Hillbrow Residential Care Home Limited

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Inspection report

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Date of inspection visit: 26 and 28 November 2015
Date of publication: 08/02/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 26 and 28 November 2015. The first day of the inspection was unannounced.

Hillbrow is located close to the centre of the small market town of Crediton. It consists of a large main house with the addition of single storey extensions. Hillbrow provides personal care and accommodation for up to 24 older people, some of whom are living with dementia. There are 22 single rooms and one double room, over two floors and there is a passenger lift in place. There is a large enclosed garden, with a pond. At the time of the inspection there were 23 people living at the home. At the last inspection of 19 September 2013, the service was meeting all of the standards inspected.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were sufficient numbers of staff to provide support and care for the people living at the home. Staffing numbers had recently been increased to meet increased needs of people. Risk and safety was managed well at the home. Staff supported people to keep safe, whilst still encouraging independence and freedom to do what they wanted. For example, by people being able to leave the home by themselves and staff observing them unobtrusively to ensure they were safe. Any accidents or incidents were investigated thoroughly and lessons learned would be shared with the staff team. Staff received training to keep their skills up to date and felt well supported by the registered manager and provider.

The building was well maintained, clean and hygienic. Staff took great pride in the cleanliness of the home. There had been investments recently in new carpets throughout some communal and corridor areas. A bathroom was to be converted into a new wet room, after full consultation with the people living at the home. People's bedrooms were individually furnished; with many people bring their treasured items of furniture and belongings to the home. This made them feel settled and the room ' their own'.

Without exception people spoke to us in about the outstanding caring nature of the staff. Relatives told us that they were always made to feel very welcome and cared for when they visited. They said that staff always took time to talk to them and offer them drinks and so on. Comments included "Hillbrow has been so incredibly kind to my relative. They have been absolutely brilliant. They couldn't have made us more welcome. They have done so much to help her, they are amazing. I can't sing their praises enough. Our experiences are that it's incredible." Another relative said "I think it's brilliant. Right from the first call to them, to x moving in.'' We read a poem written by one of the people living at the home about the kindness shown to him and how happy at Hillbrow life could be. Another person told us "They don't refuse me anything. They are very kind and I couldn't ask for a better crowd."

Health care professionals told us that staff always contacted them when they needed advice and they followed instructions well. There were good systems in place to record any health or social care professional advice and any visits were always discussed at the staff handovers. This meant that care staff were kept up to date about people's current needs and care. Staff encouraged people to make choices about their everyday lives, and this was also recorded in peoples care plans. Care plans were reviewed at least every month and where possible people were also involved in discussing their care needs.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection, applications had been made to the local authority in relation to people who lived at the service. The registered manager told us these were waiting to be approved.

Staff received regular training, supervision and annual appraisals. Staff told us that they were able to attend external training, as well as in house provision. The following week four staff were attending a dementia training course at the local hospital. There were regular activity sessions at the home, coordinated by an activities organiser who worked four days a week. People told us they enjoyed the quizzes and entertainment. There was a range of games, books, puzzles, crafts and so on for people to use. People told us they were looking forward to Christmas and all the events that had been planned with them.

There were systems in place to quality assure the standards and safety at the home. These included regular audits, surveys and resident and staff meetings. Where there were areas that needed to be improved, the provider and registered manager made sure that they made the changes and monitored them.

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.

Good

People felt safe at the home. There were good recruitment processes in place to ensure staff were suitable to work at the home.

There were sufficient numbers of staff on duty and staffing had recently been increased at peak times of the day to ensure everyone's needs could be met in a timely way

Risks to people were managed well.

Medicines were well managed.

Staff knew their responsibilities to safeguard people and report abuse.

Is the service effective?
The service was effective.

Good

Staff received training which kept them up to date and support people.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people

People were supported to access health and social care support services when needed

People enjoyed the meals at the home and were supported to maintain a healthy diet.

Is the service caring?
The home was exceptionally caring.

Outstanding

All relatives and people at the home said that the staff were very caring in their approach in ensuring their needs were met in a personalised way.

Relatives felt there was excellent attention to detail.

