

# Barchester Healthcare Homes Limited

## Hillside Grange

### Inspection report

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Date of inspection visit: 24 and 26 February 2015  
Date of publication: 17/04/2015

### 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 

### Overall summary

This inspection took place on 24 and 26 February 2015. Both days of inspection were unannounced. This means the provider did not know we would be visiting.

We last inspected the home on 28 January 2014 and found the provider was not meeting the legal requirements for care and welfare of service users and staffing. The provider submitted an action plan which stated how they would meet all legal requirements. During this inspection we found improvements had been made.

Hillside Grange is a residential care home with 45 bedrooms. Some bedrooms are located on the first floor and are accessible by both stairs and lift. At the time of

the inspection there were 26 people living at Hillside Grange. Nine people lived on the first floor which is described as 'memory lane' and provides care for people who are living with dementia. 17 people were living on the ground floor which provides residential care.

Not all rooms at Hillside Grange are en-suite but they do all have a wash-basin. There are a selection of bathrooms and toilets available for people to use.

There was a registered manager in post at the time of the inspection but we had been previously notified that they would be absent from the service due to a secondment to manage a sister home. The deputy manager had taken

# Summary of findings

over the running of the home on a full time basis with support from the Regional Director as needed. The registered manager was at Hillside Grange on the first day of 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.

Everyone we spoke with said they felt safe living at Hillside Grange. One person said, "We are in safe hands here, well looked after." People and staff told us there were sufficient staff to care for people. We saw that staff were able to spend time chatting and engaging with people in a warm and unhurried manner.

There were thorough recruitment processes in place. This helps to safeguard people as it means thorough checks are completed before people are offered employment.

Potential risks to people had been identified and were being managed. Risk assessments documented background information, triggers to the risk occurring and how staff should respond to minimise and manage the risk. Emergency contingency plans were in place to ensure people were kept safe and well cared for should there be an emergency and people needed to temporarily leave the building.

Medicines were stored and managed safely. All staff administering medicines had been trained to do so and their competency levels were checked regularly. Protocols were in place for people who had been prescribed 'as and when' required medicines and information on why people had been prescribed certain medicines was readily available.

People were cared for by staff who were trained and knowledgeable and had the skills to meet their needs. Where refresher training was out of date courses had been booked for staff and they were due to attend within the next few weeks.

Staff said they felt well supported by the whole management team and we saw that supervisions and appraisals were up to date. Staff said they could approach management about 'absolutely anything'.

We observed staff explaining things to people and seeking consent before support was offered. There was a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and relevant authorisations were in place.

Staff understood people's nutritional needs and worked together to ensure specific dietary requirements were met. Relevant professionals had been contacted to offer assessments and guidance for people who had difficulty swallowing, had specific health needs or who had lost weight. Guidance was being followed appropriately and information on specific nutritional needs was understood by the kitchen staff.

Staff had warm and respectful relationships with people and could be observed treating people with kindness and compassion, offering reassurances and time for people to engage and respond. This meant people received care that was individualised and personal to them. Individual likes and dislikes, preferences, hopes and dreams were documented and were understood by staff who were observed having conversations with people about their family lives and history.

A variety of activities were on offer at the home and these included one to one time with people as well as group activities such as line dancing and days out. People were encouraged to share ideas and suggestions for the activities they wanted and they were involved in planning these with the activities coordinator. Only one person told us they were bored and wanted to go out more, everyone else we spoke with said they enjoyed the activities and we saw visitors and relatives getting involved as well.

People received information on how to complain in their welcome packs and told us they knew how to complain but had not had any reason to do so. Relatives and visitors told us they had no concerns about the care provided.

The service was managed well and even though the registered manager had been seconded to another home she was still maintaining contact with Hillside Grange and had a regular presence. It was obvious that the people who lived at Hillside Grange knew the registered manager and the deputy manager well and had formed warm and trusting relationships with them.

# Summary of findings

A variety of quality assurance systems and audits were completed which resulted in action plans which ensured a culture of continuous improvement and development.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe living at Hillside Grange and staff understood what to do if they thought someone was at risk of harm or abuse.

Relevant risk assessments were in place which managed risks to people and took account of the environment and people's psychological and physical needs.

People told us there were enough staff to meet people's needs and we saw staff spending time with people in a relaxed manner.

Appropriate recruitment procedures were in place.

Medicines were stored and managed in a safe way.

