Care UK Community Partnerships Ltd

Hinton Grange

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Hinton Grange is a two-storey building located in a residential area of Cambridge. The home provides accommodation for up to 60 people who require nursing and personal care. The home has communal lounges and dining areas on each floor and all bedrooms are single rooms with an ensuite toilet and washbasin. A comfortable sitting area has recently been created in the home's entrance hall with coffee available to welcome families and friends.

This comprehensive inspection took place on 7 June 2016 and was unannounced. There were 48 people living at the home when we visited.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home is run. The registered manager had been in post since August 2015.

Medicines were not always managed safely and the provider had not ensured that there were sufficient quantities of medicines available to meet people's needs.

Staff had undergone training and were competent to recognise and report any incidents of harm. Potential risks to people and to their health were assessed, recorded and managed so that people were kept as safe as possible.

There was a sufficient number of staff on duty to meet people's assessed needs and staff had been recruited in a way that ensured that only staff suitable to work in a care environment were employed. Staff had undertaken a range of training courses so that they were equipped to do their job well.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. Appropriate applications had been made to the relevant authority to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves.

People were supported to maintain good health and their healthcare needs were met by the involvement of a range of healthcare professionals. People were given sufficient amounts of food and drink and the nutritional needs of people who required special diets were met. The environment was not always used in a way that supported people who preferred a calm space to sit in.

There was a range of quality in the care provided. Most staff showed that they cared about the people they were looking after and treated people with kindness, respect and compassion. People found communication difficult with some of the staff. People's privacy was upheld and personal information was

kept securely so that their confidentiality was maintained. Visitors were welcomed to the home at any time.

Care records included care plans which gave staff guidance on how to meet people's needs so that each person received the care they needed in the way they preferred. People and their relatives knew how to complain and complaints were responded to in a timely manner. A range of activities were provided for people.

People and their relatives were encouraged to share their views about the service being provided to them in a number of both formal and informal ways. Staff were also given opportunities to share their views about ways in which the service could continue to improve. Staff understood the provider's whistleblowing policy. Audits of aspects of the service were carried out to check that a high quality service was provided. Records were maintained as required.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Medicines were not always managed safely. There were not always medicines available for people to be given the medicines that had been prescribed for them.

Potential risks to people were identified, assessed and managed so that risks to people's safety were reduced. Staff had undertaken training in safeguarding and knew how to keep people safe from harm.

There was a sufficient number of staff on duty so that people's needs were met and people were kept safe. Staff recruitment had been done in a way that made sure that only staff suitable to work in a care home were employed.

Is the service effective?

Good

The service was effective.

The rights of people who lacked capacity to make their own decisions were protected.

Staff had received training and support to enable them to carry out their role.

People's healthcare needs were monitored and met. People received suitable food and drink in adequate amounts so that their nutritional needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

There was a range of quality in the attitude of the staff. Not all staff were kind, compassionate and caring.

People were not always treated with respect and were not always supported to maintain their dignity. People were given opportunities to make choices about most aspects of their daily lives.

People's confidentiality was preserved and their personal information was kept securely.

Is the service responsive?

Good

The service was responsive.

Personalised support plans were in place and gave staff detailed guidelines on the support needed by each person.

A range of activities and outings was arranged with people so that they had plenty to do to keep them occupied.

People's relatives knew how to complain and their complaints were responded to in a timely manner.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post and the home had a clear management structure.

The registered manager was approachable and people, their relatives and the staff had a number of opportunities to give their views about the service provided.

Quality assurance checks on various aspects of the home were carried out by a number of the provider's team of managers.

Hinton Grange

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 home, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by two 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 at this inspection was a carer for relatives who had a number of conditions.

Prior to the inspection we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

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.

During the inspection we observed how the staff interacted with people who lived at Hinton Grange. We spoke with six people who lived there, eleven members of staff (two nurses, eight care workers and one hostess), the deputy manager and the registered manager. We also spoke with five people's relatives. We looked at two people's paper care records and two people's electronic care records as well as some other records relating to the management of the home. These included such as staff training records, compliments and complaints and some of the quality assurance audits that had been carried out. Following the inspection we asked the provider to send us some additional information.