People said that their privacy and dignity was met at all times.

People were involved as much as they could in decision making on a day to day basis.

Is the service responsive?
The service was responsive.

Good

People were listened to, their views were acknowledged and care and support was delivered in a way that people preferred.

People knew how to make a complaint and knew this would be responded to by the staff.

There were a range of activities available for people to take part in, and staff were aware of people's likes and dislikes.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and they were active and visible in the home. They and a senior care supervisor worked alongside staff and offered regular support and guidance.

The provider and registered manager monitored the quality and culture of

the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management of the home.

They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Hillbrow Residential Care Home Limited

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 26 and 28 November 2015. The first day of the inspection was unannounced. One adult social care inspector carried out the inspection.

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 also looked at statutory notifications and a recent 'enter and view' report from Healthwatch Devon.

We spoke to 11 people who lived at the home and eight relatives. We also spoke to the registered manager, the provider and 11 staff members, including the domestic, the cook, activities organiser, care workers and a senior care supervisor. We contacted the local district nurse team, the mental health team, the local GP surgery and commissioners and received feedback from three health/ social care professionals.

We attended a staff handover meeting, sat in part of an activity session, accompanied a care worker on part of a medicines round and had lunch with the people living at the home. We looked at a range of records. This included staff and resident meeting minutes, three care records, building safety and equipment checks, audits, policies and procedures, two recruitment records and medicines records.

Good

Is the service safe?

Our findings

People said they felt safe at the home. Surveys undertaken by the service over the last three years showed that all people asked felt safe and secure. Health Watch Devon had carried out an 'enter and view' visit in June 2015. Their report stated 'the friendly care they received made them feel safe and respected. Staff members were always ready with time, help and support'.

Staff understood the principles of safeguarding and protecting people from harm. Staff received training on safeguarding and could describe what to do if they thought someone was at risk. This included reporting concerns to the registered manager or provider. They knew they could contact the local safeguarding team. People told us if they had any concerns they would go straight to the senior staff at the home.

There were sufficient numbers of staff to meet the needs of the people living at the home. One person said " If I call the call bell, they come as soon as they can, just very occasionally when it's busy early in the morning…". Another said " Staff come if I need them". The registered manager and provider were responsive to increasing numbers of staff if needed. The registered manager used a dependency tool she reviewed each month to assess if more staff were needed. There were usually four care workers on duty in the morning. People living at the home and staff had felt that they needed additional help in the morning, and this was then organised by having one extra care worker on duty from 07.30 to 09.00. The provider and registered manager had also recently decided to have a meals assistant at the weekends, as they did during the week. This was because they recognised that more people needed assistance with their meals. In the afternoon there were three care workers and for 12 hours a week an activities organiser. There were domestics working during the weekdays and kitchen assistants. The provider was at the home most of the week in addition to an administrator who worked five days a week. This meant that the registered manager had time to focus on care and staff issues. There was a pool of staff who were called on if there was sickness, and staff were happy to work additional hours. A care worker said "It's better that way for our residents". There was also one senior care supervisor who oversaw the care being provided, and another post was being advertised.

The recruitment records were up to date. There was a comprehensive recruitment process and all necessary checks had been completed before someone started work. Notes were kept of interviews and were undertaken by two people. The registered manager explained that they were very particular when recruiting staff, and would prefer to have a vacancy and use their bank staff, until they were sure that they had appointed the right person. Staff retention was good and several people had worked at the home for many years.

Risk management was undertaken in a variety of ways, with different staff responsible for certain areas. For example, one of the care workers was the infection control lead and managed the risks associated with this. She carried out monthly checks, supervising each care worker's practice, which she then recorded. Where there were areas for improvement, she took responsibility for addressing these. The registered manager carried out spot checks of these audits and spoke to the infection control lead about any areas of concern. Risks associated with the building were overseen by the provider and the registered manager, although all staff had a responsibility to report any areas of concern. Records showed there were regular checks of the building, servicing of equipment and fire safety. Weekly fire drills were in place. The temperature of hot water was checked every day in the bathroom when baths were being prepared. The actual temperature was not recorded and the registered manager said she would make sure this happened in future. The hot water would cut out automatically if it was too hot to protect people from the risk of scalding. All sinks and baths had thermostatic valves in place to prevent water being too hot.