Good



### Is the service effective?

The service was effective. Staff were knowledgeable and skilled in providing support to meet the needs of people. Where refresher training was out of date people had been booked on courses.

Staff said they were well supported and records confirmed that supervisions and appraisals were up to date.

Staff understood MCA and DoLS and people were actively supported to make decisions for themselves.

People enjoyed home cooked meals and were offered a varied menu. People's nutritional needs were understood and specific dietary requirements were met.

People had access to a range of healthcare professionals and were supported to maintain good health.

Good



### Is the service caring?

The service was caring. People told us they felt cared for by the staff and a relative said, "Staff think about people's dignity and respect."

Staff showed warm and caring relationships with people and were respectful of their needs.

People did not have any information on advocacy but the deputy manager said she would look into it straight away and ensure information was available for people.

Good



### Is the service responsive?

The service was responsive. People were supported in a personalised way and were involved in reviews about the care they received.

The activities coordinator offered a variety of activities which all the people we spoke with were happy about other than one person who told us they were bored and would like to go out more.

People told us they knew how to complain but had no reason to do so.

Good



# Summary of findings

## Is the service well-led?

The service was well led. The senior management team had a visible presence in the home and everyone we spoke with said they were approachable and supportive.

We observed the team working well together to meet the needs of the people they cared for.

There were an array of audits that were completed and action plans were developed which supported service improvement.

Good



# Hillside Grange

## Detailed findings

### Background to this inspection

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

This inspection took place on 24 February 2015 and was unannounced. A second day of inspection took place on 26 February 2015 and was also unannounced. This means the provider did not know we would be visiting.

The inspection team included one adult social care inspector 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. Their area of expertise was dementia care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

During the inspections we spoke to 16 people who lived at Hillside Grange and three relatives and friends. We spoke with eight staff, including care staff and ancillary staff. We also spoke with the deputy manager and the registered manager. We contacted the local authority commissioners.

We used a Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at three peoples care records and seven staff files including recruitment details. We reviewed medicine records and supervision and training logs as well as records relating to the management of the service.

We looked around the building and spent time in the communal areas.

# Is the service safe?

## Our findings

All the people we spoke with said they felt they were safe living at Hillside Grange. One person said, "We are in safe hands here, well looked after".

The staff we spoke with knew what to do and how to report if they thought someone was being abused or harmed in anyway. One care staff said, "I would tell someone if I thought anyone was being abused." We saw that information on whistle-blowing was on display on the notice boards and staff understood what this meant.

There was a safeguarding of vulnerable adults policy which included different types of abuse and information on how to respond to and report allegations. We saw there was a safeguarding file in place which contained the local authority policy and procedure and the staff training manual.

A safeguarding report log was completed and appropriate action had been taken in response to concerns including confirmation that an alert had been raised and a CQC notification completed. There was a record of the outcome of the investigation.

The registered manager confirmed that along with the deputy manager they had both completed alerter and investigator training for safeguarding. We saw from the training matrix that some staff had out of date refresher training for safeguarding. When asked about this the deputy manager was able to show us that staff had been booked to attend training in March 2015.

Risk assessments were in place and were reviewed on a monthly basis. These documents included managing moving and handling risks and covered areas such as physical hazards, psychological hazards and the environment. Peoples mobility needs were recorded and assessed and a risk rating had been calculated. We saw that personal information was recorded such as 'will walk without using frame so staff are to encourage use.'

Falls were monitored and information recorded included the time of the fall and the action beforehand, location, injury and outcome. Were it had been identified that there was a high risk of falls an enhanced risk assessment was in place. This covered the environment, history, medication, fear of falls, gait, mobility, bone health, visual impairment,

cognitive impairment, and additional health care support. There were plans of care in place for falls and it was evident that referrals had been made to the falls team who had completed assessments.

Other risks were appropriately assessed and managed. One person had a plan of care and risk assessment in place for scalds. The risk was being managed by encouraging the person to use a beaker for their drinks or if they chose not to do so their drink was to be cooled and they should be supervised and observed to reduce the risk of spilling a hot drink.

A thorough business continuity plan was in place. The registered manager said, "There's an agreement with the home next door so if we had to evacuate we can go there. We have a hospitality team who would organise things so we can access a portable kitchen, portable heaters and things like that, there's a contact list for emergencies. We can access minibuses for transport and have a taxi account that gives us priority if it's needed. We have a head of maintenance and property services who we can contact." We saw that the contingency plan was reviewed annually and version controlled.

