

Barchester Healthcare Homes Limited

Hilderstone Hall

Inspection report

Hilderstone
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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

This inspection took place on 16 March 2018 and was unannounced. At the last inspection completed in September 2017, we rated the service as inadequate, as the provider was not meeting the regulations for safe care and treatment, by having sufficient staff, safeguarding people at risk and did not have effective management and governance arrangements in place.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Following the last inspection, we met with the provider to confirm an action plan to show what they would do and by when to make improvements to meet the regulations.

At this inspection we found improvements had been made and the provider was meeting the regulations.

Hilderstone Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hilderstone Hall accommodates up to 51 people in one adapted building. At the time of the inspection there were 25 people using the service.

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

The systems in place to ensure people's risks were managed were not consistently effective and we could not yet be assured the systems were sustainable. The provider had made significant improvements following the last inspection. However, further work was required to ensure this was sustainable.

Improvements had been made to the way in which people's risks were managed; however, further work was required to ensure that risk management was consistently safe for all people who used the service.

People were protected from avoidable abuse and harm by trained staff. Most risks were assessed, identified and managed appropriately, with guidance for staff on how to mitigate risks. Premises and equipment were managed safely and were kept clean and tidy. Staffing levels were sufficient to meet people's needs and

staff had their suitability to work in a care setting checked before they began working with people. Medicines were now managed safely, following improvements to the systems in place. The registered manager had systems in place to learn when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported by trained staff and received effective care in line with their support needs. Staff received regular supervision and had access to continuous training. There was a good choice of food, which people enjoyed and they received support to meet their nutrition and hydration needs. The environment was designed to support people effectively. Healthcare professionals were consulted as needed and people had access to a range of healthcare services.

Staff were kind, caring and compassionate with people. People were supported to make their own choices and encouraged and supported to express their views. People were treated with dignity and respect by staff who knew them well.

Staff understood people and their needs and preferences. People had been involved in developing their plans of care, which were detailed and individualised. A wide range of activities were on offer and people were supported to participate in activities they preferred. People's diverse needs were considered as part of the assessment and care planning process. Complaints were managed in line with the provider's policy. Plans were in place to ensure that people were supported to consider their wishes about their end of life care.

A registered manager was in post and was freely available to people, relatives and staff. People, their relatives and staff were involved in the development of the service and they were given opportunities to provide feedback that was acted upon. People, relatives and staff all felt that the management team were approachable and told us about improvements made since the last inspection which we saw had created a positive and inclusive atmosphere.

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 consistently safe.

Improvements had been made to the way in which people's risks were managed but further improvements were required to ensure consistently safe risk management.

People were safeguarded from abuse and there were enough staff to meet people's needs.

People's medicines were managed safely and they were protected from the risks of infection.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported to consent to their care in line with the law and guidance and their needs and choices were effectively assessed.

Staff worked together and had the knowledge and skills to support people effectively, seeking professional guidance when required.

People were supported to eat and drink enough to maintain a healthy diet and their needs were met by the design and decoration of the premises.

Good ●

Is the service caring?

The service was caring.

People were treated with kindness and respect by staff who knew them well.

People were given choices and were encouraged and supported to express their views.

People's privacy and dignity were respected and they were supported to maintain important personal relationships.

Good ●

Is the service responsive?

The service was responsive.

People were involved in developing their own plans of care to help staff to provide a personalised service. People had access to activities they enjoyed.

People knew how to raise concerns if required and there was a suitable complaints policy in place.

There were plans in place to ensure that end of life wishes were recorded in all people's care plans.

Good 

Is the service well-led?

The service was not consistently well-led.

There was a registered manager and deputy manager in post who had made significant improvements to the service since the last inspection.

Systems and processes were in place to help ensure a safe and good quality service was provided. Whilst we found these mostly effective, they needed further improvement to ensure they were effective and sustainable.

People, relatives and staff all felt the registered manager was approachable and all felt engaged in the developments of the service.

Requires Improvement 

Hilderstone Hall

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 16 March 2018 and was unannounced. The inspection team consisted of 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.

