Hillersdon Court

Hillersdon Court

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Hillersdon Court on 10 and 11 April 2018 and our visit was unannounced. Hillersdon Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hillersdon Court accommodates up to 20 people who require assistance with personal care. The service specialises in providing support to older people and people with dementia. At the time of this inspection 15 people were living in the service. People had varying levels of care and support needs. Some people were independently mobile and others required assistance with all aspects of their care. The home was on two floors with seven bedrooms on the ground floor and 11 bedrooms on the first floor.

There was 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.'

At the last inspection in January 2017 the home was rated requires improvement, there was a breach of regulation and a requirement notice was issued. The breach was in relation ineffective systems to assess and monitor the quality of services and in relation to record keeping. We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when, to improve the key questions in well-led to at least good.

We carried out this inspection to check the provider had made suitable improvements and to ensure they had met regulatory requirements. We found improvements had been made in relation to the areas identified at the last inspection but we made a recommendation to improve record keeping.

There were good recruitment procedures and enough staff to meet people's individual needs. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Incidents and accidents were well managed. People's medicines were managed safely.

People's needs were effectively met because staff had the training and skills they needed to do so. Staff were well supported with training and appraisal. Staff supported people in the least restrictive way possible. People were encouraged to be involved in decisions and choices when it was appropriate. Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to attend health appointments, such as the GP or dentist. People had enough to eat and drink

and menus were varied and well balanced. Feedback from visiting professionals was very positive. One professional told us, "I have always found that the staff at Hillersdon are friendly and appear to go about their business in a caring and professional manner."

People were supported to take part in a range of activities and regular one to one time was provided to people. Visitors told us they were welcomed and people were supported to maintain important relationships and friendships.

The environment was clean and well maintained. The provider had ensured safety checks had been carried out and all equipment had been serviced. Fire safety checks were all up to date. There were on-going improvements to the environment, for example the dining room and lounge areas had been swapped and feedback received regarding this change had been very positive.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis. People and relatives were given information on how to make a complaint and said they would be comfortable raising a concern or complaint if they needed to.

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.

There were suitably qualified and consistent staff available to ensure people's needs were met.

People were supported by staff who knew about safeguarding people and how to recognise signs or indicators of abuse. There were safe procedures for the management of medicines.

There were detailed risk assessments and risk management plans and staff had a good understanding of the risks associated with the people they supported.

Is the service effective?

Good

The service was effective.

People were supported to make decisions that enabled them to have choice over their own lives.

Staff had suitable induction and training to ensure they had the skills and knowledge required to support people. Additional training was provided to support people's specific needs.

People were given choice about what they wanted to eat and drink and ate food they enjoyed.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff knew people well and displayed kindness and compassion when supporting people. People's dignity and privacy was respected and promoted.

Staff adapted their approach to meet people's individual needs and to ensure care was provided in a way that met their individual wishes.

Is the service responsive?

Good

The service was responsive.

Each person had a detailed care plan tailored to their individual needs. People received support that was responsive to their needs because staff knew them well.

People were encouraged to take part in a variety of activities to meet their individual needs and wishes.

There was a detailed complaints procedure and visitors told us they would be happy to raise concerns of they had them.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some record keeping was not always accurate or up to date.

Staff spoke positively of the support they received from the registered manager. Regular feedback was sought from people, staff and relatives about the running of the service.

There were good quality monitoring processes to check quality and safety.

Hillersdon Court

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 checked 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.

Hillersdon Court 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.

We visited the home on the 10 and 11 April 2018. This was an unannounced inspection. This inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home, this included three staff recruitment files, staff training, medicine records, accidents and incidents and quality audits along with information in regard to the upkeep of the premises. We looked at three people's support plans and risk assessments in full, along with risk assessments and daily records for another two people. We spoke with three people. Some people were not able to tell us their views of life at Hillersdon Court so we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living there. We also spoke with the registered manager and four members of staff. During the inspection we spoke with two people's relatives. Following the inspection we received comments from a visiting health professional.

Good

Is the service safe?