Requires Improvement

Is the service safe?

Our findings

During our visit to Hinton Grange we looked at the way medicines were managed. In one area of the home we found that medicines were managed well. Records showed that staff had signed the medicine administration record (MAR) charts to show that medicines had been given; medicines had been stored at the correct temperature; and medicines no longer required had been disposed of correctly.

However, in the other area of the home we had concerns about the management of medicines. We checked the amounts of some medicines remaining in their original packets and found that the amounts did not always tally with the records. We also found that some people had not been given some of their medicines because the medicines had run out. For example, for one person one of their medicines had been out of stock from 20 May 2016 to 31 May 2016 and another of their medicines, which was still out of stock on the day we visited, had run out on 1 June 2016. For a second person, one of their medicines had not been available for two days. Another of their medicines, which should only be stopped under doctor's orders, had not been given to them from 18 May 2015 to 23 May 2016. This meant that people had not always been given their medicines safely or as they had been prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Hinton Grange. One person explained, "I feel safe because before I was on my own but I'm not on my own here." Another person said, "It is safe here because I ring the bell and someone comes." People also told us that they had not heard any of the staff raise their voices to anyone.

The provider had systems in place to keep people as safe as possible from avoidable harm. Staff had a good understanding of the meaning of safeguarding and told us they had undertaken training in this area. One member of staff described safeguarding as "protecting people from abuse." Staff demonstrated that they would recognise signs of people suffering harm and said they would report to the nurse or managers. Not all staff were clear about the role of external agencies, such as the local authority, in safeguarding but knew they could find telephone numbers to ring if they needed to. There were 'Stop Abuse' posters on display on notice boards throughout the home. The poster was also included in the welcome pack, which each person received when they moved into the home.

Care records showed that assessments of potential risks to people had been carried out and guidance had been put in place for staff so that the risks to people were minimised. The registered manager told us that the provider's policy was to put assessments relating to some risks in place for everyone. Risks included choking, falling, falling out of bed, developing pressure sores and not eating or drinking enough.

We checked whether there were enough staff to keep people safe. The registered manager explained that staffing numbers were based on the level of care each person needed. This was checked weekly, a score was given and the results used to calculate the number of staff needed. On the day we visited we found that there were enough staff on duty. There were five care workers and one nurse working on the top floor and six

care workers with one nurse working on the ground floor. There were a number of other staff, including hostesses and domestic staff, also on duty on each floor.

There were mixed views from relatives about whether there was a sufficient number of staff employed. Relatives made comments, which indicated there were times when there were not enough staff. One relative said, "There aren't enough staff, I know that, I'm here a lot and if someone needs two people, which they do, then everyone has to wait". Another relative told us, "People have to wait, they call out." However, people felt that call bells were answered quickly enough; "within a few minutes." The registered manager told us that she carried out a spot check to test the length of time staff took to answer the call bells and had found they were answered in a timely manner. One member of staff told us that "mostly it's OK, there's enough staff."

Relatives also told us that staffing was worse at weekends. One relative said, "They are short of staff, particularly at weekends sometimes there are only two and when things get busy there aren't enough". A second relative said, "There's less staff here on weekends; that's not so good"; The registered manager confirmed that fewer staff were employed at weekends in that there were no hostess, maintenance or administration staff on duty. However, the registered manager told us that there had never been 'only two' care staff on duty. They said that there had been two occasions when staff sickness had not been covered and on both occasions the registered manager and the deputy manager had covered the shifts. The registered manager said that staff rotas confirmed this. There were also fewer staff to do the cleaning and three relatives told us that, although the registered manager had improved the cleanliness of the home, the home was not kept as clean at weekends.

The provider had a recruitment policy and procedure in place, which ensured that only staff who were suitable to work in a care environment were employed. Staff confirmed that all the required checks, such as references, identity and a criminal record check, had been undertaken before they were able to start work.