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered feedback received from local authority commissioners and the clinical commissioning group about the services provided at Hilderstone Hall.

During the inspection, we spoke with eight people who used the service and three visitors. We also spoke with the registered manager, the deputy manager, the regional clinical manager, five members of care staff, the chef and a visiting healthcare professional. We did this to gain their views about the care and to check that standards of care were being met.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of seven people who used the service, to see if their records were accurate and up to date. We also looked at other records relating to the management of the service including complaint records, accident and incident reports, staff training records, meeting notes, quality assurance records and medicine administration records.

Is the service safe?

Our findings

At our last inspection we found the provider was not meeting the regulations for safe care and treatment, by having sufficient staff and safeguarding people from harm. We found a breach of Regulation 12 for safe care and treatment, 13 for safeguarding people from harm and 18 for staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was meeting these regulations but further improvements were needed to ensure consistently safe care was delivered.

At the last inspection people's risks were not safely managed. At this inspection we found that a number of improvements had been made to the way in which people's risks were managed to help keep them safe. However, we observed that one person was being supported to move by two staff using equipment and the person pushed themselves backwards. Their wheelchair started to tip, almost resulting in a fall. When we looked at the person's risk assessment in relation to moving safely, we found that this risk was not suitably assessed and planned for, despite staff telling us that the person was known to "push back." We also found that another person needed to be supported to eat using a teaspoon due to a high risk of choking, we observed that they were supported using a fork which was not in line with professional guidance. These examples showed that further improvements were needed to ensure that people's risks were consistently managed to keep them safe. The registered manager told us they would take immediate action to ensure these risk were addressed.

A number of people who used the service were at high risk of falls and we saw that improvements had been made to the way in which these risks were assessed, monitored and managed. For example, one person had equipment in place including a sensor mat which alerted staff when they required support with their mobility and a low rise bed to reduce the risk of injury if they fell out of bed. We saw that their risk management plan included information for staff on how the person's medicines affected their falls risks. Hourly checks were completed when the person spent time in their bedroom in addition to them being supervised in communal areas. Referrals for professional advice and support had been made and followed up and we saw that professional advice had been incorporated into care plans, which staff were aware of. The person's falls diary had been accurately completed and reviewed and this showed a reduction in the number of falls since our last inspection. This showed that improvements had been made in managing risks to help keep people safe.

At the last inspection, medicines were not always managed so that people received them safely. At this inspection people told us they received their prescribed medicines when needed and the medication administration records we looked at confirmed this. We observed staff supporting people in an unrushed manner to take their medicines. One staff member sat with a person and said, "I have your medicine [Person's name], is that OK? I can't promise it will taste very nice." They sat with the person and ensured they had swallowed their medicines before signing to confirm the same. We found there was a clear ordering and stock control system in place to ensure people had adequate supplies of their medicines available to them. There were suitable protocols in place to guide staff about when and how to administer medicines on an 'as required' basis and these provided detailed information to staff to ensure people were given their medicines as prescribed. Staff had been trained and supported to administer medicines safely and the provider's

policy was readily available in the nurses' office. This showed that improvements had been made to ensure the proper and safe use of medicines.

At the last inspection, when people were prescribed topical creams, we saw that effective recording systems were not in place to ensure they were applied as prescribed. At this inspection we saw that application of topical creams was consistently recorded on topical medicines administration charts which detailed the name of the cream, how often it was required and an accompanying body map directed staff where the cream should be applied. This showed that improvements had been made to the application and recording of topical creams to ensure that people received them as prescribed.