When asked to describe the fire evacuation procedure the registered manager said, "One staff member remains on each floor, other staff check the zone on the fire panel to see where the fire is, phone 999 and evacuate to behind the fire doors which are 30 minute doors." They added, "We do drills for day and night time. Managers do monthly out of hours visits."

A staff member told us, "We are trained in fire evacuations every three to six months, one staff member stays with people and the other will go to the front door to check the panel and see the senior who directs the evacuation. If you're upstairs you stay with people until someone comes to tell you what to do."

Accidents and incidents were recorded appropriately, including any 'near misses'. The registered manager explained that an accident/incident form would be completed which included any action that needed to be taken. This information was then transferred into an electronic system which was part of the clinical governance process. This would then be analysed by the organisations clinical lead and any issues that needed to be followed up on would be raised in the end of month report. We saw that any actions were highlighted in red.

## Is the service safe?

Staff told us they thought there were enough staff employed at the home to meet the needs of the people who lived there. One staff member said, “Yes, there are enough staff for the people who live here. The activities person comes in around 10 am and we can spend time with people doing activities.”

We saw that there was one care staff working on the first floor supporting nine people, two of whom were in their rooms. We saw one person showing some distressed behaviour but this was managed well by the staff member who was aware of the persons needs and appeared confident to support them. This member of staff told us, “Yes there’s enough staff, you get to spend time with people, it’s nice and quiet.”

The deputy manager told us that staffing levels were three care staff and a senior or the deputy during day shifts and one senior and two care staff at night. They explained that, “There was one member of staff on the first floor, but most people from upstairs spend their days downstairs.” They added that care staff from downstairs go to the first floor to cover breaks and offer support if it’s needed.

A weekly dependency assessment was completed to assess how many staffing hours were needed and generally the staffing hours provided exceeded those that were needed. The registered manager told us, “We don’t use any agency staff at all. Short term sickness is covered by bank staff and we use the dependency tool on a weekly basis.” The business administrator was assessing people’s needs using a new dependency tool and the registered manager was hopeful that this would further increase staffing levels. Both the registered manager and deputy manager explained that they were available to come in to the home at short notice if support was needed with hospital admissions or similar.

The deputy manager told us that they were currently recruiting another senior care staff member and additional care staff. The registered manager explained they liked to meet people and observe their interactions with residents as well as expecting people to complete application forms and be interviewed. We saw that staff had been recruited appropriately, and this included a standard interview process and obtaining relevant references and Disclosure and Barring Service checks (DBS).

A medicines policy was in place and covered all necessary arrangements for the ordering, receipt storage and disposal

of medicines. It included information on ‘as and when required’ medicines and administering medicines in line with the Mental Capacity Act 2005 (MCA). It gave a checklist for capacity and guidance on best interest decisions. This document included a record of decision to administer covert medicine which included capacity assessment, least restrictive options and alternatives considered, the persons view and a signature sheet for all involved.

One person was administered covert medicines. Covert medicine refers to medicine which can be hidden in food or drink. There was a letter from the GP stating capacity had been assessed and a best interest decision had been made to mix the medicine with water. There was a care plan in place for this which contained background information showing that the person had refused to take their medicine over the past two months. The GP, psychiatrist and family had been involved in the decision making process and advice had been sought from the pharmacist. The risk assessment included a statement that care staff were to stay with the person until they had taken the medicine covertly. If the person refused the medicine it was to be documented on the MAR and in the evaluation notes.

The policy also covered ‘as and when required medicines’ and homely remedies as well as controlled drugs, self-administration and management of errors.

We observed senior care staff administering medicines in a safe way. They explained they used a colour coding system on the MAR chart and signed it after people had taken their medicines. We noted that the staff member explained what the tablets were when they were offered to each resident. The staff member waited patiently until people had taken their medicines. One person told us, “They always make sure I take my tablets on time, and they wait until I have swallowed them”.

A bio-dose system was used so all medicines apart from ‘as and when required’ medicines and creams were pre-dispensed into individual pods for people. Each pod contained the person’s name and a list of medicines which matched the information on the MAR. If additional medicine such as a cream needed to be applied at the same time there was a plus sign on the pod.

Senior staff who administered medicines attended training in the biodose system provided by the pharmacists as well



## Is the service safe?

as attending medicines training and completing competency assessments. Some care staff completed distance learning in medicine administration but did not administer medicines.