There were policies and procedure to ensure that people were kept safe if there was an emergency. Each person had a personal emergency evacuation plan in place so that all staff, and external agencies such as the fire service, would know what assistance that person would need in the event of an emergency such as fire or flood. These were detailed in each person's care plan. Also, there was a discreet colour code on each door which indicated whether the person was ambulant or would need assistance. The maintenance team carried out regular checks of the fire safety system and other areas such as electrical safety, equipment maintenance and water temperatures to ensure people were as safe as possible. Staff knew what to do if there was a fire and told us that fire drills were held regularly and were unannounced.

Good

Is the service effective?

Our findings

In the PIR the provider told us that staff had undertaken a wide range of training. The provider wrote, "For resident's needs to be met in an individualised and detailed manner the home ensures that all staff are provided with induction training, mentoring, ELearning and continual training pertaining to safeguarding, dignity, dementia, nutrition and health & safety."

Staff told us that new staff had been given an induction. The provider wrote, "Care UK are committed to providing all new colleagues with a full induction and training package with the option of gaining the care certificate and NVQ qualifications." The registered manager stated that the majority of care staff had gained a nationally recognised vocational qualification (NVQ) in care at either level two or level three. Other staff had also had the opportunity to gain a qualification: a hostess told us they had undertaken an NVQ for their hostess role.

Staff confirmed that they were up to date with all the required training. They explained that the majority of training was via the computer (e-learning) but some topics were also face-to-face. For example, safeguarding training had been undertaken as e-learning and then a member of the provider's head office staff had provided a session on local safeguarding protocols. The registered manager said that 95% of staff had undertaken safeguarding training. Other training topics included moving and handling, dementia, fire safety, health and safety, mental capacity and deprivation of liberty. Nursing staff had undertaken training in topics relevant to their nursing, such as catheterisation, and senior staff had been offered management courses. This meant that the provider had given staff opportunities to gain the knowledge and skills required for their roles.

Staff told us they felt supported by the management and nursing staff. They told us they had regular one-to-one supervision and they had an annual appraisal. These conversations gave staff the opportunity to discuss any concerns, their training needs and their future goals. In the PIR, the provider wrote, "Staff supervisions, performance reviews and appraisals allows both supervisees and supervisors to monitor staff understanding, progress and satisfaction."

On the day we visited Hinton Grange an agency nurse was covering the shift for a member of staff on sick leave. The registered manager stated that this agency nurse had received a thorough induction when they started their first shift. The agency nurse told us that the nurse who had been on night duty had taken them round each bedroom and explained each person's current health, medicine requirements and whether there were any concerns. The agency nurse also told us that they looked at the care records if they needed any further information, for example if the person had their medicines covertly.

The agency nurse had not worked at the home for several months so the medicines round took longer than usual. However, the deputy manager was working with the agency nurse to make sure people received the correct medicines and they told us they would ensure that there was the recommended time between doses if people took the medicine several times a day. The agency nurse said they felt well supported by the managers and by the staff team.

The provider employed a number of staff whose first language was not English. We found they had varying levels of understanding of the questions we asked. One person who lived at the home said, "The carers are kind but some just don't understand." A relative told us that some staffs' use of the English language was not good enough for them to understand or be understood by some of the people who lived at Hinton Grange. The relative said, "It's difficult for some residents; you can see them looking puzzled." Staff also told us they sometimes found difficulty in communicating with some of their colleagues. One member of staff said, "Sometimes it gets frustrating when we don't understand each other."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider wrote in the PIR, "Staff training includes ... MCA to ensure residents are treated with dignity and respect at all times." Staff confirmed that they had undertaken MCA training and all except one member of staff (who was receiving additional support from the management team) demonstrated a good understanding of the principles of the MCA. One care worker was clear that the MCA was about "people making their own decisions" and described a number of ways they enabled people to make choices about their daily lives. The registered manager was very clear about their responsibilities in relation to MCA and DoLS.

Care records showed that staff had completed assessments of people's mental capacity to make certain decisions. For some people who lacked capacity, applications for authorisation to deprive them of their liberty had been made to the local authority. Three applications had been authorised, which meant that some decisions could be made legally in each person's best interests. There were no conditions on the authorisations. This meant that the provider had taken steps to ensure that the rights of people who did not have capacity to make important decisions were respected.

