had been recorded and responded to at Hillcroft Lancaster. Any accidents or incidents were recorded on the day of the incident. We saw the recording form had the description of the incident and what corrective action was taken, along with how to reduce the risk of it happening again. The form categorised the incidents into slip, trips and falls, moving and handling, resident care and other. It also gathered information if further action was required such as attention from a health care professional.

We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work supporting people until they had received their DBS check. This showed staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people who may be vulnerable.

Good

Is the service effective?

Our findings

Relatives we spoke with were complimentary and positive about the care provided at Hillcroft Lancaster. They felt staff had the skills and knowledge to provide effective support. One relative told us, "I think the care given is superb. [Relative] is always immaculately clean, beautifully dressed, comfortable and treated with respect and kindness."

During this inspection, we investigated how the provider ensured staff had the skills and knowledge to carry out their role. There was a structured induction process. When new staff were employed, they completed a comprehensive classroom based induction and shadowed staff that were more experienced before they carried out tasks unsupervised. The provider had incorporated the care certificate into the induction for new staff. The care certificate is a set of standards that social care and health workers can work in accordance with.

Staff we spoke with told us they received ongoing training to update and refresh their knowledge. One staff member told us, "We all have mandatory training every year. The management are hot on keeping us up to date with training and policies." A second staff member told us, "Training is good here, the best I've had. They cover everything and more and encourage you to complete further training. Anything you are interested in."

We spoke with the registered manager about training. We asked why courses were offered to staff that might not be obviously relevant to the care and support being delivered. They told us, "All training has some relevance. It is about expanding people's own knowledge and professionalism. Positive staff have a positive effect on people they care for." This showed the provider had a framework to train staff to meet people's needs effectively and support individual staff development.

We asked staff if they felt supported by the management team. They told us they received regular supervision and appraisals. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. One staff member told us, "I drive [registered manager] mad during my one-to-one, I can't shut up. I get lots of support to try and make things happen." A second staff member commented, "I have supervision regularly and appraisals; [nurse] is easy to talk to." This showed the registered manager had supported staff to carry out their role effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals

are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had policies and procedures regarding the MCA 2005 and DoLS. Discussion with the registered manager confirmed they understood when and how to submit a DoLS application and what processes to follow to update DoLS authorisations.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. Relatives we spoke with told us they were involved in their family member's care and support planning. One relative told us, "I was shown the care plan and I discussed it with [registered manager]." They further commented, "Mental Health Services came in last week as [family member] gets agitated in an afternoon so they have changed his medication but asked me about it."

We noted the provider worked closely with healthcare professionals. We looked at care records that showed people's healthcare needs were carefully monitored and part of the care planning process. We saw evidence of support from dieticians, GP and chiropody. We noted the registered manager had sought specialist care from out of the area to support one person with a specific condition. The documentation we looked at was informative with the reason for the visit and outcome. The registered manager also told us they were looking to introduce Namaste care to improve the quality of lives for people living with dementia.

During our inspection, we visited the kitchen at Hillcroft Lancaster. We found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The chef had knowledge of the food standards agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The provider had achieved a food hygiene rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

We spoke with the chef during our inspection visit. They were able to tell us who, due to ongoing health conditions or personal preferences, had specialised diets. They had knowledge of which people required their meals blended and to what prescribed consistency. The chef was able to share strategies that supported people to eat. For example, if [person] did not eat their meal, they were offered soft sandwiches that they knew they liked. They told us, "[Registered manager] likes people to have a choice of food." As we spoke with the chef, they were preparing a very large home baked chocolate sponge cake for the afternoon. Asked if there was a special occasion, they told us, "No, it's a Tuesday treat."

We observed staff supporting people at lunchtime. The experience was unhurried and relaxed. If people required support, a staff member had been allocated. If people required an apron to protect their clothes, they were asked if they wanted to use one. One person refused the apron, which was accepted by the staff member.