Where people had been prescribed 'as and when required' medicines such as pain relief plans of care were in place which included protocols for the use of the medicine.

Any medicines that were not in the biodose system were dated and signed when opened. Some medicines were stored in the fridge and the temperature was recorded daily to ensure correct storage. The treatment room contained copies of the medicines policies and information was on display and accessible for staff administering medicines. Medical alert forms were kept in a file and brought to staff attention if appropriate.

The deputy manager ordered medicines on a monthly basis and said, "I complete a general check on a weekly basis and make sure things like the times of medicines are highlighted on MARs. We double sign for controlled drugs in the log book and on the MAR chart." They added that they completed a full audit of medicines every six months.

We saw that the controlled drugs log and medicines returns book was completed appropriately.

Medicines care plans included information on how people liked to take their medicines, for example one person liked to take all their medicines at the same time so the plan directed staff to put all the medicines in the persons mouth at the same time. Care plans also detailed what to do if the person refused their medicines.

Hand written entries on MARs were double signed, and there was a clear colour coding system used for timing of medicines. Everyone had a medicine profile which included their photo, any known allergies and a list of staff who were trained and competent to administer medicines.

Pharmacy audits were completed annually with the next one due in March 2015. Medicines audits were completed internally and included record keeping, the receipt, storage and disposal of medicines, information and advice available, training, MARs, administration and management of medicines errors. The last audit achieved a rating 94% and no actions.

# Is the service effective?

## Our findings

Staff told us they felt well supported and trained to meet people needs. One staff member said, “The manager does my supervisions, its working well. We have regular contact and they visit regularly. The operations director is available for support as and when needed. There’s regular contact, really supportive.” Another staff member said, “I feel well supported, I can ring her [manager] at any time, she’s marvellous.”

One staff member said, “I get supervision every six weeks or so to ensure things are ok and up to date. Either [the registered manager] or deputy do it.” They added, “Yes I feel supported, [the registered manager] you can talk to her about anything anytime.” The registered manager told us, “Supervisions are six to eight weeks or earlier if needed. Personal development plans and appraisals are completed annually. We are trained in supervision delivery – level two with Gateshead council.” Another care staff member told us, “Yes, I have supervision and I’m even observed!”

A supervision front sheet was in place which identified the supervisee and supervisor, the date and the topics discussed. This was signed by both parties and the date of next supervision was scheduled. We reviewed the supervision and appraisal log which showed that care staff received regular supervision and appraisals.

The registered manager and deputy manager explained that as well as offering mandatory training such as safeguarding, moving and handling and medicines training additional training is on offer. The registered manager was in the process of completing a train the trainer course on supporting people with a diagnosis of Parkinson’s disease. They would then be able to share this learning with other staff members. One of the senior care staff was completing dementia champion training so they could be a lead person in the home in relation to sharing knowledge and learning with regard to people living with dementia.

We reviewed the training matrix and saw that out of 33 staff eight care staff were due to attend safeguarding refresher training. The deputy manager was able to confirm that safeguarding training had been booked for these staff and they were due to attend in March 2015. Staff were knowledgeable about safeguarding.

Staff had attended all other appropriate training to enable them to provide safe and effective care for people. Some

care staff had identified their individual training needs and these requests had been met. One staff member said, “I’ve done dementia training but I’d like to do some more as I’m still learning. It’s very much about learning to relate to the person.”

Staff told us their induction had involved being introduced to people and spending time getting to know people, shadowing existing staff and completing training and an induction workbook. The workbooks were competency based and included safeguarding, moving and handling and dignity and respect. The deputy manager told us that staff had a mentor who offered support with the completion of the workbooks during induction. Workbooks are assessed by the registered manager.

The workbook included a ‘Memory Lane Programme’. The deputy manager explained this was in relation to the specific needs of people living with dementia. They added that they were, “Limited due to the environment but upstairs is dementia specific unit.” We asked what made it specialised and they explained plans to introduce rummage boxes, activities such as cleaning and dusting, sensory items, activities that were music based and reminiscence conversations. The environment was being improved to be more ‘dementia friendly’. They said, “We plan to display photographs of events to jog peoples memory and it will stimulate conversation as well.” We saw that some items had been received by the home and were waiting to be displayed and used by people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

Where people had DoLS authorisations in place there were corresponding care plans which clearly identified the restriction and how this should be managed. Where urgent authorisations had been needed these had been managed appropriately and standard authorisations were now in place.