People told us they were always given a choice of food and drinks. We saw that people did not have to choose in advance; the choice of meal was given at lunchtime as the meal was being served. People who needed their food to be pureed had the same choice as everyone else. On the day we visited the main course was salmon in a white sauce or sausage casserole. The chef made a meal of their choice for people who did not like either of the meals on the menu. There was also a choice for dessert.

Everyone we spoke with told us that the food was good and we saw that people enjoyed their lunch. One person told us, "The food is excellent. I'm a bit fussy and if there is nothing I like they will get me something I do like." Another person said, "I have plenty of food and drink, sometimes too much." A third person told us, "The food is very good, very good. You couldn't match it." A relative explained that although they had not eaten at the home "my other family have and they say it is really good food." Another relative told us, "The food is generally decent and there is a good choice."

As well as pureed and soft food for those that needed it, people with other dietary needs, whether medical, cultural or purely through choice, were also catered for. The registered manager told us they had arranged for the chef and kitchen staff to serve the meals so that they were fully involved in the mealtime experience for people.

People were also given plenty to drink. We saw that a choice of drinks was available at all times and people knew they only had to ask. Staff knew who needed thickener in their drink and we saw that this was used when required. There were kitchenettes in each of the main lounge/dining rooms and staff made drinks whenever people wanted them. An exercise class had been introduced, which included breaks and encouragement to drink at set intervals throughout the session. This ensured that people taking part did not become dehydrated.

Staff used a recognised method to assess people's nutrition and hydration needs and the assessments were regularly updated. People were weighed each month, or more often if they were at risk of losing weight, and staff requested advice from the community dietician service when necessary. The chef used plenty of high calorie supplements, such as butter and cream, in food for people who were in need of additional calories. This meant that people's nutrition and hydration needs were met.

People's healthcare needs were met by the involvement of a range of professionals who visited the home and by staff supporting people to attend appointments. People told us that staff asked the GP to visit when they needed to see a GP and that a chiropodist came to the home. The nurse told us that on the day we visited one person had had a number of falls so their GP was coming to see them. One person told us that staff arranged their twice-weekly visits to the hospital. They said, "They sort out the hospital transport and I am ready in time to go… I get exhausted and they are very good." A relative told us that staff accompanied their family member to appointments: "They are good, they arrange all the hospital visits and the carer goes with him too because that's what he asks for."

One family told us about the care their family member was currently receiving from an external provider who was working with the staff at Hinton Grange. They said, "We have the palliative care nurses from the hospice coming in. They work with the care home. They talked to him about an end of life plan and they also involved us and a carer so everyone knew what was going on." This meant that suitable arrangements were in place to support people to maintain good health and well-being.

We saw and we were told that the design of the communal space that was in use did not always meet people's individual needs. The large lounge/dining room on the ground floor, used by people living with dementia, was often very noisy. Some people were displaying some behaviour that was challenging others, including using some foul language. Some people found this very difficult to cope with. One person told us, "I don't like it here because …it's very noisy but I don't have anywhere to go." One person's relative told us, "He can't stand the noise so he sits in the corridor." Another relative told us that their family member "was very distressed downstairs but they were moved upstairs and suddenly [the person] is much calmer and much happier."

Staff also commented that sometimes the large lounge was very noisy. They said that people found it was not conducive to activities or conversation. The registered manager showed us that a second lounge on the ground floor had recently been refurbished and was now a 'garden lounge'. It was a calm and peaceful room but we did not see anyone using it. Staff told us they thought that some people would have benefitted from the calm of this lounge but that there were "not enough staff to separate people." This meant that the arrangements in place for people to have access to appropriate space were not always suitable.

Requires Improvement

Is the service caring?

