

# Methodist Homes Hillside

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 11, 12 and 13 April 2017. It was an unannounced visit to the service.

We previously inspected the service on 1 and 2 March 2016. We found two breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. We asked the provider to send us an action plan on how they would make improvements to the service. They told us they would implement the improvements by 31 May 2016. At this inspection we checked to see what improvements had been made. We found the home had made significant improvements in both of the areas identified.

Hillside is a nursing home for adults. It is registered to provide care up to 68 younger and older adults. At the time of our inspection 59 people lived at the home.

The service had a registered manager in post. 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.

People who were prescribed medicines and were unable to take these independently had support from staff who had received training. General medicines were stored securely, however stock control required improvement for medicines that had potential to be abused. We have made a recommendation about this in the report.

People were supported by staff who had been recruited through robust procedures. People told us they felt there were enough staff on duty for them to receive safe care.

Staff had access to training to equip them with the right skills to support people. Staff were appraised and development plans were in place. We noted people who lived at the home were encouraged to assess new staff and help them develop.

People had good access to external healthcare professional and a GP visited the home each week. People were confident any changes in health would be responded to by staff.

Consent was sought from people or their legal representative. Where required the service made applications to the local authority to deprive someone of their liberty. The registered manager was aware of the need to inform CQC of certain events and had done so when needed.

People had access to a wide variety of activities both inside the home and the local area. We noted some people attended regular support groups outside of the home. The home had a virtual reality headset where people could enjoy different experiences. One person had gone deep sea diving and another had gone on a

bird flight. People spoke positively about their experience.

Positive caring relationships had developed between staff and people they supported. We observed there was good team work among staff.

People were involved in developing their care plans. Care plans were comprehensive and reviewed regularly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

### Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

### Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People had access to a wide range of person centred activities.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

## Is the service well-led?

Good 

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

# Hillside

## Detailed findings

### Background to this inspection

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

The inspection took place on the 11, 12 and 13 April 2017 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector. On day one the inspector was joined by an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with 13 people living at Hillside who were receiving care and support, four relatives, a visiting GP and one person's friend. We spoke with the registered manager and seven staff. We reviewed six staff recruitment files and seven care plans within the service and cross referenced practice against the provider's own policies and procedures. After the inspection we contacted a further five staff to request feedback.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in Hillside.

# Is the service safe?

## Our findings

At the previous inspection carried out on 1 and 2 March 2016 we found people who received care and treatment were not always protected from avoidable harm. We found multiple breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The areas of concern were around infection control, environmental risks and the management of medicines. We asked the provider to tell us how they would make improvements to reduce the likelihood of harm. The provider sent us an action plan which stated the improvements they had planned. At this inspection we looked for evidence of what improvements the service had made to ensure people were provided with safe care and treatment. We found some improvements had been made in the areas of infection control and the environmental risks.

Previously we had concerns about the storage and disposal of medicines. We found the clinical rooms were untidy and medicine no longer in use placed in a bucket which was overflowing. At this inspection we found the clinical rooms to be well ordered and clean. We observed medicine trolleys were locked up when not in use and clinical rooms locked when staff were not using them. We noted the service had a system to record fridge temperatures. However, the form staff used only asked for minimum and maximum temperatures to be recorded. We checked the thermometer used as it was displaying a higher temperature than expected. We also checked with another thermometer and the fridge was within safe and recommended temperature levels. We also spoke with three nurses and they all confirmed how they would check the temperature of the fridge. The registered manager told us they would ensure staff had access to a form which they could record actual fridge temperatures on. This would ensure staff recorded the correct temperature to ensure medicine were still safe to use.

We looked at the management of medicines which required additional controls because of their potential for abuse (controlled drugs). In the clinical room on the ground floor of the home we found there was poor stock control. The actual numbers of medicine in stock was correct and had always been countersigned by two nursing staff. However, we found two out of date medicines. The likelihood of harm had been reduced as the person was no longer prescribed the medicine. We also found ten ampules of medicine in a box which showed it should only contain five. However, all ten were in date. We spoke with the registered manager about this. They told us they expected staff to undertake regular checks. We noted that checks had not been routinely undertaken. As soon as this issue was brought to the registered manager's attention they asked a member of staff to dispose of the unwanted medicine. They also told us about what system they would put in place. This would involve a weekly check by nursing staff. This would increase the monitoring of medicine stock levels. The other clinical room was checked and no issues were found about stock rotation.