There were a variety of ways in which risks to individual people were assessed and planned for. A computerised care planning system was in place. There were assessments for areas of risk including falls, pressure damage, nutrition and hydration. These were reviewed each month and changes would then be made to the care plan. Any time a change was made to a care plan, the 'handover' section of the programme identified this. Handovers between shifts were held three times a day and the senior care worker referred to the handover notes on the computer. This meant staff were informed of recent changes to risks for people.

Whenever a health or social care professional visited someone at the home, this was recorded on the system.

Good

Is the service safe?

Again, in handover, this would be alerted to the staff with any changes in care. For example, one person was receiving end of life care. The community nurses had visited and had explained that this person needed four-hourly turns to prevent skin damage, and this was recorded on the care system and explained to staff. At the handovers staff were also made aware of any new policy changes, which they then signed to say they had read and understood. This helped to ensure that staff were fully aware of what was happening at the home.

Falls were recorded on accident forms, which were then audited once a month by the administrator. If there was a fall resulting in a serious injury, the care plan was changed. The administrator and the registered manager looked for any trends or patterns in falls. We discussed with the registered manager about cross referencing the monthly audit with the monthly care plan reviews as another way to manage the risk for people.

The senior care supervisor was in charge of the medicines management at the home. Staff had received training in the administration of medicines. They were not allowed to administer medicines until they had been identified as competent. Weekly audits were carried out by the senior care supervisor. The registered manager also carried out monthly audits to check. We accompanied a senior care worker whilst they carried out the medicines round. They followed good practice, for example always asking if the person would like their medicines before putting them into a pot. One person looked after their own medicines and had their own lockable facility to do this.

We had been notified of a medicines error in November 2015. This had been thoroughly investigated, all the correct people notified and new policies put in place to reduce the likelihood of this happening again. The person had been written to and an apology given. All staff was aware of the new policy, and there had been staff meetings to discuss the issue.

The home was clean, hygienic and odour free throughout. We met one of the domestic staff who explained that every day all bedrooms were vacuumed and cleaned. They took great pride in their work, and understood their role in terms of prevention of infection. Relatives and people living there confirmed that the home was always clean. There was a deep clean of the home twice a year, but more if needed. The laundry was situated outside of the main building. There was one industrial washing machine and tumble dryer. A new floor had been laid to make it easier to keep clean and minimise risks of infection. Soiled laundry was segregated in different containers, and staff understood infection control principles in order to minimise risk. This was an area that the staff would like to be able to improve, but there was limited space to alter the facilities. People occasionally commented on the laundry service at resident meetings, where actions were agreed to improve labelling and ironing.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities 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 be as least restrictive as possible.

Staff had received training in the MCA. They understood the principles and how it affected their practice. For example, one care worker said that one person could be resistive to receiving personal care. When this happened staff would return to the person's room after half an hour, and would ask again if the person wanted a wash and to get dressed. If they still refused, a different member of staff would go back later, and this approach generally worked. This was recorded in the care plan. On admission, each person was asked to sign a document regarding consent to care and having their medicines administered. Families were involved where people lacked capacity. An MCA assessment was completed for each person. One relative said " The staff always have Mum's best interests ".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made eight applications for authorisations and was awaiting these assessments to be undertaken by the local authority. There was an alarm on the front door which alerted staff when people entered or left the building. Where they had a concern about a person's capacity they would observe from the home and see where the person was walking. If staff were concerned the person was walking too far, they would go and see if they wanted to come back or carry on with them. This person also had a sensor pad in their room to alert staff at night if they got out of bed. Staff explained if the sensor alarm activated they would go to see if the person needed help, as sometimes they thought it was time to get up. If staff thought something was wrong, they would carry out a blood sugar test to see if the person needed some food.

People were not restricted in how they led their lives at the home and were assisted as much as possible to be part of the community, for example going into Crediton, the local churches, the Memory Café.

