

Extel Limited

Hillside

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 13 October 2015 and was unannounced.

Hillside is a residential home for people with complex health needs and is registered to provide accommodation for up to 20 older people who need personal care. There were 18 people living at Hillside at the time of our inspection. Care and support is provided to people with dementia, learning disabilities and personal care needs. Bedrooms, bathrooms and toilets are situated over two floors. All but one of the bedrooms has their own en-suites. People have use of communal areas including a lounge, conservatory, dining room and garden areas.

A registered manager was in post at the time of our inspection. 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.

Staff were caring and respectful towards people and considered people's individual communication needs

Summary of findings

when they chatted to them. Staff were knowledgeable about people's health and well-being needs and how to meet those needs. This included caring for people so they did not become anxious.

People and their relatives told us staff treated people well and they felt safe. Staff knew how to identify harm and abuse and how to act to protect people from the risk of harm which included unsafe staff practices. People's medicines were stored securely and available at times when they needed these. Staff had the knowledge to support people with taking their medicines and checks were in place so people could be assured of receiving their medicines as prescribed.

Relatives and staff told us there were sufficient staff on duty who knew how to meet their needs and keep people as safe as possible. We saw on the day of our inspection there were enough staff to deliver care in a safe way and allow time for staff to chat to people. Staff had received the training they needed to fulfil their roles and felt supported by the registered manager.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well.

People's care and support needs were met by staff in the least restrictive way. The registered manager had recognised there may be times when people's liberty may need to be restricted in order to keep them safe and well. The registered manager had made applications to the supervisory body where this was needed. These actions made sure people's liberty was not being unlawfully restricted.

Relatives told us people were supported to access health care, mental health teams and social care services to maintain and promote their health and well-being. This included when people needed support to meet their mental health, hydration and dietary needs so people remained healthy and well.

Staff offered people the opportunity to have fun and interesting things to do. People's right to private space and time to be alone with their relatives and friends was accepted and respected.

Relatives knew how to make a complaint or raise any concerns. Relatives told us they felt able to speak with the staff or the registered manager about any issues they wanted to raise. People and their relatives were encouraged to give their views and experiences of the home through regular surveys and discussions with staff.

There was evidence the leadership had begun to enhance the quality of life of people who lived at the home. This included improvements to the décor of the home to make it more stimulating and interesting for people. We saw people and their relatives had been involved in decisions about how their rooms were decorated.

Relatives felt the management team were approachable and the environment was friendly and welcoming. Staff understood their roles and responsibilities and told us they were supported by the management team.

People benefited from living in a home where quality checks were completed to monitor and further develop the quality of the service. The checks were completed by the registered manager and the provider. The leadership team were open and responsive to making further improvements so that people consistently received good standards of care and treatment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were cared for by staff that had the knowledge and skills to protect people from harm. There was enough staff to keep people safe and meet their care and safety needs. People received medicines in safe way, and there were checks on the medicines that were given to people.

Good



Is the service effective?

The service was effective.

People were supported by staff who knew their individual risks and how to look after them. People were encouraged to eat and drink the right amount to keep them healthy. People received care they had agreed to. Where people could not make all of their own decisions this was done in people's best interest.

Good



Is the service caring?

The service was caring.

People's privacy was respected, their dignity maintained and people were treated with respect. People's preferences about how care was delivered was listened to and followed.

Good



Is the service responsive?

The service was responsive.

People received care that met their individual needs. People and their relatives concerns were listened to and the provider took action when any concerns had been identified.

Good



Is the service well-led?

The service was well-led.

The registered manager demonstrated clear leadership, led by example and supported staff to provide good care. People were listened to and changes were introduced to further improve the service, so people benefited from a well led service.

Good



Hillside

Detailed findings

Background to this inspection

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

This inspection took place on 13 October 2015 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law. We also looked at information the provider had returned to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We saw how staff cared and supported people who lived at the home throughout the inspection. Some people were unable to communicate with us verbally so we used different ways to communicate with people. We used the Short Observational Framework for Inspection, (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who lived at the home and five relatives. We spoke with the registered manager, the assistant manager, one senior care staff member and five care staff. We spoke to Worcestershire County Council's Quality and Contract Team.