One person only ate half their lunch. We overheard the staff member request sandwiches for them later in the afternoon. People who required blended meals received these on plates that kept the food separate. This allowed people to experience the different tastes of the meal served. Throughout our visit, we saw staff offer and encourage people to drink with a variety of fluids. One relative told us, "The meals are very big portions they are too much for me but [relative] likes his food." A second relative told us, "The food is excellent." This showed the provider ensured people were supported against the risk of malnutrition and

dehydration.

During our inspection, we noted dementia friendly signage throughout the home. We were told by the registered manager there used to be a mirror in the lift but this had been replaced. The registered manager also showed us a large mirror in the hallway that was to be covered with a marine themed mural. They had recognised for some people living at Hillcroft Lancaster mirrored surfaces triggered agitation. This showed by reviewing the environment the provider were seeking to effectively transform the home into a friendlier, less challenging place for people living with dementia.

Good

Is the service caring?

Our findings

One relative sought us out during our inspection visit. They told us, "I feel enormously grateful to these people for looking after [relative]. I wish there was another word for thank you." They further commented, "People here love my [relative] and care deeply about her." Every relative we spoke with told us the staff were caring. A second relative commented, "The care is absolutely brilliant. The staff are marvellous with [relative]." A third relative shared, "We feel like part of the family here."

As part of our SOFI observation process, we witnessed good interactions and communication between staff and people who lived at the home. Staff walked with people at their pace and when communicating got down to their level and used eye contact. When supporting people to move using a hoist we observed ongoing communication and reassurance given to people. When staff were updating care plans, they continued to chat and give time to people.

Care records we checked were personalised around the individual's requirements, and held details of valuable personal information. For example, one person had been employed as a trailer maker. A second care plan held the names of the person's family and extended family. A member of staff told us it was good to know about people as it helped with building relationships. We also noted in one person's care plan it had been identified they were not nostalgic and did not like to reminisce. This showed the provider had listened to people, respected and documented their views and guided staff to interact with people in a caring manner.

Family and friends we spoke with said they were made to feel welcome. Relatives told us they could visit whenever they liked. One relative commented, "I used to visit six times a week but now due to illness I only visit twice. I am always made welcome." A second relative told us, "They don't know when I am coming and I am always made to feel welcome."

One staff member told us, "We have a good relationship with families. We have to remember what they are going through." A second staff member told us they valued the support they got from families. They said, "Families help, they are full of knowledge and guide us."

The registered manager had nominated one 10-year-old regular visitor for an award created in their honour. The young girl visited her grandfather at the home and spent time with other people who lived there. They helped with drinks at mealtimes and as an acknowledgement, the provider gave her a young hero award along with chocolates and flowers. This showed the provider had fostered positive caring relationships with relatives of people who lived at the home.

We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. Staff knocked on people's doors before entering. When upset and agitated, we observed staff treated people with respect. We witnessed people being actively listened to and valued when their speech and conversation was confused, repetitive and sometimes coarse. We noted the registered manager had a privacy whiteboard in their office that shielded people's confidential personal information.

This showed the provider had promoted and ensured people were valued through staff interactions and through information governance.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They showed good knowledge and told us they had used advocates in the past. At the time of our inspection, two people had a relevant persons representative (RPR). The role of the RPR is to maintain contact with the relevant person, and to represent and support them in all matters related to the deprivation of liberty safeguards.

Care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from the person, families and/or health care professionals. This highlighted the provider had respected people's decisions and guided staff about positive end of life care.

Good

Is the service responsive?

Our findings

A relative told us, "The care is wonderful the staff can't do enough. The care staff know his needs and cater for him." A second relative said, "If there is a change [registered manager] always comes to speak to us. She either speaks to us in the lounge or if it is more private in her office." We observed, one person becoming agitated, a staff member sat with him and calmed him down. They talked to him about his mum, which identified their knowledge of the person. They talked to him serenely and patiently and sat at his level. They stayed until the person had relaxed and was calm.

Staff had a good understanding of people's individual needs. Staff we spoke with were able to share people's likes and dislikes which showed their ability to be responsive and deliver care that was person centred. One staff member told us, "I look at the care plans to tell me about people's likes and dislikes, allergies, care needs and everything I need to know about the person.'