Our findings

Relatives of a person who had died had sent a thank you card to the staff. They wrote, "Very many thanks for looking after dad so well during his stay. The fact that he was cheerful, well-fed and well-presented meant so much to us, and hopefully to him. We'll remember you all with fondness and gratitude." Another relative had written, "I am taking this opportunity to thank everyone at Hinton Grange for the excellent care which they gave to [name]… The carers showed immense love, understanding and compassion towards [name]. They gave support and help to me…". A third bereaved relative wrote, "Thank you all at Hinton Grange who looked after my [family member] so well…in particular the nurses and care assistants who looked after [name] in the final weeks." This relative added, "The funeral director was extremely complimentary about the care [name] had been given after she died. [Name] looked lovely."

People and their relatives told us that there was a range in the quality of the care being provided at the home. People's comments included; "Most of the carers here are excellent"; "Some carers are lovely"; and "The carers are very kind. They wave as they go past." Some relatives were complimentary about the staff. One relative told us, "The carer is really good, very supportive of us." Another relative told us, "The staff are good here, very kind, there just aren't enough of them." A third relative stated, "They've got some very nice staff here. [Name of staff member] works very hard. She's like a dynamo, always doing something and it always benefits the residents." Their family member agreed and said, "She's really lovely." The home's hairdresser said, "The care is really good, staff are always focused on the individual."

We saw some excellent care and interaction between staff and people who lived at the home. For example, one member of staff, with support from a couple of other staff, was organising activities for people. One person who lived at the home was teaching a member of staff to dance. People were singing and dancing, throwing balls around and clearly having a lovely time. There was lots of laughter and light-hearted banter which people enjoyed. Even people who were not fully engaged with the activity were enjoying the atmosphere. One person said to us, "Come in here and have a laugh, we always have a laugh." Two nurses were supporting people to take their medicines. They both spoke to people with great kindness, patience and empathy, explaining what the medicines were for and taking their time to make sure people were comfortable about taking the medicines. During lunch we saw some staff sitting with people, assisting them to eat and chatting pleasantly to them.

Staff told us that there were a lot of very good staff who worked at the home. One member of staff told us, "The care is much better; very good now." Another said, "Some staff are brilliant, they talk with the residents." We saw that some of the staff showed concern for people's well-being and met their needs in a caring and compassionate way. In particular, the staff member leading the OOMPH (Our Organisation Makes People Happy) exercise session showed kindness and compassion to everyone in the room. This member of staff knew each person and their abilities well, gently encouraging people to join in or suggesting they had a rest if they were getting too tired. The member of staff gave lots of praise and made sure she spoke to everyone.

However, people, relatives and staff also told us, and our observations confirmed that some of the care

being provided was not so good. One person was pleased that we had spoken to them. They said, "You don't get much of that here." One relative felt that "they [staff] don't actually know the residents, they don't bother to find out about what makes them tick… I don't think they're interested." We found that some of the staff did not know anything about individual people and their past lives. During lunch we saw staff assisting people to eat without saying a word to them, not even explaining what food was on each forkful. We saw staff move people in their chairs without any prior explanation about what they were about to do.

Staff told us that the care varied from day to day. One member of staff said they always knew what kind of day it was going to be by the staff who were on duty. Another member of staff said, "Some [staff] … just sit and don't interact with people." Another member of staff told us that "the care given is very good – look after them [people] as your family."

Most people said that most staff respected their dignity. One person said, "They are very good with all that [personal care]. They always make sure the door is shut and they draw the curtains too." A regular visitor to the home told us that people were "not ramshackle". They explained they meant that people were clean and tidy and their clothes were coordinated. People were offered protection for their clothes at lunchtime so that their clothes remained clean, preserving their dignity. However, one relative told us that staff did not check on their family member often enough. They said that sometimes the person's continence needs were not met quickly enough because staff only checked the person every four hours: "It's not right; [name] would hate it if more aware. It's not dignified."

People also told us that staff gave them choices in their daily lives. One person said, "We can do what we want. I don't have to get up if I don't want to." Another person told us, "They tell me it's my choice about things; I don't have to do anything." However, two people told us that they were not given choice in an aspect of their care that was very important to them. One person said, "They asked me about male or female [staff to support them with personal care]. I told them I wanted female but sometimes I have to have a male or I wouldn't get my wash. I don't want a man seeing my [private areas]." Another person's relative said, "He feels much safer with male carers…. but you have to have whoever is available." This meant that people's dignity and choice were not always respected.