Our findings

At our last inspection the service was rated requires improvement in the safe domain and a recommendation was made to seek further guidance from an appropriate body such as the National Institute for Health Care Excellence (NICE) on Managing Medicine in care Homes. This mainly related to the management of diabetes and in relation to the management of as required (PRN) medicine.

Care plans for those with diabetes stated the normal blood sugar range for the person and what to do if blood sugars were too high or too low. One person had been prescribed medicine as required (PRN) in particular circumstances. This medicine was not recorded in the medication administration records (MAR) but had been entered on the relevant drug register. The registered manager agreed to contact the local pharmacist to ensure the medicine was entered on the MAR. This had no immediate affect for the person as the medicine had not been used since it had been prescribed. Medicines were stored, administered and disposed of safely. People's medicines were stored securely in locked trolleys and any excess medicine was stored within the office. There was advice on the medication administration records (MAR) about how people chose to take their medicines. A visiting professional told us staff were, "Always quick to refer any patient they have that requires our input and are also quick to pick up on any potential pressure area issues and implement pressure relief when necessary."

There were enough staff working in the home to meet people's needs safely. In addition to the registered manager there was a head of care and two care staff on duty throughout the day. Ancillary staff included a cook, two cleaners, laundry assistant and a maintenance staff member. At night there were two waking staff members. There were clear on-call arrangements for evenings and weekends and staff knew who to call in an emergency. Staff told us there were enough staff to meet people's individual needs.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable staff worked at the service. Checks included the completion of application forms, a record of interviews, confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, if appropriate, sensor mats were used to alert staff to check on people who were at risk of falls. Risk assessments had been reviewed and if necessary professional advice had been sought from an occupational therapist to ensure people had appropriate equipment to minimise the risk of accidents. Monthly assessments had been carried out to determine if there were any actions that could have been taken to prevent accidents and incidents or to minimise the risk of a reoccurrence. The systems ensured lessons were learned and improvements made when things went wrong. For example, risk assessments had always been reviewed following accidents to assess if there were any further actions that could have been or should be taken to prevent a similar incident.

One person told us, "Yes we are safe here, they look after us well." Risk assessment documentation in care

plans had been updated at regular intervals. Where new risks to people had been identified, assessments had been carried out to manage the risks whilst still protecting people's freedom and maintaining their independence. For example, one person's risk assessment stated their blood pressure should be checked randomly and if below a certain level their GP should be contacted. This had been done and it was noted the GP had been contacted and guidance given had been acted upon. The registered manager told us they had recently had a flu outbreak in the home. They too had been affected. They told us that as they recovered they felt very 'giddy' as soon as they sat out in a chair. They contacted the home to advise staff to make sure extra vigilance was taken to ensure people's safety when they started to mobilise after the flu.

Those who could told us they felt safe. Some people were not able to tell us if they felt safe but we observed people to be content and noted when people needed support, staff provided regular reassurance and guidance. A visitor told us, "It's important to us to know (person) is safe, we have no worries." Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Staff had up to date training in safeguarding. They were able to tell us that if an incident occurred they reported it to the registered manager who was responsible for referring the matter to the local safeguarding authority.

All staff had received fire safety training. People had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire evacuation drills were carried out to ensure staff knew what to do in the event of an emergency. Fire drills were routinely evaluated to ensure staff had responded to the drill appropriately and in a timely manner.

People were protected from the risk of infection. One person said, "It's kept very nice and clean." A visiting professional told us, "I have always found the premises clean, and serviceable." All staff had received training in food hygiene and infection control. The registered manager and head of care were infection control champions. This meant they had completed more advanced training in this area and were responsible for ensuring the risk of infection was minimised through detailed monitoring, auditing and general education of the staff team. We asked if any changes had been made as a result of the extra training. The head of care told us medicine pots had been changed to disposable wax pots. They had asked relatives to bring in laundry baskets and were starting the process of doing individual washes for people. They told us this would reduce the risk of infection and also cut down on the risk of clothes going missing. They also said they had introduced more thorough audits of cleaning and infection control. All areas of the home were clean and cleaning schedules demonstrated the cleaning tasks completed each day and night. Staff had access to gloves and aprons that were easily accessible throughout the building and used appropriately.