The provider assessed each person's needs before they came to live at Hillcroft Lancaster. The registered manager visited each person prior to admission. They explained why they always completed a pre assessment visit. They commented, "It is not just about the individual. It is about meeting their needs safely within a home with 19 other people. "It's catastrophic if you make the wrong judgement. No-one wants a failed placement." The pre assessment ensured the service would meet their needs and those of the people already living at the home. It would minimise disruption from a failed or inappropriate placement.

During our inspection, we looked at four care plans. The plans we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. Each person's plan had the headings category, condition, objective and action. Within these headings, the provider had 22 categories of information related to each person. We saw information related to capacity, behaviour, memory, mental health, emotional needs and communication. There was further information on daily life, social activities, personal care, dietary needs, safety and well-being.

The registered manager told us they encouraged people and their families to be fully involved in their care. This was confirmed by talking with staff and relatives. A relative told us they were kept informed about their family member's care requirements. Two visiting family members commented, "We are always involved in the care planning and any reviews. [Relative] is due a review in June." This showed the provider made sure families were informed and included in care planning.

We asked about activities at Hillcroft Lancaster. One relative told us, "There are different singers that come in people are well entertained." A second relative commented, "A singer came in last week and sang songs that provoked memories. A man with a guitar comes in once a month. He played Happy Birthday for [relative] when it was his 80th birthday and [registered manager] brought a cake in for him.'

We spoke with the registered manager about activities and they told us animals and music were popular. We noted a music system had been installed to provide background tunes throughout the communal areas of the home. They shared they had tried bringing small zoo animals into the home but visits from dogs

remained very popular. One relative told us, "Daughter brings the dog in for him to see. Our Grandson brought his Labrador puppy in last week to see him. He likes the pet therapy dog too." Raffa a pet therapy dog visited once a fortnight.

We saw photographs on the wall of parties, pictures with the pet therapy dog, and one of a person who had been supported to go the Christingle service at the local church. We noted that there was a monthly musical memories group visited. They sang popular songs and hymns with people who lived at the home. There were also visits from a priest fortnightly.

One staff member told us they were passionate about making sure people were given time and it was not always about formal activities. They gave the example of a person wanting a bath. They told us, "Baths can be water therapy, it can be a bubble bath with all the nice smells." They further commented, "You should never stop encouraging people to take part."

We observed one person was looking through their old photos of her mother, other relatives and friends with one of the care assistants. We saw a staff member asked one person where she wanted to sit and then sat and talked with her for a while. They talked about her nails, that she had had painted and about her impending hair do. On the day we visited, the hairdresser had visited to attend to people who wanted their hair washed and or cut. The hairdresser had experience of supporting people living with dementia.

One person had written to the Queen wishing her a happy birthday and had received a letter in return from the lady in waiting. This had been framed and put on the wall. The outdoor space had a summerhouse and greenhouse. The activities identified showed the provider had sought to offer stimulation to lessen the anxiety and irritability that living with dementia may bring and make people feel more engaged with life.

We found there was a complaints procedure, which described the investigation process, and the responses people could expect if they made a complaint. Staff told us if they received any complaints or if they had any concerns or complaints they would approach the nurses or registered manager. We saw evidence where complaints had been received and responded to in a timely manner. One relative told us, "With [registered manager] something wouldn't get to a complaint. I once had a bit of a concern but it was dealt with immediately." A second relative commented, "We have no complaints about the care; the staff are wonderful." A member of staff told us they had complained once and they were happy with the outcome. This showed the provider had a procedure to manage complaints.

We saw a number of thank you cards from family members thanking staff for the care and support they had shown to their relative. The comments included, 'Thank you for the kindness and wonderful care you gave [relative]', and, 'You made sure [relative] was comfortable and pain free and in need of nothing. Thank you.' We also saw a copy of a funeral eulogy which included, 'My only hope was that she can find a home where she can have dignity and respect back…..that her needs will be met for the remainder of her life. I'm glad to say that Hillcroft (Lancaster) proved to be that home.'

Good

Is the service well-led?