At the last inspection, people were not always protected from avoidable harm and abuse. At this inspection, people told us they felt safe at Hilderstone Hall. One person said, "I feel safe here all the time." A relative commented, "I feel [my relative] is safe and well looked after." Staff we spoke with were knowledgeable about safeguarding adults' procedures and knew the different types of abuse which may occur, how to recognise signs of abuse and how to report their concerns. One staff member said, "I would report straight away to the manager." The registered manager understood their responsibilities in safeguarding people from abuse and we saw that incidents had been reported to the local authority when required, so that necessary investigations could be carried out and protection plans implemented when needed. The registered manager had ensured that any incident that could be considered as potential abuse including unexplained bruising had been reported to the local authority, investigated and plans were put into place to reduce the likelihood of similar incidents occurring again. They were open and honest in sharing information about incidents. Staff were aware of the improved systems and processes in place and we saw these were working to ensure that people were protected from abuse.

At the last inspection staff were not always deployed effectively to ensure that people were protected from harm or exposure to the risk of harm. We observed that communal areas were regularly unsupervised despite some people being at significant risk of falls and people being at risk of abuse from others. At this inspection, we saw that the provider had taken action to address this. People told us there were enough staff on duty to meet their needs and we observed that staff were nearby to assist people when needed. One person said, "There is always someone around." A relative told us, "There is more staff since the new management started. One new rule that they seem to have implemented is to always have a carer in the lounge. This didn't happen before but now there is always somebody to hand." The registered manager told us how they had worked hard to recruit suitable staff and they no longer had any vacant posts. The provider continued to use a tool to assess the required number of staff to meet people's needs. At the last inspection we found this tool was not being used and reviewed suitably but at this inspection we saw that people's dependency was suitably assessed and reviewed each month to ensure there were enough staff to meet people's changing needs. The registered manager and provider had plans in place to continually review the staffing levels as the service evolved.

The provider followed safe recruitment practices. Staff confirmed recruitment checks were completed to ensure they were suitable to work with people including checking references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions.

People told us that the home was, "always this clean and tidy." We observed that all areas of the home and equipment looked clean and hygienic and saw domestic staff carrying out their duties throughout the inspection. Staff had been provided with training and one to one focussed discussions about their infection control responsibilities to ensure that procedures were followed to reduce infection risks to people and we saw these were effective. Staff understood the importance of infection control and we observed them using protective clothing during the inspection. The kitchen had recently obtained a five star food hygiene rating.

The registered manager told us that infection control audits were completed regularly and we saw these had been completed by the registered manager and head housekeeper. This meant people were protected from the risk of infection and cross contamination.

The registered manager told us and we saw that lessons had been learned and improvements made when things had gone wrong. At the last inspection, we found some serious concerns and breaches of regulations. The provider sent us an action plan which covered all areas of concern identified. At this inspection we saw that improvements had been made and there were no breaches of regulations. The registered manager and provider had successfully worked on improvement plans for the service to improve the quality and safety of services provided to people and we saw during the inspection that this had been successful.

Is the service effective?

Our findings

At the last inspection we found that the service was not consistently effective. People's consent to their care was not always sought, some people were deprived of their liberty unlawfully, staff training was not always effective and professional advice was not always followed. We found a breach of Regulation 11 for need for consent and a further breach of Regulation 13 (5) for safeguarding people from harm, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was meeting these regulations and significant improvements had been made so that people received effective care.

People consented to their care when they were able to and staff actively supported people to do this. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We heard people were asked for their consent before care was carried out. When people lacked mental capacity to make decisions about certain aspects of their care, we saw that a decision specific test of their capacity was carried out, in line with the MCA. We found that every effort was made to help people be involved in their own decision making such as discussions at different times of the day when people were more alert, or using prompt cards to maximise people's involvement. We saw that decisions were made in people's best interests when required and relevant people were consulted before any decision was made on behalf of a person, for example, relatives and health professionals. These best interest decisions were accurately recorded and shared with staff to ensure that people's rights were protected.

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 authorisation 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 found that people had been referred for a DoLS authorisation when this was required. The registered manager fully understood their responsibilities in relation to the MCA and DoLS and had a system in place to ensure that DoLS authorisations were requested when required, including prior to a person moving into the home. This showed that the provider was working in line with the current legislation and guidance to ensure that people's rights were protected.