People lived in a safe environment because the home had good systems to carry out regular health and safety checks. All of the relevant safety checks had been completed, such as gas, electrical appliance safety and monitoring of water temperatures. There were procedures to make sure regular and ongoing safety maintenance was completed. All visitors entering the service signed a visitor's book at the reception area. There was also a business continuity plan that provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. They completed a wide range of online e-learning. Staff were advised in advance when their training was due. A record was kept of staff's individual training. They received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, moving and handling, health and safety and infection control. Eight staff had completed a health related qualification at various levels and a further six staff were studying for this qualification at various levels. A staff member told us, "We learn tips from each other like, how to distract someone who is becoming agitated. Training then helps us to look at why someone might be agitated and how we can support them."

Service specific training that had been identified for staff working at Hillersdon Court. Training included, diabetes and nutrition, continence care, equality and diversity and bereavement training. We asked about equality and diversity. The registered manager told us when one staff member was new their first language was not English. They had difficulty explaining certain tasks to the care worker, so they used their computer to translate what they wanted to say to the staff member and this worked effectively. They told us the staff member's English is now at a level this is no longer necessary. Another staff member had a health condition that had an impact on their ability to perform their duties. Following discussion with the staff member they changed their working hours and this had a positive impact for the staff member and the home.

Staff completed an induction when they started working at the service and shadowed experienced members of staff until they were competent to work unsupervised. Staff told us they felt supported in their role. All staff received an annual appraisal of performance. Staff supervision was held every three months unless there was an assessed need in which case it would be every six weeks. Seven of the 18 staff had not attended their last supervision meeting and we were told the next supervision would be brought forward for them. Staff told us they felt well supported. One staff member said, "Management are very supportive, we can talk about anything and can make suggestions, for example about activities to keep people stimulated." Another staff member told us said, "I feel really supported. You can speak out if you have a problem and it gets addressed."

Staff asked for people's consent before providing support. Staff had assessed people's abilities to understand and make a variety of decisions. There was information within care plans about how each person communicated their needs and wishes and staff described how each person made their needs known. Staff knew if people were unable to make complex decisions, for example about medical treatments, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests. Care plans gave advice about relatives who had legal authority to act on behalf of people in relation to health and welfare and/or finances.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the 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. Referrals had been made for standard authorisations for those who required them. There was a key pad lock to enter and leave the home. One person had a condition that they should be supported for short walks when they requested. During both days of our inspection the person was supported on at least three walks. The second day of inspection was a warm day and the back door was open so this person and others could spend time in the secure courtyard as they pleased.

People's needs and choices were assessed before they moved to Hillersdon Court. The registered manager told us that if the home could not meet someone's needs they would not be admitted. For example, during our inspection the registered manager left to assess a prospective person for admission. However, their mobility was such they would not have been able to manage steps so the admission could not be progressed. A relative confirmed a very detailed assessment had been carried out before their relative moved to the home."

People were supported to maintain good health and received on-going healthcare support from professionals. Staff supported people to attend a range of healthcare appointments. If people needed specialist advice and support or monitoring in relation to specific conditions for example diabetes, appointments had been made. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. A referral had recently made to the local Speech and Language Therapist (SALT) for advice and support for one person. A visiting health professional told us, "The care that is provided is very proactive in terms of dealing with dementia related confusion issues and also with regards to managing physical conditions."

People had enough to eat and drink. There was a four weekly menu that was varied, nutritious and well balanced. Staff told us it was easy to prepare additional food if someone did not eat their meal. People were offered a choice of drinks throughout the day. All food was homemade and a variety of cakes were made daily. If people had a visual impairment, their food was served on crockery that contrasted in colour to the table so it was easier for them to see. People told us the food was very good. One person said, "It's excellent. Visitors to the home also told us they had received meals in the home and the food had been excellent. One person was overheard to say, 'Dinner was quite nice, it's so nice to have it done for you.'