Plans of care chartered the action that had been taken including involvement from the best interest assessor and the doctor who assessed a person’s capacity. CQC notifications were kept together with the local authority authorisation. This meant the registered manager understood and had applied the legislation to help safeguard people’s rights and best interests.

## Is the service effective?

Staff knew how to support people with decision making. During our observations we saw staff used visual cues to support people with decision making and did not rush people. This was not evident in all care plans and the deputy manager told us, “We need to get into place information for day to day decisions. I’m going to get together with the seniors and do a couple together so we know what we are going to do.” The deputy manager agreed that more information was needed on care plans with regard to supporting people with decision making but we could see that this was being addressed.

Staff were patient and calm with people who were distressed or anxious. One staff member said, “I enjoy working with people with challenging behaviour, you need to get to know the person, it’s about being part of their life.” They went on to say, “I try to stay calm and divert people. There’s no point going head to head with someone, offer a cup of tea and distract them from the situation.”

Care plans and risk assessments were in place and they identified the areas of care the person found difficult and how they might react. There was clear advice for staff to remain calm and respectful to be non-threatening and to be aware of their own verbal and non-verbal behaviour. Staff had been instructed to offer plenty of reassurance, explain what was happening step by step and to contact the behaviour team if the behaviour continued or escalated. It also stated to fully document the incident and complete an incident form. Staff were observed to be following care plans.

The deputy manager explained that some staff had attended sessions with the behaviour team who offered support. They said, “The behaviour team write the support plan after trying a few techniques such as lighting or approach and this is then reviewed with the staff and from there the behaviour support plan is developed.”

We observed lunch time on both floors and found that the dining area’s had a calm and peaceful atmosphere. People told us the food was very good, some said it was excellent. One person said, “The food is beautiful here.” Another said, “Good food and plenty of it.”

Menus were on the table on the ground floor and there was a pictorial menu on the wall in the first floor dining area.

The tables were well presented with cloths and serviettes; however the condiments and the menu stands on some tables were not very hygienic. When asked about this the deputy manager said she would deal with it straight away.

The meals looked appetising and portion sizes were good. Fruit juice and tea or coffee was available at the tables throughout the meal.

There was lots of chatter and support available during lunch time and people enjoyed a sociable experience whilst having their meal. The kitchen staff said, “I love it here, love chatting to the residents. I spend time with people at mealtimes and have a chat.”

Nutrition plans were in place. A monthly record of people’s weight, BMI and whether they had lost or gained weight was in place along with any risk factors. Where specific support was needed care plans were in place and professional advice had been sought. One person had been assessed by speech and language therapy due to being at risk of choking from swallowing difficulties. Another person had diet controlled diabetes and had involvement from the specialist nurse. Kitchen staff confirmed they were aware of this and monitored their diet appropriately.

A dietitian had been involved were staff had seen that a person had lost weight. The advice given was to offer and encourage finger food and snacks, and to fortify food with butter, cream and milk. Records of food intake were recorded. A nutrition care plan was in place and had been written by the dietitian. This advice had also been included in the nutrition and hydration plan of care. The kitchen staff confirmed that they were aware of this person’s needs.

Professional records completed which detailed access to healthcare such as the district nurse, best interest assessors and the GP. This information included a log of visits and the reason for the visit and what the outcome was. We saw evidence of referrals to the falls team and the old age psychiatry team.

The deputy manager explained, “There is a weekly surgery from the GP, 21 residents are all with the same surgery so the GP is here all morning every Friday.”

On the ground floor there was a hairdresser’s room that was regularly used by people. A professional hairdresser’s sink was fitted but it was noted that the chairs were not hairdresser’s chairs. This was discussed with the deputy

## Is the service effective?

manager who said, “There is a risk assessment, people either wash their hair leaning forward or have a shower beforehand so their hair isn’t washed in the room.” We confirmed that the risk assessment was in place. We asked the deputy manager about some missing skirting board that had been noticed and were told it was on the maintenance schedule and was due to be replaced.

During the inspection we observed a fire exit to the back garden area was propped open with a chair. Staff closed it but it had been propped open again at a later time. It had also rained heavily and rain water had pooled in the area. A yellow warning sign had been put out but the water had

not been cleaned up. When asked the deputy manager explained, “X opens it and prop’s it open when they go out for a cigarette and staff close it.” They added, “They also put the warning sign out.” The deputy manager said it would be addressed.