We looked at two records about people's care and medicine administration records. We also looked at records and minutes of meetings with staff and people who lived at the home, and decisions that had been made in the best interest of people living at Hillside. We looked at quality assurance audits that were completed by the registered manager.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. One person told us, “I feel safe because of the staff.” All the relatives we spoke with told us they felt their family member was safe. One relative told us, “I feel [person’s name] is safe, as staff try to make them aware of dangers.” This relative told us the staff knew how to care for their family member’s safety. For example, when their relative was anxious staff made sure the person received extra help from staff. Another relative told us, “[Person’s name] is definitely safe at Hillside.” A further relative told us how they had helped their family member and staff to put a plan in place so their family member would have the right amount to drink, and keep safe and well. Two relatives we spoke with told us how staff made sure their family members’ valuables were kept safe. We saw staff knew what personal items were important to people. One staff member told us it was important to one person that they always knew where their family photographs were. The staff member explained how they supported the person to make sure they always knew where their photographs were, so the person would not become anxious.

We spoke with staff about how they kept people safe. All the staff we spoke with showed us they knew what to do if they had any concerns for people’s safety, such as unexplained bruising or problems with their skin. One staff member explained how they would look for signs a person’s mental health may be deteriorating, and explained what they would do to make sure the person remained well and did not self-harm. All the staff we spoke with told us if they had any concerns for people’s safety they were able to talk these over with senior staff immediately and plans would be put in place to keep people safe. All the staff we spoke with knew what to do if they needed to report any concerns to other organisations, so people would be protected.

One relative told us improvements made to the garden had made her relative more safe. A staff member told us how important it was the home and garden was kept tidy and in a good state of repair, so people did not have falls. The staff member told us regular assessments of the home were undertaken, and about the health and safety checks staff

did, to make sure people were kept safe. This was important as some people were at risk of falls. We talked with staff about this and they told us there were very few injuries as a result of falls.

We saw staff considered people’s individual risks and the best way to care for them safely when they first moved to the home. One relative told us staff had met with their family member twice before they moved to the home. This was so staff could make sure their family member’s care and safety needs were known before the person came to live at Hillside. We saw staff considered people’s individual risks when caring for them. For example, staff checked if people were confident when they walked and offered advice and support so the risk of a fall was reduced. Staff regularly reviewed people’s risks as these changed, and took action to protect people. For example, the registered manager told us how important it was for people to have the right equipment to help them keep safe, as their needs changed. The registered manager explained how staff had worked with other organisations to make sure one person had the right equipment to remain healthy after they had a fall. The equipment had been obtained, and the person had recovered well. We saw this person had gained the confidence to walk.

We saw there was enough staff available to care for people in a way that made people safe. Four of the relatives we spoke with told us they felt there was enough staff to care for people in a safe way. One relative we spoke with said they visited the home at different times of the day and evening, and they saw there was enough staff to support people in a safe way. Another relative told us the amount of individual attention her family member received, “Helps to keep [person’s name] safe.” All the staff we spoke with said they felt there was enough staff to care for people safely. We talked with the registered manager about the way they decided how many staff they needed. The registered manager told us staffing levels were decided using information about the safety and care needs of the people at the home. The registered manager explained the number of health and safety issues and the number of times people became anxious were considered when deciding the number of staff required. The registered manager told us extra staffing had been arranged when a new person first came to the home, so the person and other people would be safe.

Is the service safe?