Staff were available to support and encourage people to eat their meals but only one person required assistance. People's nutritional needs had been assessed and reviewed and staff had a good knowledge of people's dietary needs. The cook had a list of people's likes and dislikes and was involved in discussions with staff about how best to meet them. For example, if a person was losing weight, the cook responded by providing extra calories in the person's meals, if this was appropriate. The cook told us if a person did not eat their meal they always asked them why, and a record was made to make sure they could address whatever the problem was.

There was an ongoing plan of redecoration. As bedrooms were redecorated furniture had been replaced with dementia friendly furniture. For example, chest of drawers were easy to open and had no handles. There was space beside the wardrobe to place the outfit the person had chosen for the next day which helped some people maintain their independence in dressing. There were hand rails in the corridors on the first floor to aid people who had difficulty walking or people who had sight impairment.

People had access to all areas of the house and garden. They could choose where to spend their time.

Bedrooms had been personalised and people had pictures, ornaments and small items of furniture they had brought from home to make their room homely. Since the last inspection the layout of the communal areas had changed. What was previously the lounge area had been changed to the dining area. This left two smaller television lounges and a quiet lounge. Relatives told us this had made a huge difference and there was much more space for activities. All areas were homely and there were photographs of various activities people had participated in displayed throughout.

People had the equipment needed to meet their individual needs. Hillersdon Court had lift access to the first floor. There were two steps to be negotiated on the first floor so only people who could manage steps could be accommodated at that end of the building. There were plans to have a stair lift that could be used in the event of a fire fitted to the main staircase. People had a choice of using a shower/wet room or an assisted bathroom. A number of people had walking frames and some required wheelchair use outside of the home.

Good

Is the service caring?

Our findings

People received care and support from staff who were kind, attentive and caring. Visitors also praised the staff team for their caring approach. One person told us, "We couldn't have a better bunch of carers, they are very helpful. We are spoilt." Another said, "Nothing is too much trouble." A visiting professional told us, "I have been attending Hillersden Court for a number of years. I have always received a warm welcome by staff members. I have regularly witnessed the wonderful care which is given to each individual resident."

A visitor told us they were impressed with how staff had reacted to an emergency situation. An ambulance had been called and a screen had been placed around the person for their privacy and dignity. Staff supported the person who was unwell and there was enough staff to continue supporting people in the lounges and dining room. The visitor told us, "You wouldn't have known there was an emergency, staff went about their work professionally and this gave us confidence and confirmed to us our relative would be looked after in an emergency situation."

People were treated with respect and dignity. When one person tried to pour their drink over their dinner the staff member discretely and gently positioned the drink to the person's lips and prompted the person to drink. They then quietly told the second staff member the person had forgotten what to do with the drink and just needed reminding. The person happily had their drink.

Staff respected people and took account of their privacy and dignity. People's bedrooms were seen as their own personal area and private to them. Staff were seen to knock on doors and request permission to enter before going in. Staff told us bedroom doors were kept closed when people received support and curtains were always drawn. A photograph of each person was displayed on each bedroom door to help people remain orientated. These pictures and people's ornaments and photos gave people and staff a reference point and a link to people's past lives and an understanding of them as individuals. We heard staff talking to people about their families and their past working lives and they knew people's histories and what was important to them.

Care plans demonstrated people were encouraged to do as much for themselves as possible to maintain their independence. For example, one person's care plan said, "Let (person) do as much as possible for himself. He will choose what to wear and does his own shaving."

Staff understood the importance of people receiving visitors. They engaged with visitors in a positive way, knew them by name and encouraged a friendly approach to promote regular visiting. Visitors told us they felt comfortable in the home. It was the home's policy to always ensure there was a staff member present in the lounge areas. Visitors told us this ensured there was always someone they could talk to and they valued this. We saw when people needed assistance there was always someone on hand and if assistance was needed the staff member was able to seek this quickly. Cold drinks were available in people's bedrooms and were always available in the lounge areas.