Staff were supported to develop the skills and knowledge to provide effective care. People told us that staff had the necessary skills and our observations confirmed this. New staff confirmed that they were provided with a thorough induction which included face to face training and spending time shadowing experienced members of staff before they provided care independently. Existing staff confirmed they had received additional and updated training to improve their skills. One staff member said, "The recent training we've had was really good and made us realise how people's own routines are important to them. It made us change our ways and I'm so much happier to know we are doing a good job for people." We saw that the registered manager and deputy manager worked together to ensure that staff training was up to date and that staff also received one to one time and reflective supervisions about certain topics to reinforce what

they had learned during training sessions. This meant people were supported by suitably skilled staff.

People told us and we saw that they enjoyed the food and drinks on offer and the mealtime experience. One person said, "it's decent food." The dining room was set out with table cloths, wine glasses, napkins and condiments which created a restaurant feel. Menus were available on each table detailing a choice of two starters, two main meals and two deserts. People who needed additional support were shown two plated options to enable them to make an informed choice about what they would like to eat. A wide range of hot and cold drinks were also on offer including sherry, red and white wine and juices. We saw that one person chose to have both menu options and another disliked both options and was provided with something else that wasn't on the menu which meant that people had maximum choice and control about what they ate and drank.

We observed that some people needed help to eat their meal. We saw that staff sat down with them and spent the time with them that they needed to eat their meal in a dignified way without being rushed. One person who was living with dementia did not like to sit at the dining table and needed support and encouragement to eat, to ensure they maintained a healthy weight. We saw that a staff member sat next to them in their comfy chair and provided the prompts they needed to eat. Their starter of soup was provided in a cup to help encourage them to eat and we observed them enjoying their lunch and a glass of wine whilst swaying to music and smiling at the staff member they were sat with. Care staff and the chef were knowledgeable about people's likes, dislikes and specialist requirements including thickened drinks. Up to date person specific information was readily available to staff in the kitchen and dining area. We observed that people received correctly thickened drinks and textured meals in line with their care plans. This showed that people received the support they required to eat a balanced diet.

Staff told us the registered manager had implemented new ways of working which meant that staff worked better together to provide effective care to people. They told us they attended a handover session at the beginning of each shift, which ensured that they were able to provide a safe and consistent level of care to people. One staff member said, "We have better handovers now. Care staff now have more responsibility and are accountable." The handovers ensured that any risks or changes in people's needs were highlighted and that staff were clear about their responsibilities. Staff said the management team worked in partnership with them to help them deliver effective care; "The [registered manager] and deputy manager are out on the floor and know what is going on. The deputy manager attends handover every day and knows people well. They have a good overview of the service." A keyworker system had also been introduced so people and relatives had a named member of staff they could approach with any issues or queries. These examples showed how the staff team worked together to deliver effective, consistent care within the service.

People were supported to monitor and manage their health and had access to healthcare support when required. People told us that the nurse practitioner from the local doctor's surgery visited Hilderstone Hall every Wednesday to provide advice and support to them. We found that people's health needs were monitored and that professional advice was sought and followed when required. For example, one person was experiencing frequent urinary tract infections and this had been highlighted by staff during close monitoring. There were clear plans in place for staff to follow and staff also contacted the doctor to request a review of some of the person's medicines. Another person was having some difficulty in taking their prescribed anti-biotics; the staff recognised this and requested a visit from a district nurse who recommended a change in the prescribed medicines which meant the person was able to take their medicines effectively to improve their health. The records we viewed showed that people had accessed a range of healthcare professionals including district nurses, speech and language therapists, opticians, community psychiatric nurses, physiotherapists and podiatrists. Advice given by professionals was clearly incorporated into care plans and followed by staff. This meant that people were supported to access health

professionals to maintain their health and wellbeing and advice was sought and followed by staff when required.

We saw that people's needs and choices were assessed and planned for to allow staff to deliver effective care. The service had not had new admissions since the last inspection; however we saw that some people's needs had been reassessed when required. For example, one person was identified as being prone to chest infections. This had been suitably assessed and a clear plan was in place for staff to follow including triggers and signs to look out for. This guidance helped staff to deliver effective care. When additional support and guidance was needed about how to support people, we saw that support and guidance was obtained, for example a Parkinson's disease specialist nurse had been involved in developing specific plans of care for a person. This showed that people's needs were effectively assessed and guidance was sought when required.