We recommend the service seeks advice from a reputable source about stock control of medicine that requires additional controls

We observed medicine administration and found staff were calm and patient with people. We noted staff explained to people what the medicine was for. People told us they were happy how the staff managed their medicines. One person told us "I know what the medication is for. I take it three times a day. I ask for it and they always give it to me." Another person told us "I am not taking any medication but have an inhaler for

asthma. I always have access to my inhaler. The care staff administer one of my inhalers and I can administer the other one myself." A pharmacist audit was undertaken on 21 December 2016 and an action plan was put in place to rectify some of the issues found. We found the service was proactive in managing issues when identified.

Risk assessments and care plans were in place for safe management of medicine. These detailed any specific support required. For instance, where people received their medicine via a Percutaneous Endoscopic Gastrostomy (PEG) this was recorded in their care plan. A PEG is feeding tube for people who are unable to eat food due to their medical condition. We saw when there was concern about people's medicine this was reported to the GP. We spoke with one GP who supported people who lived at Hillside and they described the staff "Really caring and on the ball."

Previously we found people were not always protected from hazards around the premises. We found risks to people's health and safety had not always been assessed so that action could be taken to prevent harm. For instance, we found a sluice room was open and unattended on two separate occasions. This meant there was access to soiled and hazardous waste material. We also found two potential hazards which had been subject to national safety alerts. We found gloves had been left so they were easily accessible to people with cognitive impairments, so there was a risk of choking. We also saw thickening powder was available alongside tea and coffee making facilities in kitchenettes; this also presented a risk to people with cognitive impairment. At this inspection we found that improvements had been made. The home was clean and well-presented and when we checked, sluice rooms were locked. We spoke with the registered manager about how the improvements had been made. They told us they and the deputy manager regularly took time to walk around the building. A weekly meeting with all heads of department took place. This was an opportunity for all staff to discuss how the home could improve.

People were supported by staff with the appropriate experience and character to support them. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Where qualified staff were appointed appropriate checks were in place to ensure that they were able to practice as a nurse.

People told us they felt safe. One person told us "I feel safe living here I always have a call bell clipped to me or my bed sheets." We observed that people were supported by staff who did not appear to be rushed and requests for support were responded to quickly. The registered manager advised staffing levels were maintained to ensure people had the right support. Systems were in place to monitor staffing levels. We found the home to be staffed sufficiently; this was supported by what people told us.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC.

Risks posed to people had been identified and measures were in place to reduce the likelihood of harm. For instance, where people had been identified of high risk of pressure damage, equipment was in place to minimise the risk. Risk assessments were carried out for the safe movement of people who were unable to do this independently. The service ensured robust procedures were in place to monitor all equipment used.



The records seen were of a high quality and maintenance staff were responsive to any remedial action required. One person told us "The fire alarm goes off every Tuesday and I would need to rely on carers as I would not know where to go, but I feel confident that the carers would know what to do in an emergency."

Personal emergency evacuation plans were in place which detailed what support was required in the event of an emergency. Regular checks were carried out in the building to ensure people were protected from unsafe premises. These included checks on window restrictors, call bell cords and bed rails. We noted that safety certificates were in date for gas and electrical equipment.

# Is the service effective?

## Our findings

At the previous inspection carried out on 1 and 2 March 2016 we had concerns that the service did not routinely seek consent from people. We made a recommendation for the service to seek advice and guidance from a reputable source about supporting people to consent to care and support. At this inspection we checked what improvement had been made. We saw that consent was sought from people or a third party with legal authority to act on behalf of someone. We observed staff offering choices to people and seeking consent. For instance, one member of staff asked a person "Where would you like to go now?"

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. We saw where required best interest meetings were held and documented.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted the registered manager kept a record of applications and decisions made.

People, relatives and professionals told us they felt staff were knowledgeable. People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes.

People were assisted by staff who felt supported. We saw there was a clear induction process in place for each role within the home. New staff were teamed up with a 'buddy' to offer them support in the induction period. Staff had access to training the provider deemed necessary. The registered manager told us the provider had introduced a new system for staff training. We observed the in house training staff working through the system to identify who needed training. When fully embedded the system will allow the registered manager to have an oversight of what training staff have received at a glance.

People who lived at Hillside took part in the assessment of new staff. Within the induction period a least three residents would meet with the new staff member and ask them questions. This feedback was given to the registered manager. One person who regularly interviewed staff told us it made them feel "Valued" and that their opinion mattered.

We noted that one to one meetings with staff were not always happening in line with the provider's policy. However, the registered manager had identified this and had a supervision matrix in place to monitor when staff had one to one meetings. Staff told us teamwork existed and we observed this in action. A daily handover meeting was held to ensure that important information was shared between shifts. A member of staff told us "Handovers happen so we know what's happened; we get information from the night staff." The

provider held well-being sessions for staff, this was an opportunity for management to understand how staff felt about working at the home.

