

Hillbrook Grange Residential Care Home

Hillbrook 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hillbrook Grange is a residential care home providing personal care to 31 people aged 65 and over at the time of the inspection. The service can support up to 41 people. Accommodation is provided across two floors which can be accessed via a passenger lift. There are communal bathrooms, toilets and kitchen facilities as well as social, dining and garden areas that people can access.

About the service

People told us they felt safe at Hillbrook Grange and staff were aware of and implemented safeguarding procedures. The home was following safe infection control practices. Relevant safety checks had been carried out and people had personalised safety risk assessments in place. Medicines management had improved but there were still shortfalls in safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were positive about the service and told us staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld.

People had access to daily activities and could socialise together. The provider had actioned recommendations from the last inspection relating to the reduction of social isolation. Complaints were welcomed by the new management team and concerns were acted upon. Staff were updating care plans to make them more personalised.

A new manager had been in post for six weeks on the first day of the inspection. The manager was in the process of registering with us. Quality systems and processes were in place but were still embedding. People, relatives, staff and professional visitors had confidence in the changes that were happening at Hillbrook Grange and felt the service had improved. The management team were open and transparent about all aspects of service delivery. The provider had actioned recommendations from the last inspection relating to the CCTV.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 5 February 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection improvements had been made however the provider was still in breach of one regulation

in relation to medicines management.

This service has been in Special Measures since February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one breach in relation to medicines management at this inspection.

You can see what action we have asked the provider to take at the end of this full report

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hillbrook Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and a member of the medicines team.

Service and service type

Hillbrook Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the CQC. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We asked the local authority for information about the service. We gathered information that the local authority and Healthwatch held about the service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke to five people who used the service and we spoke with 10 relatives. We spoke with 16 staff members including five members of the board of trustees that represented the provider, the manager, the deputy manager, the business manager, care staff, housekeeping staff, catering staff and two office-based staff. We reviewed a range of records including care records for eight people. We looked at medicines and records about medicines for 14 people. We spoke with the deputy manager who had responsibility for medicines system in the service and one senior carer who was administering medicines on the day of the inspection. We looked at three staff files in relation to recruitment and staff supervisions. A variety of records relating to the management of the service, including health and safety records were also reviewed.

After the inspection

We spoke with two health and social care professionals for their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection medicines were not effectively managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Improvements had been made in the way medicines were handled since our last inspection visit. The provider had identified some of the shortfalls we found at the inspection. However, they had not fully implemented all the identified actions when we inspected Hillbrook Grange. The manager offered us reassurance that concerns with creams and ointments were being addressed. Further improvements needed to be made to ensure people were safe and medicines were managed safely.
- People missed some doses of their prescribed medicines because there was no stock available in the home for them. One person was not given the available doses of pain relief because the times of the medicines rounds did not allow for a safe interval between doses. This meant they missed doses of their prescribed pain relief. Two people were given more medicines than had been prescribed for them.
- The management team ensured written guidance was in place when people were prescribed medicines to be given 'when required'. However, guidance needed to be further personalised to make sure staff had clear information to tell them when someone may need the medicine.
- Staff failed to ensure that medicines administered in a patch formulation were rotated safely in line with the manufacturers' directions.
- Staff did not ensure creams were always managed safely. Records about the application of creams showed that creams were not applied as prescribed.
- The management team had not ensured that oxygen was stored safely. Following the inspection process the provider confirmed action had been taken to address this.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team responded to our findings and immediately took steps to rectify the issues we identified during the inspection.

Systems and processes to safeguard people from the risk of abuse

At the last inspection systems and processes did not operate effectively to prevent abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 13.

- The management team ensured that all safeguarding incidents were reported and investigated in line with their safeguarding policy.
- The management team had shared safeguarding information with the local authority and the CQC in line with their statutory obligations.
- Relatives told us they were confident their loved ones were safe in the home.
- Staff had received training in how to keep people safe from abuse. They were confident about reporting and escalating concerns to support people's safety.
- The provider had safeguarding and whistleblowing policies in place and staff knew how to access them if needed. This provided staff the support they needed to raise concerns appropriately both within the organisation and with external agencies.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection risks to the health and safety of service users was not safely assessed. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12 relating to the assessment of health and safety.

- The provider was embedding procedures to manage individual risk. Work was ongoing to ensure that risk was managed and addressed to ensure people were safe.
- Staff completed weekly health and safety checks.
- The management team ensured that personal emergency evacuation plans (PEEPS) were in place. These detailed clear procedures to be followed for people needing to be evacuated from the building, in the event of an emergency.

Staffing and recruitment

At the last inspection sufficient numbers of suitably qualified and competent staff were not always deployed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The management team ensured that staffing levels at night were appropriate. Senior staff were scheduled to work overnight to ensure people could receive support with medicines. The provider told us the number of staff they deployed overnight now exceeded the level that the home's dependency tool had calculated.