All the relatives we spoke with said staff knew how to care for their family member safely. Three relatives told us the staffing at the home was stable, so their family member received care from staff who knew them well. One relative told us “Staff are experienced and have worked there a long time. That’s what I want for [person’s name].” Another relative told us staff had the right skills to care for their family member safely. The relative told us “[Person’s name] never gets bed sores”, and went on to say staff had made sure their family member had the equipment to help them stay healthy and safe. One relative told us “They don’t have bank staff in, they look after people themselves”. The same relative added, “This makes me feel happier as I know [person’s name] is safe.” Staff and the registered manager all told us they did not use temporary staff, as they knew it was important that people were cared for by staff who knew their safety needs. We spoke with four relatives about how their family members were supported to have the right medicines so they remained safe and well. One relative told us they had spoken with the staff about their family member’s medicine needs when it was being reviewed. The relative told us this had been promptly followed up by staff and their relative’s mental health remained well. Another relative told us their family member, “Gets pain relief if [person’s name] needs it.” This relative explained staff knew what types of medicines their family member needed. For example, which medicines their family member was allergic to. The relative told us staff always made sure the right types of medicines were available when their family member needed them.

All the staff we spoke with had a good understanding of the medicines needed to keep individual people healthy and safe. Staff told us they had to have training and to be observed to be competent before they were allowed to give medicines. We spoke with two members of staff who administered medicines. They were clear what action they would take to protect people if there was an error with a person’s medicines. We saw staff asked people if they needed pain relief, and that staff respected the decisions people made. The manager had systems in place which reduced the risk of people receiving medicines in an unsafe way. For example, there were clear instructions given to staff so they would only give some types of medicines after they had obtained permission from the registered manager. For example, medicines needed to help people if they were anxious. We also saw staff kept clear records of medicines they had given to people. Two staff worked together to give people their medicines, so the possibility of errors being made was reduced. We also saw people’s medicines were kept safely and securely by staff.

Where people were unable to make decisions about their medicines staff made sure the correct legal process had been followed. The decisions had then been made in the people’s best interest. We saw staff had followed the right process when giving one person their medicines without their knowledge, so the person remained safe and healthy.

Is the service effective?

Our findings

One person we spoke with told us staff knew how to support them in the right way. The person pointed to a member of staff and said, “[Person’s name] knows when I want to go for a walk, or want something to eat.” One relative we spoke with told us staff had the right skills and, “Were on [person’s name] level and understand their care needs and behaviours.” Another relative told us “Staff have the right skills, [person’s name] never has bedsores, although they are sometimes in bed a lot. Staff have the knowledge to make sure [person’s name] is always clean and looked after.”

All the staff we spoke with told us they were supported to deliver effective care. One staff member told us about their induction, and how they had the opportunity to shadow more experienced staff, so they got to know the people they would be caring for well. All the staff we spoke with said they had regular supervision and support from senior staff and managers. Staff told us they discussed the needs of the people they cared for and their own development needs as part of their supervision sessions. One staff member told us how they had received refresher training before a new person came to Hillside, so they had the skills and confidence to care for the person in the best way. Other staff we spoke with told us they felt the training they had received supported them to provide people with more effective care. For example, one staff member told us the dementia training they had received meant they could make sure “[Person’s name] has a better understanding of what’s happening, as the dementia training I have received has helped me to communicate better with [person’s name]. This means that [person’s name] is calmer and less anxious.” We saw that the registered manager discussed staff training at regular staff meetings, and checked staff had the skills to deliver effective care to people.

Throughout our inspection we saw staff share information so people received the care they needed. One staff member told us they regularly took part in staff handover meetings, and staff also used communication books and diaries. Staff coming onto shift knew if there were any concerns and followed these up.

We saw people’s capacity was considered when consent was needed. For example, one person did not have capacity to consent to move to a room that was more suitable to their needs. Staff had assessed the person’s

capacity and taken appropriate steps, so the decision was taken in the person’s best interests. The person’s relative told us staff had involved them in plans to change their family member’s room. The relative explained how changing the room had supported their family member to remain healthy, and told us “It’s a lovely room.” All the staff we spoke with had a good understanding of how laws in place to protect people’s rights affected how they needed to care for people. For example, staff knew which people had advocates and that other organisations may need to be involved in making decisions in the best interest of people. One staff member we spoke with told us if people have capacity to make decisions they, “Have the right to refuse and this must be respected.”