Staff received training, supervision and appraisal on a regular basis. Recently a new training package, the 'Care Skills Academy' was being used, which was organised by the administrator. Staff thought that the new system was good and effective. At the residents meeting in October 2015, the registered manager explained that two new members of staff were undertaking the Care Certificate. She asked them if they felt the care they received was effective and they answered 'yes'. The registered manager kept records of all mandatory training such as moving and handling, infection control, safeguarding adults, first aid, food hygiene and health and safety. Staff said they had attended a variety of other training such as pressure care management, nutrition, medicines, MCA and DoLS, communication difficulties, swallowing. The following week four care workers were attending a training day on dementia at the local hospital. One care worker said they were studying for their Diploma in Health and Social Care and the registered manager was always there to support her. One care worker was very interested in dementia. Each month a dance and movement class was available to people who were living with dementia which was run by an external person. The care worker was attending this session so that they could learn how to motivate and engage people, which they would be able to run themselves in the future. Staff told us that they were regularly quizzed in handovers, on topics such as the MCA or medicines to make sure they were knowledgeable in these areas. 18 care staff had formal care qualifications.

The registered manager and senior care supervisor were keen to promote shared learning at the home, to improve care for people at the home. The PIR stated 'Continue to enjoy a positive culture of learning and sharing. Look at developing staff in specific areas of training which suits their individual interest which should then benefit the residents and the team. One team member is keen to learn more about dementia and is already starting to develop her skills by working with an outside provider with a new

Good

Is the service effective?

project to encourage people with memory, dementia or physical disability to participate and improve movement through music. This is in its early stage but is already proving successful. Over the next year we hope to see this develop further to enhance the interest and lives of the residents'.

People said they were very happy with the quality and choice of the meals provided. People could choose what they had for breakfast, this ranged from cereal to a cooked breakfast. There was one main meal at lunch, with alternatives on offer, which were selected the day before. Lunch was a three course meal and very much a social occasion, where people were offered a choice of alcoholic and non-alcoholic drinks. A meals assistant served people their main course, and all vegetables and condiments were placed on the tables for people to serve themselves. Tea was also served in the dining room and there was a variety of hot or cold food on offer. Some people chose to have their meals in their room.

The cook discussed the menu with the registered manager each month. She also spoke to people at the home, asking what they liked or would like to try. On admission, people's likes and dislikes were established and this list was in the kitchen. One person was vegetarian and the cook had spent time with this person to talk about what sort of meals they would like. They had made a vegetarian pate which they had really enjoyed. On the first day of the inspection, there was beef stew, dumplings, potatoes and vegetables, and a fruit crumble, made with some fruit from some garden. There was a vegetarian alternative. On the second day there was homemade chicken Kiev. The cook had also made a vegetarian goulash. The cook was aware of the special diets that some people had. Once a month the registered manager discussed with the cook any person who had lost weight, and then they decided what they should do to increase their calorie intake. Where possible meals were made from scratch, and meat and vegetables were sourced from the local butcher and greengrocer. Fresh fruit was available throughout the home, in addition to drinks. The Speech and Language therapist was involved where people were at risk of choking.

People said "The food is very good. There's a menu every day and you can choose". Others said "There's something to suit everyone, and I'm a fussy eater!'', "You get two choices for lunch, but if not you can have what you fancy''. One relative said "They're going to get her well, she's getting healthier with the efforts they are making for her meals, and they're really getting her involved''. (With regards to her meals). People were asked various questions in a survey about the meals, which were addressed where needed.

The staff recorded if people had specific food allergies, which the cook was aware of and she had accurate records of any recipes and what they contained. This helped to keep people safe.

The community nurses said they were always contacted when needed and staff followed their instructions. People told us that they could see the GP whenever they wanted to. They had a choice if they wanted the staff to remain in their room or not when this happened. One person said "If you want someone there they will stay with you to listen for you". People also said that they were always accompanied to the hospital when they had an appointment, and that often it would be the provider who drove them there and stayed with them. Any changes to care were recorded in the care records. One relative told us that they had been particularly impressed with the home. Their relative had been admitted to the home. Staff were concerned because they didn't think they had the right equipment to help the person. This was organised straight away. The two local GP surgeries were used, although recently a named practice was responsible for new patients.