- People told us they felt staff always appeared to be busy and there was sometimes a short wait for care. Staff told us that they felt that staffing levels could be inconsistent but this was often due to a last minute sickness.
- The manager did not agree that the home was short of staff. They said. "We use a dependency tool to work out how many staff we need to work on each shift. The home is not usually short staffed. However, we are making changes to how we deploy staff to optimise the service we provide to residents."
- Staff were safely recruited to the service. Recruitment files had recently been audited by the management team to ensure that the correct procedures were safely in place.

Preventing and controlling infection

At the last inspection control measures to prevent infection were not effectively managed. This was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 12 in relation to infection control.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection that this key question was assessed, we rated it good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The management team ensured care plans included information about people's capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety.
- Staff asked for people's agreement before supporting them with personal care and other tasks. People using the service confirmed that this was the case.
- Staff had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. The management team visited prospective residents in person to carry out an assessment of need. A relative told us, "The assessment for [Name's] entry into the service was comprehensive and considered their specific needs."
- Staff knew the needs of the people they were supporting well. A relative told us, "[Name] can struggle to communicate. However, I have observed that the staff treat them with kindness and patience." We observed positive interactions between staff and people being supported.
- People's care records reflected their current care and support requirements and contained any guidance or advice which had been provided by external health care professionals.

Staff support: induction, training, skills and experience

- Staff had received training relevant to their role. New starters completed an induction whilst shadowing more experienced staff members. New staff demonstrated their competence before they started to work autonomously.
- Staff had started to receive regular supervision and performance appraisals were planned.
- People and relatives told us that they felt in safe hands with the staff at Hillbrook Grange and they were confident that staff had appropriate skills to provide quality care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they usually enjoyed the food but three people said the quality was variable. The menu changed daily, and people could choose from several options. People living at Hillbrook Grange led a catering committee that explored people's view about the food and shared the information with the catering team.
- Care plans contained appropriate information about people's nutritional needs and preferences. Staff monitored people's weights regularly and referrals were made to appropriate health and social care professionals if additional advice was required.
- Staff knew how to screen for malnutrition and escalate care for people who declined to take food and fluids. People said they were offered a variety of drinks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Appropriate partnership working took place. All the professionals we spoke with told us about their positive working relationship with the home. A professional told us, "I feel we have a good professional relationship the staff at the home. I feel people are safe and the service is steadily improving."
- People were referred to external health care professionals where required to ensure their needs were met in a timely way. One person told us, "I have seen the GP, the optician and the chiropodist this week so I feel well looked after in that department."
- People were supported appropriately with personal care, oral healthcare, pressure care and continence care.

Adapting service, design, decoration to meet people's needs

- The layout of the home was suitable for people's needs. The premises were well lit, and corridors were wide enough for people to move about independently using wheelchairs or walking aids.
- Adapted bathrooms included handrails and adjustable baths to meet people's care needs.
- People had a choice of areas where they could meet their visitors and participate in activities or spend time on their own. Outdoor space with seating was accessible to people and their visitors.
- The manager described their plans to improve the environment to ensure that it was more accessible to people with dementia.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection that this key question was assessed, we rated it good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and health professionals confirmed people were treated with kindness and compassion. We observed positive interactions between people and staff.
- Staff ensured people could celebrate their birthday with their fellow residents and families where possible. For example, one person specifically requested a modest birthday celebration and was presented with a cupcake as they opened cards with a staff member.
- The manager understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained. They confirmed equality and diversity training was included within staff training.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us independence, privacy and respect were always considered. Visiting could be facilitated in the building and in the 'gazebo' so people could enjoy some privacy to enjoy their loved one's company.
- Independence was promoted throughout the home. Care plans detailed what people were able to, and wished to do for themselves.
- Relatives told us they were welcomed and encouraged to visit the home with regard to appropriate infection control safeguards.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were involved with planning and review of their care. People's care records showed that they had provided detailed information about their needs, preferences and background.
- People were supported to make everyday decisions and choices including when they wanted to get up and what they wanted to wear. The care plans for people with communication difficulties included guidance for staff on how to support them in making choices.
- Residents and relatives meetings took place. Minutes of these meetings showed information about the service was shared and discussed. People had expressed their views about a range of matters to do with the service including maintenance, staffing, activities and catering. Records showed that action had been taken to address the issues raised at these meetings.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection people did not always receive personalised care and treatment. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the service was no longer in breach of Regulation 9.