People told us they had access to external healthcare professionals when needed. One person told us "The GP visits me every Wednesday. If I need to see a doctor, otherwise, I feel I can ask the manager or the carers to call him." Another person told us "I see a chiropodist every six weeks. I also see a dentist. I see a doctor every Wednesday afternoon and feel ok about asking if I need to see a doctor otherwise." A relative told us "If he [relative] feels unwell. I ask the staff to call the doctor." A visiting GP told us staff were "Quick to pick up on changes in health" and "Staff are not afraid to call us. The patient always comes first." In the last satisfaction survey completed by the provider 92 percent of people said they could access GP's and dentists. We saw when external healthcare professionals visited a record was made of the visit and any actions were followed up by staff. One person had recently been visited by a speech and language therapist following concerns about swallowing difficulties.

People were involved in planning of menus. The catering staff had recently held a resident tasting menu. The event was well attended by people, as the event was successful more sessions had been planned. We noted a wine tasting evening had been requested by one resident. One person told us "Food was good, I never feel rushed." We observed a lunchtime meal and found the staff to be very attentive. Staff had knowledge of people's food preferences. The catering staff were aware of the need to present pureed diets well. We found the meals to be presented well to people. Where people required assistance with their meal, staff supported people in a professional and calm manner.

## Is the service caring?

### Our findings

At the previous inspection carried out on 1 and 2 March 2016 we had concerns that the service provided to people was not always dignified and protective of people's privacy. We observed staff did not always knock on doors and wait for permission to enter people's room. We asked the provider to send us an action plan to tell us how they intended to improve. At this inspection we noted that staff were more respectful and did knock on doors. The registered manager told us this is something they and the deputy always checked on their walks through the home. We observed there was good communication between staff and people they supported.

People told us they felt their privacy was respected and staff provided a dignified service to them. In a survey completed by the provider 92 percent of people said they felt they were treated with kindness and the staff were caring towards them. One person told us "I can lock my door but I never do. The carers knock before they come in if the door is closed." We observed staff quickly responded to support a person who had begun to undress in a communal area. The member of staff very calmly approached the person and escorted them to their room so support could be offered in private.

We received some positive feedback from people and their relatives about how caring and kind the staff were. We observed some good interactions between staff and people. For instance, we saw staff talking with people about had been reported in the news that day. It was clear that good relationships had been developed and some staff members were really knowledgeable about people. One person told us "I'm really content here" another person told us "The staff have a positive effect on my living in this home."

People were supported by staff who took a genuine interest in improving their quality of life. Staff understood different communication styles. One person used a unique style of communicating. Staff were able to understand that style and were able to tell us how they could tell if the person was distressed or not. One member of staff told us "We found out by accident that [Person's name] liked Queen [Rock group]. As [Person's name] gets quite unsettled at times, we find the music calms her down. We now play it at lunch time and they eat more of their meal." The deputy manager told us "I have a gentleman... very difficult to express wishes verbally, can communicate well with gestures and facial expression, he will wink at you or laugh. When going to give medication we have a discussion as to the sequence he wants to take his medication, he can indicate by smiling, thumbs up or winking, we will describe medication and he will give a thumbs up or shake his head." This meant the staff were aware of different communication styles and encouraged people to be involved in decision making.

We observed staff were professional when dealing with people. One staff member was able to tell us about what people liked to do. Regular surveys were conducted to involve people in decisions about the home. The social care facilitator told us "Surveys happen twice a year; the next one is due next month. We also had a resident meeting last week." The registered manager told us they had tried to set up a resident committee to encourage people to share their views and empower them to contribute. However it was poorly attended. The registered manager had not given up on trying to find different ways to get feedback from people. They told us they tried to make time to sit with people and have a chat with them. We observed this happened on

our second day at the home.

People who lived at Hillside were invited to undertake audits within the home. For instance, we saw a person had recently undertaken an audit on 29 March 2017. We spoke with one person who had carried out one of the audits. He spoke very proudly of the work that he undertook. The registered manager told us people were consulted about the environment. For instance, people had been recently asked about how they would like bathrooms decorated.

People were able to personalise their rooms. We saw rooms were decorated to people's preferences. For instance, one person who was a football fan had lots of items in their room with logos of their favourite football team. In a survey completed by the provider 97 percent of people said they could have enough of their own items around them and 100 percent said they could have visitors when they wanted. A relative told us they felt supported. They told us "The staff are really good, they told me 'We are here for you as well as [name of relative].' That meant a lot... The staff pick up when I am not having a good day and either [name of registered manager] or [name of administrator] invites me in for a chat."