People and their relatives confirmed that visitors were welcomed at any time. One person said, "No, there is no restriction on visitors here." A relative told us, "I can come whenever I want to and if I'm worried I do." On the day of the inspection there was a large number of relatives visiting their family members, especially over the lunch period. One relative told us that they often came after lunch and checked whether their family member [who stayed in their bedroom] had been given their lunch. They had found on a couple of occasions that they had not. We discussed this with the registered manager. She told us that a system was in place to ensure that everyone, wherever they were, had been given their lunch or it was being saved for them if they wanted it later. The registered manager said that she carried out spot checks about 45 minutes after the food trolleys had been taken to the dining areas. She had not found any evidence that people had not been given their meal.

The registered manager told us that advocacy services were advertised around the home so that people could contact an advocate if they needed an independent person to act on their behalf. Advocacy was also mentioned in the welcome pack which each person received on admission to the home.

Care records were kept securely so that people and their families could be assured that people's confidentiality was respected.

Good

Is the service responsive?

Our findings

In the PIR the provider told us that "full and comprehensive" pre-admission assessments were always carried out before a person was admitted to the home, "to ensure we can meet the needs of the individual who requires our care." The registered manager confirmed that assessments took place and we saw these in people's care records. The provider stated that "overnight stays and
mealtime visits are also offered prior to admission as this enables the resident to gain a feel for the home."

Each person had a care plan in place. These had been developed from the initial assessments and reviewed as staff had got to know each person. Care plans were written in a personalised way and gave staff detailed guidance on the way that person preferred to be supported in all aspects of their lives. Care plans were cross-referenced to risk assessments and to care plans relating to other aspects of the person's care. Care records included information about people's life history and people's likes and dislikes.

The provider used a computerised care record management system for people's care records and also kept a paper copy of the information that staff would need if the computerised system failed. The deputy manager showed us the system, which enabled staff and management, including relevant staff at the provider's head office, to access and monitor information about individuals. This meant they could check, for example that a person's wound had been dressed at the required intervals and that care plans had been regularly reviewed. Care staff as well as nurses and managers had access to the system and were responsible for inputting information about each person at least twice a day. The system flagged up if this had not been done.

The provider wrote, in the PIR, "Residents and relatives are encouraged to make amendments to the care plans to assist the staff to have a better detailed understanding of the resident's needs, choices and preferences." People and their relatives told us they had had very little input into the care plans. One person said, "I've never heard of a care plan. No-one has spoken to me about it, not ever." A relative remembered being asked about end-of-life for their family member but could not remember what they had said. However, people told us that generally they were getting the care they needed, in the way they wanted.

Two relatives told us that the care was not personalised enough. They said that their family members were given too much choice and too much independence for their level of understanding. One relative explained that sometimes their family member made choices, such as not walking, that were detrimental to their well-being. Another relative said their family member was left to do things for themselves, such as sorting out their clothes, which they could not cope with. The registered manager explained that people were supported and encouraged to retain as much independence as possible. If people chose not to do something, such as walk, staff could only encourage.

When we visited the home there were a number of activities going on throughout the day, on both floors. People told us that the activities coordinator had left but we saw that care and hostess staff were organising and leading activities. These were taking place on each floor and people were really enjoying getting involved. In the afternoon, everyone who wanted to sat in the main lounge on the ground floor for a sing-

along session with an external entertainer. A folder of photographs in the entrance hall of the home showed that a lot of activities and outings had been taking place. People told us there had not been any outings since the activities coordinators had left a few months previously. The registered manager reported that dial-a-ride had been booked for later in the year and the first outing was going to be to Cambridge's botanical gardens. During the day people were involved in singing, dancing, playing with balloons and a parachute, and an exercise session. In the afternoon there was a singer in the main lounge and everyone who wanted joined in. People really enjoyed it.

People and their relatives told us they knew how and to whom to complain. Most people had not felt the need to complain. One person said, "I've been here [for several months]. I've no complaints." A relative told us they had had complaints. They had spoken to the [registered] manager "and they've [the complaints] been dealt with very quickly."