The home had a very pleasant outlook from the rooms. The communal areas were spacious and light but some décor was dated and in need of attention. When asked about the environment the deputy manager agreed that some areas of the home needed some attention. We saw this was in the work schedule for the maintenance staff.

# Is the service caring?

## Our findings

People told us they felt cared for by staff. One person told us, "I like living here, nobody bothers us." Another person said, "I am happy living here; I've got a good bedroom".

A relative told us their family member had been living at Hillside Grange for nearly 18 months. They said, "She is always clean and tidy. The atmosphere is friendly; nothing is a problem to the staff." They added, "I come in every morning and it's like a home from home."

Another relative said, "The care is really good, very good, the girls are really good, you never have to prompt them to do things like personal care. They really think about people's dignity and respect, it's been really good."

One person pointed to a particular staff member and said, "She's a good one she is!" Another person said, "I take communion every month, it's held here in this room, I am catholic, but I like to sit in on the other services as well, it's very nice." They added, "I can go to the church if my daughter takes me."

We observed caring and respectful relationships, staff engaged well with people and were observed spending time with someone who seemed distressed. The staff member spoke in a calm and even tone, reassurances were consistent and they spoke in a warm manner and maintained appropriate eye contact. The staff member was not rushed and distracted the person by engaging them in an activity. The staff member continued to observe the person and returned to them several times to make sure they were settled and engaged in an activity.

There were many thank you cards displayed around the home and comments included, 'the most excellent love and care offered', 'wonderful care and attention', 'thank you for the kindness and love shown,' and 'couldn't have had better care.'

Residents and relatives meetings were held every three months and minutes of meetings were displayed on notice boards around the home so people could review them.

Annual satisfaction surveys were completed. Hillside Grange used a 'Your Care Rating' questionnaire and feedback was compared year on year. It was noted that in 2014 there were marked improvements in performance in areas such as caring, home comforts, choice and having a say and quality of life. Overall, 91% of people from Hillside Grange who responded said they were happy living there.

Interactions with some people seemed limited but when asked about this the deputy manager confirmed that care plans were in place for the level of engagement and the communication methods used and we saw that this was the case. The deputy manager added that they were increasing the level of activities on offer specifically for people who were living with dementia and we saw that this had been identified through audits and action plans were in place to address it.

People had plans of care in place for their hopes and concerns which included things such as 'to be happy,' and 'to stay in contact with family and to remain happy at Hillside Grange.'

We saw on the first day of inspection that after meal times a couple of people had food spills on their clothes, when asked about this staff explained they needed to support people in quite specific ways and not rush people otherwise it could cause anxiety and distress. On the second day of the inspection staff were observed supporting people with this in a respectful and dignified way.

None of the current residents had an advocate. We did not see any information on advocacy displayed in the building and when asked the deputy manager told us, "No, no one has an advocate at the minute but it's a good idea to display some information. I will look into it."

# Is the service responsive?

## Our findings

Care records included information on people's background and life histories as well as their hopes and dreams, spiritual needs, emotions and social values. This provided staff with valuable information about who they were as a person as well as providing information on people's care needs such as communication, mobility, nutrition and hydration.

A checklist was in place to ensure all necessary paperwork was completed within a set timeframe of people moving into the home and this included a list of personal property, their life history book and a signature list of all staff contributing to care records.

One person's family had completed their life history booklet. There was information on activities the person enjoyed, that they enjoyed spending time outside, drawing, coffee mornings, quizzes and discussions. The person also enjoyed reading magazines, having their hair and nails done and chatting.

We saw another person's life history which included the person's family members, their key memories and how talking about people made them feel. It stated the person liked cricket, rugby, dancing and school. That they had been in the Royal Air Force and had enjoyed walking, and swimming.

Plans of care were reviewed regularly on a monthly basis and they stated what people were able to do independently, such as choosing their own clothes as well as how staff should support them. This meant people were not over supported and were encouraged to maintain their individuality and independence. People's personal preferences were recorded such as visiting the hairdresser every week, or having a private chiropodist. Documents also recorded people's preferences for being supported by male or female staff.

Care plans to support people's mobility needs included background information which included the risk of falls and whether or not the person had been referred to the falls team and what the outcome of the referral was. For people who were reluctant to use walking aids such as frames it was recorded that staff should encourage people to do so.