A visitor told us "When I came here and saw the treatment of the residents I knew straight away that everything was really excellent. Everyone made me and my friend so very welcome." They went on to say "What they have here is love and care."

People were supported in a dignified manner at the end of their life. A healthcare professional told us "They [staff] are very responsive...they make the last few hours count. A recent example was when someone was dying and family could not be present staff ensured photographs were placed near to be person. I thought that was a nice touch." This was also supported by the deputy manager who told us "The staff had laid him out in his favourite suit, placed photos of his wife around him, dimmed the lights and placed a rose on his chest all before his daughter arrived at the home. All the staff then lined the corridor as he was removed by undertakers and supported the family with lots of hugs."

The home had supported the wishes of relatives of a person who had passed away. The registered manager told us "The resident had lived here for some time and therefore the family had asked if their mum's hearse could leave from Hillside to which we of course agreed. The staff wrote messages on little cards that were attached to roses and brought to the church by our home chaplain who held the service. When the hearse was leaving there were a number of staff and residents lined up outside to say their final goodbye. The family all fed back how much they appreciated the efforts made by the staff on the day."

The registered manager told us "We also held an internal memorial service for a younger resident that had died unexpectedly. The service was for residents and staff, to which the gent's parents attended. Again staff and residents wrote down their memories of the resident and these were hung on a tree and presented to the family. It was a very touching service and I met with the resident's father recently who expressed his gratitude for all the support from the home."

## Is the service responsive?

### Our findings

At the previous inspection carried out on 1 and 2 March 2016 we had concerns that the service did not routinely manage complaints in an effective manner. We made a recommendation for the service to follow good practice in dealing with complaints. At this inspection we checked what improvement had been made. The service had a complaints procedure. The service had received 14 complaints since our last inspection. People we spoke with were aware of how to raise concerns. The service kept a record of all comments, complaints and compliments. We saw that the registered manager responded promptly to comments from people and their relatives. A relative told us "I have raised concerns, only on small issues, they were very responsive the manager also." Another relative told us "If I have a concern it is immediately followed up."

People received personalised care that was responsive to changes in need. Pre-admission assessments were completed by a senior member of staff. Care plans were comprehensive and were completed to meet individual needs. For instance, if someone was assessed at high risk of falling an extended falls risk assessment was in place. Care plans covered a wide range of topics and gave guidance on how to care for a person. Staff told us they felt care plans were detailed and Helped them to understand how to support people.

A 'My life Story' document was completed for some people; this gave additional information to staff about the person and their interests Care plans were cross referenced for instance where nutritional care plans were in place and the person was at high risk of pressure damage the two care plans complemented each other.

People's choice was evident in care plans. For instance, people were asked what type of activities they would want to do and this was recorded. People told us they were free to move around the home. One person told us "Sometimes I go to a lounge on another floor; there is another lounge between Constable and Turner." We observed people were free to move around the building. One person who required the use of a wheelchair to move around was seen regularly on all floors of the home. For instance they had visited the kitchen in the basement to speak with the chef.

Care plans and risk assessments were kept under regular review to ensure they reflected people's needs. Staff told us they had time to update care plans. Relatives we spoke with told us they were involved in review meetings and they felt they were listened to by staff.

People who were able to go out of the home were supported to do so. Some people who lived in the younger persons' unit went out to day centres and support groups. One person told us "The staff will order me a taxi if I want to go out because my leg restricts my mobility. I go out on my own two or three times a week." Another person told us "I choose to stay in my room most of the time otherwise and am well pleased here."

The home had a social care facilitator; they ran a small team of activities co-ordinators. We observed many activities going on and there was a programme of upcoming events displayed in the home. Events planned

included 'Dance like a chicken day', 'National Gingerbread day' and 'Macaroon day' as examples. The social care facilitator told us "It's important to get to know people's likes and dislikes." They went on to say "It's pretty organic, I try to introduce something new to keep people interested." We saw that one person had expressed an interest in attending a bowling alley. This was facilitated by the staff.

Other events the home had organised were a street fair and a Christmas fair. The deputy manager told us "We held a street fair for residents, where the queen's butler attended and gave a talk on his role, there was a magician and face painters and jugglers etc. Residents fed back how much they enjoyed the day, they were able to engage and take part in discussions." They also told us "We arranged and held a Christmas market on site, with chestnuts roasting on an open fire outside and a relative dressed as Santa giving gifts and collecting Santa letters from visiting children. There were 5 stalls of varying items and residents could help themselves. There was also hot food and chocolate drinks on the night. There were Christmas carols and a range of other activities on the night. Invites were sent out to all local care homes, providers, professionals and family members to increase the attendance on the night."