Outstanding ☆

Is the service caring?

Our findings

People felt that all aspects of the service were exceptionally caring. Our observations, discussions with people, relatives and staff confirmed that this was the case.

We read a poem written by one of the people living at the home about the kindness shown to him and how 'happy at Hillbrow life could be'. They said " It's very nice, I like everything about it". One relative told us one person who already lived at the home, said to her relative when they moved in, 'I have lived here for 3 years and you won't regret it.' Other comments from people included, "The staff are very good… What's good? Everything about them. …Very kind…I don't think they could be better, they are wonderful!". When asked if they could change anything about the home, they replied "Nothing. I'm quite content." Another person told us "They never say No! They don't refuse me anything. They are very kind and I couldn't ask for a better crowd". One person who had stayed at the home wrote "I had a very enjoyable stay, I had every care and attention I could ask for. All the staff were wonderful, and anything I needed was taken care of".

Without exception, all eight relatives described in great detail the caring nature of the staff and provider. Comments included "Hillbrow has been so incredibly kind to my relative…. They have been absolutely brilliant. They couldn't have made us more welcome. They have done so much to help her, they are amazing…. I can't sing their praises enough. Our experiences are that it's incredible." Another relative said " I think it's brilliant. Right from the first call to them, to x moving in." "Staff are very proactive; staff always treat people well with a smile on their face". "From the beginning, it was a wonderful greeting, very hospitable. The care staff are great, very friendly, lots of patience and understanding." And "Staff are delightful, always willing to help, they enjoy their job and never too busy to see us." One person said "Really impressive and congratulations to them!"

All eight feedback reviews on a national website, www.carehome.uk were excellent. One comment was "She was always very appreciative of all the kindness she received and encouraging words when life was a struggle. When visiting Hillbrow, I always felt part of the family and it became my second home. It is a great place to be and highly recommended for one's loved one to spend their final golden years amongst friends (staff)". Another person wrote, " My xxx (relative) has recently moved into Hillbrow. The managers and the team couldn't have been more helpful. She needed some extra support during the move and they went that extra mile to make her feel at home. A true example of genuine person centred care. Many thanks".

HealthWatch Devon had carried out an 'enter and view' visit in June 2015. One comment was 'they are thrilled with Hillbrow in every way.'

One relative told us how the cook had made her relative feel connected with her former home by talking to her about produce from her garden which the family had brought in. They had discussed how they should use this produce in the home which had made her feel and special and involved.

Staff cared compassionately for the people living at the home. Comments included " I really like helping people, I like to see the smile on people…. if I think of a home for my mum, it would be this home. I'm really proud here, we have a good reputation." "It's a caring home, we really do care." They were very aware of treating people with kindness, dignity and respect. This was confirmed by all the relatives we spoke to and our own observations. Staff were very kind and gentle in their approach with people. One relative said "There's never a word out of place". Another explained how she had been particularly impressed with how the staff had interacted with one person living with dementia in a patient and compassionate way.

Staff were aware of each person and their specific needs. One person was visually impaired. They told us staff always made sure everything was placed in the correct place so they knew where things were. They told us staff kept near to her at mealtimes to make sure they could manage their meal. A relative explained that staff had ensured her family member was not being isolated due to her communication difficulties. Staff always offered choices to her about all aspects of how she spent her day. They gave her things to occupy her time that she liked and was still able to do. This person had indicated to her family that she was 'very happy at the home- it's home.'

There was a keyworker system at the home, where the staff were responsible for named people. This included helping them with personal issues, getting shopping for them, knowing their specific likes and dislikes and working with the families. The registered manager explained that she

Outstanding ☆

Is the service caring?

"didn't want residents coming in feeling I'm trapped. It doesn't mean life has stopped; it's about getting to know them. Just by being here doesn't stop them being who they are."