The head of care ensured people were included in activities and were not discriminated against due to any

disability. For example, when they played bingo, big boards were used with large numbering so people could see easily. Staff were able to tell us how they implemented the organisation's equality and diversity policy in the care they provided. They recognised people's different personalities and the different choices they made. Some people had very different interests and hobbies and the staffing enabled people's individual needs to be met. One person chose not to join in activities so staff encouraged their visitors to bring in a laptop for them to use. Staff told us the changes made to the layout of the communal rooms meant people's individual choices about where they spend their time and what they did could be accommodated more easily.

Good

Is the service responsive?

Our findings

People told us they had opportunities to take part in activities. There was a range of activities provided tailored to meet people's individual needs and preferences. Activities and entertainment was seen as an important part of the care and support provided to people. People were given the choice to participate in activities and one to one time was available for those who did not like group activities. The home had invited another home in the area to send a team of people for a quiz night. We were told there was a twenty minute practice quiz each morning in the build up to the challenge. One person was a little anxious that they would not have the ability to answer the questions but staff reassured them they would do very well. People and staff were looking forward to the event.

Regular activities included bingo, reminiscence, reading, arts and crafts, exercises, board games and quizzes. We were told a number of people enjoyed tea in the garden in the summer months. As often as possible, people were supported to go for a walk in the local area. A minibus had also been booked for later in the month to have a day trip out and a pub lunch. A hairdresser visited the home regularly to provide haircuts. One person told us they continued to use the hairdresser they had always used and staff supported them with arranging appointments.

We were told in addition to arranged activities, new activities were tried out either spontaneously or on an ad hoc basis. For example they had a teas from around the world session, a cheese and wine evening and a ginger wine, nibbles and Cliff Richard evening. One person enjoyed playing games on an iPad and this was facilitated. The head of care told us a number of people enjoyed going down memory lane by looking at satellite images of areas they had lived and worked. One person told us they used the phone regularly to maintain contact with their relatives.

The service responded to people's individual needs. One person regularly wanted to go out and staff responded quickly to these requests. A number of the ancillary staff had dual roles or had previously worked in care within the home and they worked flexibly at times to assist enabling this person to be taken out.

There were procedures to enable anyone who wished to make a complaint to do so. There was a detailed complaint's policy. Complaints received had been investigated and managed well. People and visitors told us they had no concerns but would have no hesitation raising a concern if they had one as they felt it would be dealt with well.

Communication was part of the individual assessment tool completed for each person. From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had identified the communication needs of people. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to use hearing aids and glasses when needed. Staff told us some people used a magnifying glass at times to read small print. Staff used touch and eye contact when talking to people. One staff member gently held a person's hand when they were agitated

and talked to them in a reassuring voice. When they supported another person to move from the table they reassured the person, encouraged them to concentrate and gave them a choice about where they could spend their time.

People and their relatives had been asked their views on end of life wishes. All staff had received end of life and bereavement training. Whilst there was no one experiencing end of life care at the time of inspection, staff told us if someone needed end of life care they worked closely with community health care professionals to ensure the best care could be provided. Specific care plans would be drawn up which considered what the person's wishes were, and where they would like to be cared for. These were completed as far as possible with people and their families.

Care plans contained information about people's needs in relation to personal care, mobility, skin integrity, nutrition, health and personal preferences. There was guidance for staff about how to support people to move about the home, this included the use of mobility aids or the support of staff. There was information within care plans that was personal and specific to each individual. For example, in one person's care plan it was stated the person refused to use a walking frame but was happy to use a walking stick. There was a personal history page for each person that described the person's life before coming to Hillersdon Court.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in January 2017 the provider was in breach of Regulation 17 of the Health and Social Act because they failed to ensure there were effective systems and processes to assess and monitor the quality of the services provided, and to ensure people's records were accurate and complete. A visiting professional told us, "I am happy that, in my opinion, Hillersden is a safe, friendly and well run establishment." Another professional told us, "The overall level of care is good. They are responsive as well as proactive in identifying their client needs. They are equally aware of their limitations and have on two occasions sought early advice to relocate patients to more appropriate settings."