Staff told us about the restraint training they had taken part in. One staff member told us they had additional training when a new person came to live at the home. We saw that one person at the home may need restraining when receiving medicine from an external health professional. We saw records which showed staff had been given clear instructions to use the least restrictive form of restraint. Staff told us they had not needed to use any type of restraint with this person as they were always supported at this time by staff who knew them well, so they were less anxious. We saw staff had considered people’s capacity to leave Hillside on their own and had applied to the Local Authority to gain legal responsibility to restrict some people’s freedom to leave. The registered manager showed us some of the applications had been agreed by the Local Authority. Where the Local Authority was still considering the applications the registered manager had records to show this. Staff we spoke with were aware of the applications, and what they needed to do to care for people where any application had been made.

Two people who we spoke with told us they enjoyed the food at the home, and both people told us they always received choices. All the relatives we spoke with told us their family member enjoyed the food choices, and had enough food to keep healthy. One relative told us the “[Person’s name] is a good cook”. Another relative told us, “[Person’s name] enjoys the food so much that they sometimes want us to go sooner so that they can enjoy their dinner in peace.” Staff we spoke with told us they got to know people’s food preference and if they had any specific needs, for example, if people needed soft food or diabetes diets, and that these were provided. Staff told us how they encouraged people to eat and drink, where

Is the service effective?

required. For example, staff supported people to make choices about where they ate, so they were more likely to enjoy their food and eat well. We saw some people chatted together in the dining room at lunchtime, while other people chose to eat in their own rooms. Two staff members told us how they had encouraged one person to eat enough by offering them alternatives if they did not want any of the choices on the menu. One staff member told us that by talking to one person they had discovered they did not like to eat breakfast, but would enjoy a sandwich instead. This had been arranged, and the person maintained a healthy weight.

Staff knew which people needed assistance with nutrition and fluid, and were aware of nutritional risks people had. For example, where one person had to have their fluid intake restricted, all of the staff on shift knew how to support the person appropriately. This meant the person had the right amount of fluid and remained healthy. Staff we spoke with knew if people needed special diets to keep them healthy. For example, if people required diabetic diets, or needed their fluids to be thickened, to prevent

choking. We saw people's nutritional needs were regularly reviewed, so staff knew how to care for people effectively and people had enough to eat to maintain a healthy weight.

All the relatives we spoke with told us their family members had access to healthcare professionals when they needed them. One relative told us, "Staff always take [person's name] to the GP quickly if they are ill". Another relative told us, "They will get the GP in at a drop of the hat, if needed." One relative told us they had talked to their family member's GP about the mental health care their family member received at the home. Staff told us district nursing staff attended the home regularly, and any care suggested was followed through by staff, so people remained healthy. Records were available to show staff supported people to attend appointments with health professionals so they would remain healthy and well. We also saw health plans were in place for people. Staff told us these were shared with other health professionals, so people's health needs would be met. We saw staff made referrals to healthcare professionals on behalf of people, for example, GPs, dentists, chiropodist, dentists, district nurses, speech and language therapists and mental health teams, where needed.

Is the service caring?

Our findings

The two people we spoke with told us staff were caring towards them. One person told us, “Staff are kind, so it’s alright here”. Relatives we spoke with were positive about how staff cared for their family members. One relative told us that their family member got on well with all the staff and people living at Hillside. The relative went on to tell us that staff had been very kind to their family member after bereavement. Staff had taken time to chat to the person when they wanted to talk, and that this had helped their family member. Another relative told us how comfortable their family member was with the staff and told us that staff were caring. One relative told us that their family member had a good relationship with the staff, and their family member considered staff as friends. Another relative told us that they knew her family member was valued by staff. The relative went on to tell us that, “Staff have a laugh with them, and hug them when they need it.” Two relatives we spoke with told us the way staff cared for their family member made it, “The best place [person’s name] has ever been.” These relatives described staff as, “lovely”, and told us this made their relative less anxious and more settled.