People said they were involved in decision making and staff explained how they encouraged people to make their own decisions; from where they wished to be each day, what they wore, what time they wished to get up or go to bed. This was also reflected in people's care plans. One person said "They treat me like an equal, they don't patronise me at all". People told us they could get up and go to bed whenever they liked. One person said she was an "'early bird", and liked to retire very late, and be up at 6am. This was always possible. Another said "I get up about 8 o'clock, it's my choice. The staff ask me what I want to wear."

The staff also respected decisions which people made. For example, where someone disagreed with a plan of care to help maintain skin integrity. Staff explained how they had explained the risks to this person, and the person acknowledged that staff had tried to do this. This was all recorded and being regularly reviewed. People were involved in their care plan reviews, as were relatives where appropriate. Care plans were in each person's bedroom, so that people could read them if they chose to. One care worker said "We have to treat people like we want to be treated. All about choice, consent, do they want their hair tied up or down…?"

Privacy and dignity was respected and promoted. All staff recognised this was a key aspect of the care they provided. The community nurse told us that people were treated with dignity and respect. Where people appeared confused as to where they were in the building, staff gently and kindly guided them to where they needed to be. Staff knew how to involve all people in activities. For example, we saw the activities organiser ensured when she was doing a quiz with people, that they were all involved and equally participating. The surveys completed by people living at the home for the last three years scored as 100 per cent in response to 'Do you feel that your dignity and privacy are respected?' One relative said "It's amazing, so much is provided, it's so good on the personal side, they have really got to know her and give her a sense of purpose". Where people had chosen to stay in their bedrooms, we saw staff sit and spend time talking to them.

There was a key emphasis on caring for the families as well as people living at the home. Relatives said they were always welcomed warmly, could make themselves drinks and have meals. One family said there were regular events for them and their relatives, such as last Christmas there had been a big 'do', with a buffet and drinks, and bonfire parties and barbeques. The provider emailed families very regularly, keeping them in touch with what was going on in the home.

One aspect that everyone consistently commented on was the caring nature of the provider. One relative said " He asks how you are, which is really nice- feels like a proper family home". One person used a mobility scooter and the provider had made a shed for them to keep in to protect it from the weather. Relatives explained that the provider would take people into hospital in his car for appointments, or come in on a Sunday to take one person to church. One person told us the provider had taken them out in his car around the countryside several times. One relative said the provider engaged really well with people, and linked his own life experiences with theirs. An example of this was how he had shared a common interest of visiting Spain with someone living at the home. They said "He really interacted well with my xxxx". During the inspection we saw him talking to someone who was new to the home about a county they had both lived in and school days. The person was clearly enjoying the conversation with the provider.

Good

Is the service responsive?

Our findings

People felt that their own needs were responded to by staff who were proactive in recognising when they were unwell, or needed more help. Health and social care professionals confirmed that they were contacted when they needed to be.

When people first contacted the home, the registered manager talked to them about their needs and would visit them. She carried out assessments and offered people the opportunity to visit the home to see if they liked it and to have lunch. Families confirmed that this was the case. They said staff were very welcoming when they looked around the home and reassured them of any worries. The registered manager explained that when people first moved in she liked to give them a little time to themselves to adjust, as they all recognised the significant personal impact of moving into a care home. She would think about their interests, who they might bond with and introduce them to those people initially. The social care professional told us that assessments were very thorough and the staff always carefully considered if they could meet someone's needs.

Care plans were individualised to people's needs and updated on a monthly basis. The registered manager said she spoke to people formally every month to see if their needs had changed as well as speaking to staff. The care plans were printed out and available in the person's bedroom as well as the computer. A dependency score was reviewed each month, and this also helped the registered manager think about whether she needed more staff. She also sought feedback from staff and people at the home about the numbers of staff needed. Care plans covered a range of areas including manual handling needs, skin integrity, nutrition, activities, and the MCA. Families also said they were involved in the care plan reviews.

In the main bathroom was a notice board with signs on which were used to communicate with people whilst they were in the bath; such as 'You are very safe', 'can you wash your face', 'do you want your hair washed?' These were used when people had communication difficulties which staff they found very helpful. A car hoist had been purchased so people who were unable to get in to a car independently, could now enjoy being taken out to the town and other trips.