People's needs were met by the adaptation and decoration of the service and there were improvement works ongoing at the home. The provider was in the process of developing a 'Memory Lane' facility which would specifically provide support to people living with dementia. We saw that this area of the home had themed corridors which encouraged people to reminisce and recognise their surroundings. There was signage on doors to help people living with dementia to navigate the service more independently, including picture signage on bathroom doors. Photographs were used to help people identify their bedroom and these were photographs of individuals when they were younger, to help people living with dementia recognise their own photograph. Suitably adapted facilities were available including brand new wet rooms which were homely rather than clinical, a lift to help people navigate between floors of the home and improvements were planned for an accessible outside area. New lighting had been installed in corridors since the last inspection which helped to reduce falls risks and made the corridors more light, bright and safe for people to use independently. The provider had further plans for improvements to the design and decoration of the premises and posters around the home communicated these plans to people and relatives.

Is the service caring?

Our findings

At our last inspection the service required improvement to be consistently caring because staff did not always have the time they needed to speak with people and people's dignity was not consistently respected and promoted. At this inspection we found that improvements had been made.

People told us they were happy with the care they received and that staff treated them with kindness and respect. People's comments included, "I'm really happy here. It's a happy place to be, we all have a laugh here," "the staff look after us," and "It's a good home, they seem to treat me really well." A relative said, "I'm really happy with it [the care at Hilderstone Hall]. I've always found staff are really caring and they are kind with [my relative]." We observed throughout the inspection that people were treated with kindness and respect. For example, we saw all staff including kitchen staff made an effort to chat with people and help them when they needed it. One staff member noticed a person was not wearing their spectacles. They knelt down next to a person and asked, "Shall I pop your glasses on for you so that you can see?" The person smiled. Staff told us they now had more time to spend with people. A staff member said, "The new management have employed more staff. We have more time for people now and people get better care. The staff are happy and that rubs off on people." We observed that staff used people's names and asked about their welfare regularly, which made people smile. Staff responded promptly to people's requests for support and reassurance. This showed that people were treated with kindness and respect.

People were supported to make choices and express their views. We observed that people were offered choices about their care and support throughout the inspection. For example we saw people were asked where they would like to sit and how they wanted to spend their time. We observed a staff member seeking one person's consent prior to putting an apron on them at breakfast time. The staff member asked if they would like an apron, "to protect your lovely clothes?" Staff told us they always encouraged people to make choices. One staff member said, "We give people choices, we ask people what they want and get to know them and what they like." Regular resident and relatives meetings were held where people were encouraged and supported to express their views and make suggestions about the care and support at Hilderstone Hall. A resident ambassador and a relative's ambassador had been appointed who helped to ensure that people's views were sought and heard. The resident ambassador told us how they were enjoying the role and that people's views were encouraged, listened to and acted on.

People's privacy and dignity was maintained. A staff member told us, "I always knock on bedroom doors before I go in and cover people up when providing personal care." We observed staff discreetly wiping people's mouths when supporting them to eat which protected their dignity. We also saw that one person, who was wearing a skirt, needed to use a hoist to safely move to a comfortable chair in the lounge. Staff supporting the person, talked them through every step of the transfer and ensured their skirt was pulled down to protect their dignity. Another staff member noticed that a person's jumper had risen up and asked them, "Can I pull your jumper down over your tummy?" This showed that staff were aware and actively seeking to promote people's dignity. People were able to access their bedrooms whenever they chose to and could have privacy by themselves or with their visitors; we saw that staff respected people's wishes for privacy. The registered manager told us that some people had spouses who visited and that they valued

spending time together as a married couple. They had been supported to spend time or have a meal together in a private lounge within the home. This showed that people's privacy and dignity was respected and that they were encouraged maintain important personal relationships.