The provider had a complaints policy and procedure in place. This was displayed around the home and we saw a copy in the welcome pack given to each person when they moved into Hinton Grange. The provided stated, in the PIR, "We welcome complaints and concerns as it gives us the opportunity to look in to the current service we provide and in what areas we can improve in. The manager has an open door policy and relatives and residents are actively encouraged to raise concerns or make suggestions to the current level of service we deliver. We share and learn via staff supervisions and team meetings and openly discuss ways to improve and move forward."

Good

Is the service well-led?

Our findings

There was a registered manager in post. They had been in post since August 2015. The registered manager and deputy manager were both registered nurses. Most of the relatives and some people we spoke with knew who the registered manager was. Relatives were very complimentary about the registered manager. Their comments included, "The manager is good, she is available to talk to in the office"; "[The manager] has turned the place around and generally she's done a good job"; "I can always talk to the manager in the office"; and "The manager has said 'if I don't know then I can't do anything about it'."

Staff made positive comments about the registered manager. One member of staff told us, "The manager is very good, very definite with what she wants. The home is much better now. Everything is more organised than before." Another member of staff said, "Management is good. Things have improved since [the registered manager] has been here: environment and atmosphere. Everyone's happy." A senior member of staff explained that before the registered manager took up her post staff had felt unsupported and not listened to. The managers had had to go back to basics and "rebuild the team." This member of staff said, "It's much improved. Staff are valuing each other and enjoying coming to work. It lifts the residents when staff are happy."

The registered manager praised the staff. She said that a lot of the staff "are very supportive". She told us there were "some very good carers who have the residents' best interests at heart." The registered manager knew that the changes that had taken place "couldn't have been done without them [staff]." She also explained that a lot of the changes were the result of ideas that came from the staff.

People told us they were happy at Hinton Grange. One person said, "It's a lovely place this is." Another person told us, "I like it here and I'm happy." Staff also told us that they liked working at Hinton Grange. One said, "Most days I do like being here. Some days are stressful otherwise I do love being here." Another told us, "The care is much much better – very good now. I'm happy."

The provider had a number of ways to gather the views about the service being provided to people at the home from everyone involved in the home. In the PIR the provider wrote, "feedback allows us to provide a better outcome for all concerned." Meetings for 'residents and relatives' were organised by the registered manager and held regularly. We saw that the minutes of the meeting and an action plan that the registered manager had drawn up to address any issues raised were on display in the entrance hall. Written surveys were sent to people, their relatives and other professionals who had contact with the home.

Staff were also given opportunities to put forward their views about the service and make suggestions about improvements. Staff meetings were held and minutes written so that staff who were not able to attend would know what had been discussed. The provider had recently asked staff to complete a written survey. The registered manager had given each staff member time, with a drink and a chocolate biscuit so that they would complete the survey. There had been a 100% response. The provider was in the process of collating all the responses from staff across all their homes. Staff knew that they could talk to the registered manager at any time. They told us "[The registered manager] has an open-door policy for everyone."

Staff understood the provider's whistleblowing policy and knew they could raise concerns about poor practice if they needed to without fear of recrimination. One member of staff told us that they would be comfortable to blow the whistle. They were confident the registered manager "wouldn't tell names and would listen in private."

Hinton Grange had some links with the local community, including local churches and schools. The registered manager was aiming to improve these links for the benefit of people who lived at the home.

The provider had a system in place to make sure that the service delivered by the staff was of the highest possible standard. In the PIR the provider gave us a list of the audits that had been carried out to ensure a high quality service. These included checks done by the nurses; daily checks by the deputy manager and registered manager; monthly audits carried out by the registered manager on a topic decided on by the provider; and unannounced audits by the provider's quality and governance team. The results of all the checks were collated into action plans and into the Service Improvement Plan.

Records were maintained as required and kept securely when necessary. Records we held about the home confirmed that notifications had been sent to CQC as required by the regulations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that there were sufficient quantities of medicines available to ensure the safety of people who lived at the home and to meet their needs. Medicines were not always managed safely. Regulation 12 (1), (2)(f) and (g)