People told us they were comfortable to ask for help from staff. One person told us, “If I need things staff get them for me.” Another person told us “Staff are good to me, get me my food and go for a walk with me.” One relative told us their family member preferred to spend time on their own, but staff encouraged them to spend time with other people and to do the things they liked to do.

We saw staff were kind and caring, and people who did not talk smiled at staff and put their thumb up to show they liked staff being around. Staff showed patience when caring for people, for example, when people asked for reassurance a number of times. Staff took time explain to people how they were going to care for them, and frequently checked if people needed help. For example, staff checked to see if people wanted a drink or needed personal care. We saw staff used different ways to communicate with people, so people understood what care was available to them. Staff encouraged people to say how they wanted their care to be given and staff listened to the decisions people made, so people felt valued. For example, how people wanted to spend their day, and what food choices they wanted to make.

Three relatives we spoke with told us they were involved in planning and reviewing their family member’s care. One relative told us their family member’s activity plans were always put up in their room. The relative explained to us they and their family member enjoyed chatting about what they had done when they visited. All the relatives told us staff listened to suggestions they made so their family members received the right care. For example, the types of things their family members could do without support. Staff told us two people in the home liked to do their own laundry, as this made them feel more independent. We saw staff encouraged people to maintain as much independence as possible. For example, when people walked staff gently encouraged them and gave them the opportunity to do this in their own time. People told us about the day to day decisions staff helped them make. One person told us, “Staff help me to decide what to wear.” Another person told us, “I chose how my room was decorated”, and smiled when they told us about the pictures they had chosen. A member of staff told us how they had supported another person to choose the new colour for their room so they would enjoy using it.

Staff told us how they got to know people. One staff member said, “I ask [person’s name], what he wants to do when he is relaxed.” Two staff members told us they chatted to people and their relatives to find out the best way to care for people. Staff also told us they checked the information in people’s care plans, so they knew how people liked to be cared for and how to care for them if they were anxious. Another staff member told us that if people could not talk with them they watched people’s reactions when they offered them choices so they could find out what people preferred. One staff member told us they had built such a good relationship with one person that, “[Person’s name] always asks for me when they want a shower.” We saw staff knew people’s needs and they spoke with affection about the people they cared for.

All the relatives we spoke with told us staff treated people with respect and dignity. One relative told us staff made sure their family member was treated with dignity and respect when personal care was given, and said staff “Always made sure that [person’s name] has privacy.” We saw staff spoke with people in a respectful way, and maintained people’s dignity. For example, we saw staff were discreet when they offered to support people with personal care, and they respected people’s decision to try to be independent where people wanted this. One staff

Is the service caring?

member we spoke with told us how important it was people had privacy when their relatives visited, so they could enjoy the time they spent with them. Another staff member told us how the staff team always worked together so people were discreetly supported with continence care. This staff member also told us they always made sure they had the right items to promote people's dignity when they

were out of the home. We saw that staff knocked on people's doors and called out to people by their names before entering their rooms, to check they were happy for staff to go in. Relatives told us they were able to visit their family members at any time, and that staff were welcoming.

Is the service responsive?

Our findings

People told us they made choices on a daily basis. One person we spoke with told us, “I ask staff if I want to go for a walk, or have a cigarette and they help me.” Relatives told us their family members received care that met their needs as they changed. One relative told us, “The care is tailored to their needs, they know them well.” This relative went on to tell us their family member’s room had been changed, so they were supported to limit the amount of fluid they had. The relative told us staff had arranged for her family member’s room to be decorated in the way they liked before they moved into the new room. The relative told us “You only have to go by the room to know it’s theirs.” Another relative told us that as their family member’s mobility needs changed staff had involved them in decisions about the right equipment to help their family member remain as comfortable and mobile as possible. Three of the relatives we spoke with told us they had helped to draw up their family member’s care plan. These three relatives had also attended care plan reviews, so their family member’s care would be delivered in the way their relative preferred.