Care plans for restful sleep were in place and included people's likes and dislikes and evening routines. Such as the time the person liked to get ready for bed, that they liked a cup of tea and their medicines before retiring when they watched television in their room for a while. Plans stated how many pillows the person liked and if they preferred a duvet and the bedside lamp on throughout the night. Plans also recorded where people liked to enjoy a morning cup of tea.

Health and cognition plans included personal information such as 'enjoys a laugh and a joke, believes has only lived here for a few nights.' Another plan documented that a person could be verbally aggressive but was easily distracted. Examples of how to distract the person were recorded for staff to follow. If people had a preference for where they spent their time this was recorded.

Personal hygiene plans of care included the numbers of staff needed to provide support and the things the person was able to do for themselves. People's preferences were documented such as preferring to have a wet shave and liked to use shower gel rather than soap.

Whilst we did not see any documented evidence that people were involved in planning their care by way of signatures on care plans we were told that people felt involved. When we asked the deputy manager about this they said they would be able to ask people if they wanted to sign their records.

The deputy manager said, "We have six monthly reviews with the family and the residents. There's a monthly evaluation to see if there's any concerns or issues. Some people don't want to be involved but others are, some people have signed documents to say they agree to care others don't want to." We saw that some people had signed their care profile review sheet. One person had written they were 'happy, liked their room, missed their dog but were happy going out to put bets on and to get the racing paper.'

Care staff said, "We do progress notes on a daily basis, it's a summing up of what's happened. Then we do toilet charts and bathing and food monitoring that sort of thing. If you don't write it down it didn't happen." A senior staff member told us this information was then used to review and update the care plans to make sure they were meeting



## Is the service responsive?

people's needs. Another staff member explained, "You can read the care plans all the time, any of the time you need to." In this way staff were able to keep up to date with peoples changing care needs.

The deputy manager explained, "A plan of care is added to if there are any changes to the person's needs. This is also recorded on the monthly profile review. If there are lots of changes a new care plan is written so staff know what to do otherwise the plan of care is re-written annually."

There was an ongoing schedule of activities on the notice board and we observed the activities coordinator speaking with people about what activities they would like to do in the forthcoming weeks. This list was then shared with the deputy manager and registered manager for publicising across the home.

Activities were happening on an individual basis as well as group activities being available. People were encouraged to knit, crochet or do a jigsaw at the table and some relatives and visitors were taking part in the activities.

One person we spoke with said, "It's very nice here, the staff are excellent and the food is beautiful, but it's very boring nothing to do, and not enough trips out." This person communicated with us by writing things down and they mentioned that they had lost their hearing aids. We reviewed the person's care record which included a plan of care for communication. It explained that the person had new hearing aids but often removed them and at times forgot where they were. It also stated, 'I like you to write things down.' Staff checked daily to ensure the person's hearing aids were available and working and they replaced batteries if needed.

The deputy manager said "X likes things to be written down, X doesn't wear their hearing aids and they often break. X enjoys spending time on their own in their room and relaxing on the bed. They have a TV and used the subtitles or the volume on loud."

One person told us, "We have trips out, we like the Mind events at Blyth it's a really good day." Another person said,

"Staff are kind, we do all sorts of things. I've had my nails done." The activities coordinator told us, "I organise baking days, Chinese nights, bingo, and film afternoons with ice cream." One person told us they enjoyed the chair exercises as they used to be a dancer and it helped keep them fit. The activities coordinator said, "Chair exercises are carried out once a month."

Another person said, "We do chair exercises, I enjoy those, line dancing now that's fun!" They added, "We have Chinese food nights, I love Chinese food, an Indian food night, the school children come in and visit."

A staff member said, "We do a lot of music and singing, we use reminiscence through singing and dancing with people. People remember things when you are singing or have music on so you can get involved with people more." Another said, "We do activities like nails, ball games. We could do more though. I try to do drawing and picture cards with people or look through photo albums. We do need to do more. It'll be good to have sensory boxes." We saw that there was equipment in the office ready to start more activities with people including memory boxes and sensory activities.

An individual record of activities was kept for each person by the activities co-ordinator.

People and their relatives told us they had no concerns about the care provided. People said they knew how to complain if they needed to but added that they had never had reason to. One person added, "I am kept well informed by the staff of any problems or changes. It's all fine."