We found that care plans were written in a way which upheld people's privacy and dignity and encouraged choice and independence. For example, one person's care plan in relation to personal care included a reminder to staff to ensure the door and curtains were closed. It also included their preference for a bath rather than a shower, that they liked to look smart, how they preferred to wear their hair and how staff should encourage them to choose their own clothes. We saw that the person looked smart, in line with what was written in their plan.

Is the service responsive?

Our findings

At our last inspection the service required improvement to be consistently responsive because people's preferences were not always known and catered for and they were not always supported to access meaningful activities. At this inspection we found that improvements had been made.

People and relatives told us they had been involved in developing and reviewing their plans of care. A relative told us, "We had a meeting with the manager looking at [my relative]'s care plan and [my relative] now has a key worker so I have a 'go to' person. They comment on how [my relative] is getting on." We found that people's plans of care were personalised to their individual needs. For example, we saw that one person's care plan informed staff that they were a quiet and private person and they liked to choose their own clothes and brush their own teeth. The person liked to brush their teeth after each meal and they were given the opportunity to do this. Staff we spoke with were knowledgeable about people and their preferences and people told us their preferences, such as when they liked to go to bed were catered for and respected. A staff member said, "People are receiving better care now. Before, we worked for quickness but now it is about what the person wants. Person-centred care was explained to us in training and by management and we realised how important it is." This showed that people had been involved in developing their own plans and that the service was responsive to their preferences and requests.

People and relatives told us they had access to a wide range of activities which they enjoyed. A relative said, "There is more involvement of people and relatives now and more activities which [my relative] loves." We saw that an activities board displayed information about planned activities which included manicures, quizzes, pet therapy, exercise to music and arts and crafts. Additional activities staff had been recruited which meant that activities were on offer seven days per week and that there was more support available for people who needed help or encouragement to participate. We also saw that one to one time was available for people who did not like or benefit from group activity. People told us that their religious and spiritual needs were met and one person said, "A Vicar comes in on the last Thursday of every month and gives communion or a blessing." The registered manager told us how people's diverse needs would be met by having a discussion during a pre-admissions assessment and ensuring people's care plans reflected their individual needs and preferences. Alongside this Hilderstone Hall have the 'Daily Sparkle' which is a daily newspaper with quizzes and information about 'then and now'. We saw that this was used by staff to encourage conversation and reminiscence.

People and relatives knew how to raise concerns and complaints and felt able to do this when required. A relative said, "It's very inclusive now. We have meetings and I feel more involved and informed. Front of house are very good too so I know I could raise any concern." Information on how to make a complaint was available to people and on display in reception of the home. There was an appropriate complaints policy in place and the registered manager had a complaints record to ensure that all concerns, including verbal complaints were recorded and acted upon. We found that when a concern had been raised, it was thoroughly investigated and responded to, which showed that complaints were taken seriously and dealt with in line with the provider's policy to ensure that lessons were learned and improvements made when required.

At the time of our inspection, no one was receiving end of life care. We found that some people had their wishes with regards to the care they would like to receive at the end of life recorded in their care plans. However some people's plans did not include this information. The clinical development nurse told us that all people who have the mental capacity to make decisions about their care planning have advanced care plans in place which include their wishes and preferences for end of life care including details such as where they would like to be cared for, pain management and who they would like to visit them. They told us that a project was taking place to look at how the provider ensures that people who do not have the mental capacity to discuss this area of their care have the necessary plans in place. This showed that the provider was aware and developing this area of practice.

Is the service well-led?

Our findings

At our last inspection we found the provider did not have effective governance systems in place to ensure that people received safe and good quality care. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The provider did not have a registered manager in post and this was a breach of Regulation 5 of The Care Quality Commission (Registration) Regulations 2009 (Part 2). The provider had not notified us of some important events which occurred at the service and this was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009 (Part 4). At this inspection we found improvements had been made and the provider was meeting the regulations; however there was still more work to do to ensure the changes made were sustainable.