The home had hoped to produce its own newsletter. A working editorial group for the 'Hillside Gazette' had met in January 2017 to discuss progress; however, no-one had been identified as the editor so it had not been produced. The meeting was attended by representatives of people who lived at the home and staff.

The home invited outside agencies to visit and support people who lived in the home. For instance, a local Brownie group visited and the scouts had made a raised flower bed. Activity staff told us "We have lots going on; the discussion group is well attended." One person told us "I go to a discussion group on Thursdays." The registered manager advised us they were always looking to see how they could improve the connection between the home and the local area.

The registered manager told us about their involvement in a project on Cognitive Stimulation Therapy (CST). The CST is a programme of themed activities, usually carried out over several weeks in small groups. Each session covers a different topic and is designed to improve the mental abilities and memory of someone with dementia. As a result the home had invested in a virtual reality headset. People had been able to enjoy a virtual flight experience and deep sea diving. The registered manager told us one person could not stop grinning when they experienced the deep sea dive. One person who had had a go on both experiences told us "I thought it was going to be like a cartoon. It made me feel like I am someone special, cos I would not have had the opportunity before. I was expecting to see a mermaid." The person was very interested in animals. The registered manager told us they had hoped to buy a safari experience. They told us the headset had been a real success and enriched the lives of people who had used it. A member of staff told us "One resident said she enjoyed the beach so much she wanted cocktails next time."

People spoke highly about the activities team and visiting entertainers. Comments from people included "The lady who organises the activities really cares about these people, she goes that extra mile" and "They have regular entertainment here musicians, dancing and sometimes I participate."

The home promoted person centred care. One person had previously enjoyed sailing, in particular tall sail ships. The resident's partner had approached the home to see if they would facilitate the person to sail a tall ship. The deputy manager told us "We supported the relative in understanding dietary and medication requirements and provided any supporting documentation for the medical staff. We then arranged for a carer to go with them to support with any care needs, moving and handling etc... This meant that the resident in question was able to go back to his love of the sea and take the helm of a tall ship and even travel up to the crow's nest in a special lift. The resident fed back that he had a wonderful time and would love to do it again."

Another example of person centred care was when a person was struggling to attend hydrotherapy sessions. The person's partner had suggested purchasing a hot tub. The registered manager had agreed for the hot tub to be erected on the patio and told us staff would support the person to be hoisted into the hot tub.



# Is the service well-led?

## Our findings

People were supported by a service that was well led. There was a clear structure in place of senior management support. All staff were aware of their roles and responsibilities. The registered manager had been in post since March 2016 and had taken on board our previous concerns. They acknowledged that improvements were required. They took pride in the changes made to the service.

We found the registered manager created an open and transparent culture. We observed staff felt able to approach the registered manager and people who lived at the home had confidence in the management. We observed there was good communication between people and the registered manager.

The registered manager encouraged people, relatives and staff to be involved in decision making in the home. One relative told us "[name of manager] always has time for me, their door is always open."

The provider had an employee assistance programme. This was a free, confidential service available for employees. It provided useful information, practical support and counselling on a wide range of work, family and personal issues. One member of staff told "The environment at Hillside is friendly, open and encourages interaction between all. There is a robust whistle blowing policy and I would have no hesitation with raising any concerns I had with the manager." Another member of staff told us "The manager is extremely popular with the staff, residents and their families. She has an open and fair approach to all and encourages staff to perform at their best in a friendly and supportive manner. She is always willing to make time for all."

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was aware of the requirements under this regulation.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a safeguarding alert had been made. We checked our records and noted the registered manager had informed us of events when they occurred.

The registered manager told us they used reflective techniques to deal with performance issues. For instance, when we brought to their attention about the stock control for some medicine, they asked the nursing staff to write a reflection on how the omissions had happened. This was also used for nursing staff who needed to re-validate their nursing registration.

Management was visible around the home. The registered manager and deputy undertook a daily walk about to monitor the home. The provider undertook an annual survey to assess people's satisfaction with the care provided and the environment. We noted action plans were in place to improve areas where people highlighted improvements were needed. The action plan was a working document and we could see the

registered manager regularly checked progress. The home had an overall business improvement plan. All the audits undertaken fed into the plan and were regularly updated with actions completed.

The provided had a number of rewards systems for their care homes. At key times award ceremonies were held to present the highest achieving home in areas like 'best improved' or quality improvements.' Hillside had recently won an award for passing the provider's new quality audit.

The provider had a number of key policies to support the registered manager. These were available for staff. We noted that regular team meetings were held to cascade information to staff.