All the relatives we spoke with told us communication with the staff was good, which meant they could be involved in decisions about how care was delivered to their family members. For example, all the relatives we spoke with told us staff let them know if their family member was unwell and involved them in plans about how to care for their family member in the best way as their needs changed. One staff member told us how they made sure people were involved in plans to care for them. The staff member told us, “We sit down and show people their care plans and try to explain with support from GPs or speech and language therapists. You have to try to figure out a way to help people to understand.” The staff member told us if people did not want to see their care plan, “You respect this, and just chat to them about it to see if what you have planned seems ok to them.” Another member of staff told us it was important to check to see if people needed help as not all of the people at the home could tell them themselves. This staff member told us, “You don’t just walk passed people, you check to see if they need help.” We saw where people needed assistance this was given promptly by staff.

Staff we spoke with had a good understanding of people’s care needs and preferences. Staff told us they got to know

how people liked their care to be given by chatting with them. For example, about the type of things they liked to do, and by checking records. Staff told us this was the way they knew what people preferred. One relative that we spoke with told us how staff always made sure their family member had the chance to go to concerts. The relative told us this was something their family member really enjoyed. Another relative told us staff knew their family member enjoyed gardening, and that staff had arranged for raised beds to be put into the garden. With help from staff, their family member had continued to enjoy their interests. Another staff member told us how one person was supported to stay in touch with their own culture through access to music, DVDs and food choices, “Which [person’s name] loves”. The quality of food and people’s preferences were checked through surveys people completed with support from their relatives and staff. We saw some of the suggestions made by people were acted upon. For example, some people had requested more hot food alternatives when the weather was colder, and this had been arranged

We saw people were enjoying an exercise session on the morning of our inspection. They laughed and chatted and responded positively to the session. Staff were supporting and encouraging people to join in. One staff member told us about baking sessions some people enjoyed. Relatives told us they could see how much their family members enjoyed taking part, as staff took photographs for them to see. One relative told us their family member had made pizza and cupcakes the week before our inspection. The photographs showed the relative how much their family member had enjoyed baking. A staff member told us people had smiled when they made Halloween cards. This staff member told us, “They loved this, but you know when they have had enough, as they put the cards down. I then asked if there was anything else they would like to do.” Relatives and staff told us about the holidays people were supported to go on. Staff had made sure the places people would be staying met their needs, so people would get the most out of their holidays.

We saw staff took time to talk with people about their interests. One member of staff told us how important it was to, “Have a bit of banter about things that interest people.” We saw this happened during our inspection, and people smiled when staff talked with them about things that were important to them. Staff we spoke with told us there was enough time to support people to do things they enjoyed.

Is the service responsive?

One staff member told us some people liked to go to car boots or shopping. Another member of staff told us one person did not like to do many activities, but did enjoy, "Going out for a curry". The staff member explained when they went out a few other people from the home went with them. In this way, the person was encouraged to be with other people in the home and did not become isolated. The staff member went on to say, "[Person's name] did not want to engage with people, but now they go out more and they are happier."

We saw staff shared information about people's needs as these changed. For example, when staff started their shifts they were given information about each person's physical health and wellbeing so they would know how to care for people in the best way, as their needs changed.

Staff supported people to maintain relationships with their family members. One person smiled as they told us, "Staff help me to see my Mum". Another person showed us a folder they always kept with them. The folder had family

photographs in. They smiled when they showed them to us. Staff knew how important the folder was to the person, and supported them to make sure they always knew where the folder was. All the relatives we spoke with told us staff were always welcoming. One relative told us how staff kept them informed about how their family member was, and told us "Staff always let us know if [person's name] is poorly, and what activities they have been doing."

Relatives told us if they had any concerns or complaints they would be happy to discuss these with staff. Information on how to make a complaint was available for people and their relatives. All the staff we spoke with knew how support people to make a complaint, and showed us they would take appropriate action. The registered manager told us there had not been any complaints made about the home for over 12 months. We saw one concern had been raised and that the registered manager had taken action to sort this out.