Staff were responsive to people's needs in a timely way, for example, a care worker noted someone's skin was very dry. They immediately discussed this with them and offered some cream to help. They noted when people looked lost or anxious and responded in a kindly and caring way. The care staff said that they were worried about one person who didn't want to get up that morning and thought she might be in pain, so they had called the GP to come and visit her.

Everyone had a pendant or call bell to attract staff should they require assistance. Two people felt they might need to wait a little longer for the help than they wanted, although everyone said that the call bell was answered quickly initially. The call bell system provided print outs so that the registered manager could check waiting times. They had identified that the call bells did not work in the garden so one 'garden' call bells was already in place and an extra two had been purchased.

The activity organiser planned the activities for the month and these were prominently displayed on a white board in the hallway. People could choose if they took part in activities and some preferred to stay in their rooms; watching the television, reading or seeing visitors. If people chose not be involved the activities organiser spent time with them on a one to one basis. One person said "I make the best of it, I read… I go out when it's warm". Religious services were run each month. Two people attended local churches very regularly. One person enjoyed looking at the view of the lovely garden from their window. The hairdresser visited regularly. The activity organiser ran one quiz session in the one lounge with a small group of people and then moved to the larger lounge to complete a cross word with a group of people. People were engaged and chatting and enjoying the afternoon. Recently there had been a visit from a local zoo with various exotic animals, which people had enjoyed. There were photos of people with a snake, big spiders and reptiles, which people told us about.

There were regular entertainers such as singers and musicians. Movement and exercise classes were also available. One person had grown tomatoes this year, regularly laid the tables and wrote out the menus. Another told us that another person living at the home had taught them to knit again.

Everyone was looking forward to the Christmas activities. One person had been making lavender knitted bags to go

Good

Is the service responsive?

on a Hillbrow tree for the local Christmas tree festival. People from the home visited the festival and were able to see their tree. Other plans for Christmas included the Exeter Male Voice Choir visiting (of which one of the residents was a member), school children singing, music to movement, nursery school children singing, a candlelit carol service and a Christmas party. It was planned that everyone would receive a Christmas present from the home. Birthdays were always celebrated with a birthday cake and a bouquet of flowers.

Everyone knew how to make a complaint. Staff said they would go to the registered manager, the provider, the safeguarding team or CQC. People living at the home also knew how to complain. One said "If I had a worry I would go xxxx (the provider) or xxx (the manager), they don't pester but if you want them they're here. The manager always comes round and asks if there are any complaints, we know where she is if we want her''. There had been three complaints in the previous twelve months. Each had been reviewed, responded to and apologies given.

Good

Is the service well-led?

Our findings

The culture of the home was very much around supporting people to be independent as long as they could and to be a very caring home for people living there and their relatives. The registered manager said "The residents are at the centre of everything we do. What would I look for my mum and dad? Is there any member of staff I wouldn't want to look after me?". One relative said "The provider is very visual, and very helpful, practical and asking how you are, which is really nice- feels like a proper family." The provider sent regular emails to families which people appreciated.

Staff were also really valued by the provider and the registered manager. The registered manager said "I hate it when someone says I'm only the ….. Everyone's job is just as important". All staff said they could go to the registered manager, the senior care supervisor or the provider for anything, and felt they were all very approachable. One staff member said " The provider is always helping; he's doing a good job here. He always has the time to speak to staff".

The PIR stated ' We have a culture of being open and honest with a good atmosphere and team working. The management structure encourages all levels to work in a responsible way and encourages initiative which makes all team members feel valued. We have an open door policy so that anyone can come and speak to the manager, supervisor or owner about any issues or concerns. Team members have supervision but can also request this at any time'. Staff confirmed this was the case. They said they could "Bring up what we want. It's listened to. We have all the equipment we need". They added that there was a whistleblowing policy and they would feel safe to use it. Another care worker said "It's a nice culture to work in". Another said that the provider and manager were "brilliant". There were regular staff meetings, including separate ones for night staff. These meetings showed staff were reminded about important aspects of providing care for people, such as working practices, policies and procedures and care plans.