There was a new registered manager in post since the last inspection. The registered manager understood their responsibility of registration with us and ensured that they notified us of important events that occurred in the service in a timely manner, as this is required by law. The registered manager was open and transparent in sharing information and reporting incidents to ensure that regulatory requirements were met. There was also a new deputy manager in post since the last inspection.

The registered manager had systems in place to monitor quality and safety. Accidents and incidents were now consistently recorded and analysed by the registered manager to ensure that action was taken when required to reduce further risks to people. For example, analysis showed that three incidents had occurred involving one person who used the service. The person was referred to the doctor and treated for a urine infection. This showed that systems in place were effective in identifying patterns and ensuring risks were managed. All accidents and incidents were discussed at a monthly clinical governance meeting to ensure that necessary action was taken including referrals to other professionals. This included consideration of whether or not a referral to the local authority safeguarding adult's team was required. This showed that improvements had been made to the systems and processes in place to manage people's safety. The registered manager and provider now needed to ensure these improvements were sustained as the service changes and evolves. We will check the sustainability of these changes at our next inspection.

Regular audits took place including checks of medicines and care plans to ensure that any issues were identified and action taken to make improvements. A number of improvements to medicines management and care plans had been made since our last inspection by the registered manager, deputy manager and clinical development nurse. However, an audit of one person's care plan had not identified that their moving and handling risk management plan did not include the risk of them pushing themselves backwards during transfers. We observed them doing this and staff confirmed that this was not a one-off occurrence. This meant that further improvements were required to ensure that risk management documentation adequately reflected people's risks.

People, relatives and staff were positive about the new management structure at Hilderstone Hall and all made positive comments about the improvements at the service since the last inspection. A relative said, "Things have greatly improved. The staff always tried their best under poor management but now things

have changed. There is more involvement [of relatives and staff], a better environment, and more activities which [my relative] loves." A staff member said, "The change is fabulous, the home is led much better by [registered manager and deputy manager], they are really good. As a team we have worked together and I feel that the home is so much better and improved. Since the last inspection we get all the resources we need; now staff are supported and we are listened to, which was missing at the time of the last inspection." Relatives and staff felt the registered manager was approachable. One staff member said, "[Registered manager] is very fair. She is lovely but she won't take any messing about. You can approach her and she will sort out whatever needs doing, you don't have to wait for days and get yourself in a mess. There have been massive changes. I wake up and want to come to work now; it's a happy place to be." This confirmed our observations that there was now an open and inclusive atmosphere where people worked together to achieve good outcomes for people.

People, relatives and staff felt engaged and involved in the development of the service. There was a newly appointed resident ambassador who attended all residents and relatives meetings to represent people who used the service and ensure their voice was heard. They told us, "Things get done quicker than they used to do, anything I say to [deputy manager] will get done. We've also got a good maintenance team." There was also a relative's ambassador. Environmental changes were taking place at the home and we saw that these were happening in consultation with people and relatives and posters around the home kept people up to date with developments. A relative told us, "I feel informed now; I get emails and text messages with updates. We have meetings and we [relatives] are more involved, I feel they care about the whole family. The staff have a spring in their step now and the atmosphere is so much better." The registered manager had implemented a 'You said, we did' board which informed people about changes made as a result of their feedback. There was also an employee of the month displayed in reception who was nominated by people and their relatives. The registered manager was also working on involving the local community with the service and we saw that 'theme nights' had taken place and more were planned when members of the community were invited to the home to celebrate events with people who used the service and their relatives. This showed that people, the public and staff were engaged and involved.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, physiotherapists and specialist nurses. The registered manager told us they had support from the local advanced nurse practitioner who visited the home weekly. The staff team had regular opportunities to discuss people's care and they had handover meetings at the start of each shift. We also saw that the registered manager and provider had worked in partnership with other agencies to complete an action plan for improvement and this had helped to improve the quality of care and outcomes for people who used the service. This meant the provider worked effectively in partnership with other agencies to improve outcomes for people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We saw that the rating of the last inspection was on display and a copy of the last inspection report could be accessed by people and visitors to the home.