Our findings

People told us they felt the management team were good and there was strong leadership from the registered manager. One relative told us, "My perception of the registered manager is, she's in charge and she knows what is going on." One staff member told us, "[Registered manager] is brilliant her door is always open, you can talk to her about anything. If I have any problems I would feel comfortable going to her to talk to her." A second staff member commented, '[Registered manager] is very approachable she is the best matron I have ever worked for. I can talk to her about anything even if it is not work related.' A third staff member shared, "[Registered manager], she's a good 'un. She's on the ball, one of the best bosses I have ever had."

The provider had introduced home heroes, a way of recognising people's hard work. People, staff or relatives could nominate a member of staff or group of staff who had gone the extra mile. The staff member got flowers and chocolate. We noted the registered manager had been nominated by colleagues and received the award. This showed people had valued the leadership and management from the registered manager.

There was also a financial reward for a staff member with 100% attendance. The winner was chosen at random during a head of department meeting. We saw the winner was acknowledged and celebrated in the main reception of the home. This showed the provider had introduced incentives to promote a positive culture and motivate staff.

We asked about what meetings took place at Hillcroft Lancaster. We saw minutes, which indicated regular staff meetings, took place. The format for staff meetings included, 'Hot off the Press' which was a report from the directors, Matron's report and any other business. The minutes from staff meetings included information on safeguarding and near miss incidents. One member of staff commented, "The meetings are long; but good. It's the time when everyone is there and we can discuss ideas. Do you think this will work? What about this?" They also told us, "[Registered manager] has the first 20 minutes to discuss news and any changes then it's our chance to have a voice." A second staff member told us, "The meetings are very comprehensive." This showed the provider offered opportunities for staff to contribute and be included in the service delivered.

The registered manager attended regular meetings within the Hillcroft group. They attended the 'Monday huddle'. The provider, other registered managers and directors of the Hillcroft group attended. This looked at what support people may require in the coming week. Staff were employed by the Hillcroft group and may be asked to work at other homes if there is a need. This allowed the provider to manage resources effectively to provide quality care. They attended head of department meetings with peers, matron's from other Hillcroft homes and leading team members within the Hillcroft group. They looked at what had gone well and what lessons could be learnt. The electronic administration of medicines had been piloted at Hillcroft Lancaster, seen as successful and introduced to other Hillcroft homes.

The Hillcroft group employed a quality manager and a services co-ordinator. Their roles were to assess how

well the service was meeting people's individual needs and ensure the home was and remained safe for people staff and visitors. These included regular audits on specific aspects of the service, such as the management of people's medicines, health and safety arrangements and infection control.

We noted the registered manager was required to submit all audit information gathered to the quality manager and services co-ordinator on a regular basis. We spoke with the quality manager on the benefits of doing this. They told us they had quality meetings with the registered manager to analyse the information and manage any potential risks.

The provider also looked at near misses within their quality assurance. The services co-ordinator produced 'Don't dismiss a near miss' booklets which identified what is a near miss as an unplanned unwanted event that had the potential to lead to injury. The provider shared with staff alerts on possible health risks that could affect people. For example, they shared they had sent a work safe alert about emollient creams and fire risks.

We spoke with the maintenance man about their responsibilities within the home. They told us part of their role was to ensure safety checks took place and to document the results. We saw records that indicated regular checks had taken place. They told us they had regular ancillary meetings were they could raise concerns. They stated they felt all concerns were listened to and acted on.

The quality manager audited checks annually and health and safety audits every six months. They also told us they were responsible for the ongoing maintenance within the home. This showed the provider had effective and robust quality assurance systems to maintain the home and keep people safe.

Records showed the provider had ensured gas, emergency lighting, fire extinguisher and legionella checks were completed as required. The provider had employed an outside auditor to monitor the quality assurance systems at the home. We asked the registered manager about the audit and the impact and benefit on the service delivered. They told us the quality standards ensured they were working in line with legislation and focused on risk management. They said it was a reassurance to relatives that they were working at a high standard not only at Lancaster but also throughout all the Hillcroft homes.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.