The registered manager was dedicated to building upon and improving the quality of the service they provided. Since the last inspection they had welcomed support from the local authority and the local falls team. Advice received had been implemented and was used to regularly review and improve the quality of the care provided. The medicine optimisation in care homes team (NHS England is working to involve pharmacists in reviewing and making recommendations on people's medicines and reviewing medicines management in selected care homes) had also visited and it was noted a follow up visit had been arranged to review progress with recommendations made.

At this inspection we found that although most areas had been improved, further improvements were needed in some areas to ensure they were fully embedded into practice. Whilst records demonstrated people and/or their relatives had been asked if they had any religion, no assessment had been carried out to determine if they had any specific wishes in relation to their spirituality.

Staff had attended regular training and told us the registered manager always asked them what they thought of the training. However, they were not always able to reflect on what they had learned or tell us how the training had an impact on the care they provided. We discussed this with the registered manager who said they would add this to regular supervision meetings to ensure staff evaluated their learning.

Medicines prescribed on an as required basis (PRN) were listed along with information about what they were prescribed for. In relation to the management of a particular medical condition it was not always clear which medicine to use and when it should be given. Documentation left the potential for this condition to be managed ineffectively. However, staff knew people well and knew when they needed these medicines. Following the inspection the registered manager sent us documentation that had been put in place to address this issue and we also received a copy of the updated PRN guidance for these people.

We recommend the provider seeks guidance from a reputable source on improving and strengthening record keeping to ensure it is accurate and up to date.

The provider listened to what people, their relatives and staff said about the running of the home. Satisfaction surveys were carried out annually. The latest relatives' and staff surveys were carried out in November 2017. Comments included, 'Mum is treated well and staff understand her special ways and needs.' Another stated, 'Mother looks well looked after and the staff are always happy and helpful. We are

very happy that mum is at your home, thanks for everything.' One relative had raised a query about the updating of the home and the registered manager had explained the programme of redecoration that was ongoing. The response to the staff survey was low so a repeat survey was planned. However, comments received were positive and staff felt Hillersdon Court was a good place to work. It was noted the registered manager had reviewed the effectiveness of the surveys to ensure any issues addressed at the previous survey had not been repeated.

With the exception of the areas identified above, there were good quality assurance systems that looked at all aspects of the home and these had been effective at driving improvement. For example, the improvements made to the environment in terms of décor and ensuring people had equipment to meet their individual needs. Health and safety audits demonstrated a thorough monitoring of the home to ensure people's safety. If shortfalls were found they were addressed promptly. Problems had been identified with the heating and extensive work was planned over the summer months. In the interim, the heating was working and additional heaters had been bought as a precaution should the systems fail.

Audits reflected learning from accidents and incidents and were completed every month and analysed for trends and themes. Any recurring themes and trends were highlighted and actions taken to prevent a reoccurrence. For example, one person who had recurrent falls had been moved to the ground floor as it had been identified that it took staff too long to get to their bedroom when the sensor alarm sounded. This had resulted in a reduction in the numbers of falls as staff were able to get to them quickly. If it was felt that a person needed new equipment, arrangements had been made for a professional assessment of their needs. Other audits included infection control, kitchen, cleaning and the management of medicines. The registered manager had identified a number of shortfalls on the last cleaning audit and set a timescale for addressing all shortfalls. A follow up was then carried out to ensure all actions had been completed. The systems demonstrated the registered manager had a commitment to ensuring the service provision was of a high standard.

In addition to the audits carried out by the registered manager the provider also carried out a regular audit at Hillersdon Court. They sampled care planning documentation, looked at audits and talked to people and staff. They checked the environment and ensured safety had been maintained around the home.

There was an open and inclusive way of working that created a positive culture for staff. The registered manager and head of care were a visible presence within the home and staff told us there was always someone to call on if they needed advice or support. There was a daily handover between shifts which ensure staff were kept up to date. Staff meetings were held regularly and staff told us they found them useful opportunities to raise and share ideas. Minutes demonstrated expectations of staff were clearly recorded. Minutes also showed each staff member present had opportunities to share their views.

The home had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure to respond appropriately to notifiable safety incidents that may occur.