We saw there was a welcome pack in place for all new residents which included how to recognise staff by their different uniforms. It explained the routine for meal times, what services are provided, how information will be communicated with people and how people could raise a complaint if they were unhappy with any aspect of the service.

# Is the service well-led?

## Our findings

The staff we spoke with told us that the management team, including senior managers were very supportive and available to them should they need any support or guidance. They said they could speak to the registered manager about 'absolutely anything.'

The atmosphere in the home was warm and engaging and staff were seen working well together. One staff member said, "We are good at team working, working together to meet people's needs. You can ask for a hand and anyone with help even the seniors and the managers."

One person told us, "I've worked here for over three years." They said, "I like working here." And added, "My hours change sometimes if I need to come in for entertainment or activities and the manager always allows me to have time off later."

A senior care staff member told us, "We have staff handovers; we talk about anything that's happened, if people are poorly, what's happened if people have been upset or has there been any falls or anything. We then explain this to the care staff and explain the plan of action for the shift." Care staff said, "We look through progress notes and we get told if there's anything major."

We saw that staff meetings were held on a regular basis and the team were thanked for their hard work and for covering extra shifts when needed. Discussion topics included the rota and reminders about breaks and holiday requests. There were also reminders about not wearing nail varnish or false nails to work because of infection control and health and safety. Staff were given an update on the registered managers secondment and what arrangements had been put in place to support the team at Hillside Grange. There was an update given on each person living at the home.

There were meetings for the kitchen staff which stated that the chef was going to find out about people's favourite foods so they could be on the menu, a new breakfast menu was being planned and information was shared on people's nutritional needs so staff were aware of people's specific dietary requirements.

There was a rolling programme of audits which included activities, quality assurance, medicines, infection control,

documentation, reviewing action plans, health and safety and professional practice and lived experiences as well as kitchen and housekeeping audits. The company also completed an annual catering audit.

The deputy manager said, "The main audits have action plans such as dementia training, memory boxes and educating families and offering support." They added that, "Relatives have been invited to attend the dementia training to help them understand."

An action plan with regard to 'memory lane', an area of the home dedicated to memorabilia for people living with dementia had been completed. In January 2015 this showed improvements had been made since the previous audit in July 2014. There were still actions identified which were due to be completed by July 2015 such as memory boxes and increased activities but from previous discussion with staff we knew these improvements were being implemented at the time of the inspection. We also saw that an assessment of the dementia specific environment had been rated as achieving 17 out of 27 and key areas for priority included corridors and lighting. This was being addressed.

Gateshead council had completed an annual food safety inspection in April 2014 and a rating of 5 – very good had been achieved. The company safety audit completed in February 2015 gave an overall rating of amber. This produced an action plan with regard to the purchasing of a new fridge freezer, needing a raw food area and re-calibrating all the food probs. The deputy manager was aware of the action that was needed and was addressing it.

The head chef completed daily checks of the cleanliness in the kitchen area. Daily cleaning checklists of the laundry were completed and housekeeping had completed monthly audits. These audits included actions such as dining room tables being in a poor state of repair and the reception area carpet being in poor repair.

We saw that control of substances hazardous to health (COSHH) assessments were in place but did not contain review dates, when asked about this the deputy manager said she would rectify it straight away so they were reviewed annually or if there were any change in product use.



## Is the service well-led?

A health and safety audit had been completed and showed that all necessary policy and procedures and risk assessments were in place such as legionella, fire safety, accidents and incident, slips and trips, moving and handling, waste management and so forth.

A full management quality assurance audit had been completed by the registered manager in November 2014 and included all aspects of information management including personalised care, observations of staff, care profiles, observations of meal times, an assessment of staffing levels and training needs and the environment. The actions identified that some rooms needed to be redecorated and soft furnishings and carpets were to be replaced by April 2015.

The deputy manager explained there was a general maintenance person employed at the home who did some redecorating of rooms but they also had access to the company decorators who spent four weeks at the home completing work identified on the manager's audit.

Electrical installation checks, fire alarm inspections, gas safety certificates and lifting operations lifting equipment regulations 1998 (LOLER) certificates were all in date and maintained by the maintenance person who also completed weekly checks of doors, windows, lighting, the nurse call system and the temperatures. We saw that portable appliance testing (PAT) was completed appropriately.

All policies had an issue number and date and a planned review date. A signature sheet for staff to sign on reading and understanding policies was completed.