- Staff reviewed people's care plans regularly to ensure that any change in needs was captured.
- People's care tasks were accurately recorded or monitored and people appeared to be well cared for during the inspection.
- Staff had access to strategies to support people's behavioural needs. For example, care plans contained information to guide staff when supporting people who could refuse support with their care needs.
- Care files captured people's specific needs and how these were to be best met.
- The manager told us they are prioritising gathering information about people's life history to provide a platform to support genuine engagement with people.
- Staff were working to update end of life care plans and capture people's wishes where appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

At the last inspection we recommended that the provider consider current guidance in relation to managing social isolation, wellbeing and social distancing. The provider had made improvements.

- People told us they had freedom to move about the building as they wished, subject to appropriate covid-19 restrictions. People were seen socialising in the communal areas.
- People told us there were activities taking place. These included, bingo, general knowledge quizzes, games, sing-a-longs with wine, one to one outings, reminiscence sessions and crafts. On the last day of the inspection people enjoyed an armchair exercise session with the home's resident yoga facilitator.
- The provider was recruiting an additional activity coordinator because people had requested more dynamic activities be available.

Improving care quality in response to complaints or concerns

- Complaints were responded to in line with the home's complaint policy. A record of complaints

documented that where complaints had been raised these had been investigated and action taken to address the concerns. Systems were embedding to ensure the oversight of complaints and analyse this information for themes and trends.

- People, relatives and staff said that the management team and board of trustees were approachable and actively encouraged them to share any concerns. A relative said, "The quality of care has improved dramatically and while there are still hiccups, we have to be realistic and accept that these are part of everyday life. It is the way they are dealt with that really matters and when there has been a problem it has been dealt with efficiently, honestly and in a timely fashion."
- Two relatives shared concerns about the laundry system at Hillbrook Grange. We spoke to the management team about this who told us they welcome complaints and will work with people and relatives to resolve any issues that are raised.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The assessment process included a review of people's communication needs. These were recorded within the care plans and included practical tips like ensuring hearing aids were used adjusted and were working.
- Staff demonstrated that they responded and took account of people's communication needs. Care plans identified each person's communication abilities and difficulties.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had changed since the last inspection and we wanted to ensure that planned improvements were implemented and sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the registered manager and provider did not notify us without delay of incidents that occurred during the carrying on a regulated activity. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

At this inspection, enough improvement had been made and the service was no longer in breach of Regulation 18.

- The management team had notified us without delay of incidents that occurred in line with their statutory duties.

At the last inspection the registered manager and provider had not ensured that there were effective systems to assess and quality assure the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the service was no longer in breach of Regulation 17.

- The management team and provider had taken action to comply with the regulatory requirements. They had ensured that the rating from the last inspection was displayed in the home.
- The management team had implemented new audit systems in the home, this allowed the manager and provider to monitor the quality of care provided and to make improvements when needed.
- The management team and provider had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about their family members' care needs.
- The manager was reviewing and updating the home's policies to ensure they were relevant and contained recent best practice guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection we recommended the provider consider current guidance on CCTV and further update their practice accordingly. The provider had made improvements.

- The management team and provider had adapted their CCTV system immediately following our last inspection to ensure people had more privacy. For example, the listening function had been disabled throughout the building. The camera in the 'gazebo' had also been disabled so people could entertain their visitors privately.

- Staff told us the culture and leadership at the home had improved. Staff were adapting to the changes at Hillbrook Grange. Some staff told us they were unsure about their roles following a period of management instability.

The provider had identified this prior to the inspection and was meeting staff individually to discuss any concerns and provide clarity and reassurance about their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that they attended residents meeting and were consulted with about issues that affected them.

- Relatives told us they were invited to regular virtual meetings and that communication had improved. One relative said, "Communication has much improved. I have now attended several zoom meetings and am receiving copies of the minutes. I always get prompt replies to questions or confirmations relating to visiting." Another said, "I would like to congratulate the staff and management for the huge strides they have made in improving communications with relatives of the residents. It is still early days but I am optimistic for the future."

Working in partnership with others; Continuous learning and improving care

- Professionals told us that the home had welcomed their support and advice since the last inspection. The management team and provider had worked closely with the local authority and the clinical commissioning group to drive improvement in all areas of service delivery.

- The manager could now check that audits and records were completed effectively so areas for improvement were identified. Management practice at Hillbrook Grange led to real change within the service and reflected a culture of continuous improvement.

- The board of trustees had benefitted from the support of several new members since the last inspection. They had experience in care or medicines management. A professional consultancy service had also been commissioned to design and implement a structured action plan. One member of the board told us, "We have worked hard to stabilise the service and are now well positioned to proceed without the consultants under our new management structure. We are confident that we are able to continue our mission to ensure that Hillbrook Grange remains a positive place to live, work and visit."

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 Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure that medicines were managed safely. Regulation 12 (2) (a) (b)