The registered manager explained that if things went wrong, they didn't believe in "beating someone on the head with a mallet" but that it was about resolving the issue. She said that even other staff would quite happily tell her 'to put on her apron' if she had forgotten. The registered manager carried out spot checks on her staff.

There had been a recent medicines error. A staff meeting had been held to sure that all staff understood what the error was and what needed to be done to ensure this didn't happen again. The provider and registered manager understood their responsibilities when incidents and accidents happened. They were aware of their Duty of Candour responsibilities. They had chosen to use this approach every time there was a fall or an untoward incident. The issue was investigated and the registered manager wrote formally to the person to apologise that an incident had happened.

The senior care supervisor said they tried to improve the quality of care each year. They had decided that they wanted to change to a computerised medicines system, which would mean it was easier to audit and minimise the risk of error. They had visited another home in Cornwall where this was in place and were now organising the change with a pharmacy. They were also collaborating with other care homes in the area for training. Other ongoing improvements identified in the PIR included monitoring staff and adjusting rota for peak times, improving lighting in the main corridor, increasing clerical support, regularly looking at care plans and assessments with residents.

The registered manager explained how they were thinking of other ways in which to show staff how much they appreciated them, such as an employee of the month. The provider was providing a Christmas meal at a local venue with all food, drinks and taxis being paid for. For the staff working that night they were able to purchase 'luxury' food items for their shift.

The home was very much part of the local community. It had been a winner in the Crediton in bloom flower festival in 2015. An open day had been held in the summer which raised £100 for the children hospice. The resident meeting minutes showed that everyone had enjoyed the cream tea and cakes in the garden. There was a local lunch club where people could come from Crediton for lunch. Resident meeting minutes showed this had been discussed and people were happy with this to continue as this meant they maintained contact with visitors and the wider community. The home sponsored the local memory café and people living at Hillbrow also attended, meaning they remained a part of the local community. The registered

Good

Is the service well-led?

manager welcomed students from the local secondary school and Exeter college for work experience. Volunteers were also welcomed as the registered manager explained this enhanced the lives of those living at the home.

There were various quality assurance processes in place to improve quality and minimise risk. This included building checks, equipment checks, maintenance contracts, fire safety, and additional checks on staff that were from overseas. Care plans were reviewed every month, and if not completed a reminder was shown on the computer system. There was a staff matrix with all the training that was due to be completed and this was checked on a regular basis. The registered manager also carried out spot checks of the staff, listening to how they spoke to people. She also talked regularly to people living at the home. Medicine audits were carried out weekly by the senior care supervisor and the registered manager carried out her own every two months. Infection control checks were ongoing by the lead, and the registered manager also carried out her own spot checks. She also checked the kitchen on a regular basis, including carrying out checks on food temperatures, the cleanliness and dates of food in sealed containers.

Surveys were completed by people each year and the action plans were made to address issues. Changes were also made in response to requests or feedback. It was noted that not many people used one particular bathroom; this was discussed with everyone, who agreed that a new wet room should be installed. Another example was one person felt their tea was always served a little late, so a kitchen assistant was put on to help with this. There was a management action plan for 2015 in response to the previous surveys. Adding an extra care worker to help with baths each morning and an additional care worker to help at peak times in the morning, putting halogen lights in rooms for those how may have poorer eyesight were some of the actions agreed and in place. There were regular resident's meetings, which were minuted and actioned. The minutes of the last meeting in October 2015 showed a range of discussions had taken place including an explanation of the Care Certificate and which staff were undertaking it to what colour theme they would like for Christmas.

The registered manager told us they tried to keep alert via the media about when things go wrong in care homes in order to see if there were any lessons that could be learned. They were also looking at current research at Exeter Medical School about living with dementia. This was focussed on looking at the environment at mealtimes and whether alterations would be beneficial. For example playing relaxing music at mealtimes to reduce agitation and aggression; and to improve conversation. They had started to do this at breakfast time and so far it seemed to be having a calming effect for everyone. Other ways of keeping up to date were attending meetings and training as part of a local care home development forum, care journals, and working with external health and social care professionals.