Is the service well-led?

Our findings

Relatives told us they felt able to make suggestions about the running of the home, for example, suggestions about hobbies and interests their family members like to do. All the relatives told us they had the opportunity to make suggestions about the running of the home directly to senior staff, or at meetings. One relative we spoke with said “The home is managed very well. Other residents and visitors are content. Everyone is treated equally.” This relative added, “There is always a good atmosphere at the home.” Another relative told us, “[The registered manager] is very open. We have been told to ask if we want to talk about anything.” One relative told us, “The manager is excellent, she’s open and fair.”

Two relatives we spoke with knew staff checked how people felt about the service by using surveys. One relative told us staff checked how her family member felt about the care they received and the quality of the food when surveys were done. The relative explained they had made a suggestion to reduce the length of staff shifts, as they knew staff had to work hard to support people. The relative knew staff had been asked about this, and staff had said they would prefer the shift patterns remained the same. The relative told us that even at the end of shifts staff remained, “patient and kind to all the people living at the home.” Another relative told us they had felt comfortable to raise a concern recently and the registered manager had thanked them for raising their concern. The relative told us they were confident the registered manager would sort out the concern.

Relatives told us they were kept informed of plans to change the home, for example, work to improve the garden. Three relatives told us staff had made sure they were involved in making plans for their family members’ rooms to be redecorated, so their family members’ preferences would be taken into account.

We saw the registered manager made sure staff had the right information so people’s care would be given in the right way. For example, the care needs of individual people were considered at staff meetings. Staff meetings were also used to discuss staff training needs and to explain what the registered manager expected staff to do. For example, promote people’s choice and independence. One member of staff we spoke with told us how staff were encouraged to make suggestions for improvements to the service, and

that these suggestions were listened to. The staff member went on to explain they had suggested towels in people’s rooms were personalised, so their rooms were more homely. The staff member confirmed this suggestion had been taken up. We saw care plans gave staff clear instructions so staff would know the best way to care for people, and that these were checked by the registered manager and provider. One staff member we spoke with told us, “The home is well run. If the registered manager wants us to do things differently she tells us straight away.” Another member of staff told us, “I enjoy it here. I get support from the whole team, and if needed the senior staff and manager also jump in to help.” This staff member went on to tell us, “It is a happy home.” We saw the registered manager and senior staff chatting to people, relatives and staff throughout our visit, and providing guidance and support to staff.

All the staff we spoke with told us they felt supported and well managed. One member of staff told us, “I can go to my team leader at any time, and feel I can talk to the senior staff if I have any concerns or want to make suggestions”. Staff told us how they were encouraged to work with other organisations so people would continue to receive good care. For example, with GPs, district nurses, mental health teams and social workers. The registered manager told us they had worked with the Worcestershire County Council’s Quality and Contract Team, and Investors in People to develop the home further. For example, by improving people’s continence care so their skin remained healthy. We saw where action plans had been put in place action had been taken.

The registered manager told us about checks they undertook each month so they could take action to protect people and improve the service. We saw there had been one safeguarding since 2014. This had been investigated by the registered manager who had taken appropriate actions. The monthly audits showed the registered manager knew about any complaints, accidents, falls, medicine errors or changes in people’s health needs. We saw there was a process in place to develop action plans if these were needed. We saw that staff meetings were used to talk with staff about any actions they needed to take. For example, leading on specific areas of work such as medicine, so support would always be available to staff and people would have their needs met in a safe way.

Is the service well-led?

The registered manager told us they felt supported by the provider. For example, they had the opportunity to discuss developing the home at regular meetings with other managers. The registered manager also told us the provider's Operations Manager had supported their requests for the refurbishment of the home. Staff told us

that this work was underway, and a number of bathrooms and people's rooms had already been redecorated. We saw that the provider also checked on the quality of the care provided at Hillside on a regular basis. This included checking the right number of staff were available, so that people remained safe and well cared for.