

Hillbrook Grange Residential Care Home

Hillbrook Grange

Inspection report

Ack Lane East
Bramhall
Stockport
Cheshire
SK7 2BY

Tel: 01614397377

Date of inspection visit:
11 July 2022
15 July 2022

Date of publication:
30 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hillbrook Grange is a residential care home providing accommodation and personal care to up to 41 people. The service provides support to people aged 65 and over. At the time of our inspection there were 35 people using the service. Accommodation is provided across two floors accessible via a lift. There are a range of shared facilities including adapted bathrooms, lounge and dining areas and a secure outside space.

People's experience of using this service and what we found

People felt safe. Incidents were investigated and there was oversight to ensure lessons were learnt. Risk assessments were in place to mitigate risk where possible and there were a range of checks to ensure equipment was suitable and safe to use. The home was clean and tidy, and people were supported to receive visits from family and friends. The service had made some improvements and addressed some of the issues from the last inspection, however we found medicines were not always handled safely.

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

Arrangements for oversight and governance were being followed, shortfalls and concerns were addressed when identified. However, these systems were not sufficiently robust to have ensured medicines were safely managed. People felt able to feedback views and a variety of meetings were being held with staff, people and families. Staff worked with other services to meet people's needs and the provider was committed to driving improvement within the home.

Individual care plans were in place, although further work was being completed to ensure these contained person-centred and consistent detail on how people wanted to be supported. A range of activities were available to people both in groups and individually, although some people wanted more to do. People felt able to raise concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 August 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulation.

Why we inspected

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

and to follow up on concerns we had received about staffing levels, the management of medication and overall running of the home. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The overall rating for the service has remained requires improvement based on the findings of this inspection. The provider took immediate action to address any concerns identified and reduce the risk of harm to people.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillbrook Grange on our website at www.cqc.org.uk.

Enforcement and Recommendations

Although improvements were noted we have identified a continued breach in relation to the safe management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-Led findings below

Hillbrook Grange

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by an inspector, a medicines 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.

Service and service type

Hillbrook Grange is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hillbrook Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for feedback they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service and reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 11 people who use the service, two relatives and family friends, and 14 members of staff including the registered manager, deputy manager, board members, senior care workers, care workers, auxiliary staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to one health care professional.

We reviewed a range of records including three people's care records. We looked at three staff files in relation to recruitment. We reviewed seven medicine administration records and looked at medicines related documentation. We observed medicines administration, checked storage and spoke to three staff. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found medicines were not being effectively managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- At the last inspection we found people had missed doses of their prescribed medicines as stock was not available or doses could not be given as the minimum time between doses had not passed; guides for medicines given when required was not personalised; patches were not rotated following manufacturer's directions; and creams were not always managed safely. Although there had been improvements made to the management of medicines some of these issues remained.
- We found that for three people paracetamol had been administered within the minimum four hour gap. This meant that these people were at risk of an overdose of paracetamol. For three people doses of this medicine were not always administered at night as it was before the required four-hour time gap. Although we saw no evidence that on these occasions staff offered pain relief later when the required time had passed, the service told us these people had capacity to request further pain relief if required. After the inspection a system has been introduced to ensure that the four hour gap between doses was maintained and that staff offer pain relief to people when it is due.
- Staff did not always record which topical medicine had been applied when a person was prescribed multiple ones. The service told us after the inspection that they had made amendments to the system so that application of individual creams could be documented.
- Best interest meetings had taken place for a person who received their medicines covertly (hidden in food or drink) and appropriate people had been involved. However, some of the paperwork was not up to date so staff did not have all the information needed to safely administer medicines covertly. The service had already booked a review with the prescriber and pharmacist to ensure staff had this information.
- For one person prescribed medication when required to manage their anxiety, there was not any information available at the point of administration for staff to be able to do this in a person-centred way. Care staff did not document information regarding episodes of anxiety, and there was no evidence that observations of the person took place after the dose was administered. However we saw no evidence that this person's behaviour was controlled by medication. After the inspection the service told us they have updated staff to ensure recording and observations take place.

Failure to safely manage medicines has led to a continued breach of Regulation 12 (Safe care and

treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely.
- Staff administering medicines had all been trained and assessed as competent to do so.

Staffing and recruitment

- Staff were being recruited following safer recruitment processes, with appropriate safety checks carried out.
- We noted one file which lacked evidence that concerns about the staff member's performance had been explored to ensure any risk had been mitigated. The provider took immediate action to review this record and address any shortfalls as needed.
- Staff and people had mixed views about the staffing levels. One person told us, "I think the staffing levels have gone down from when I first came, and they appear to be short staffed at weekends." We noted staff were very busy. The layout of the home made it difficult for staff to have oversight for people who chose to stay in their room, or in quieter areas of the home during the day; or those who chose not to spend time in their bedroom during the night. However, at the time of inspection we found no evidence that this had a significant impact of people's care.
- The provider was facing challenges in recruiting and retaining staff, similar to other health and social care services, and work was ongoing to address this. This meant there was a reliance on the use of agency staff at times which impacted on people's views of staffing. Arrangements were in place to maintain consistency of agency staff as much as possible and some agency staff knew people well.

Systems and processes to safeguard people from the risk of abuse

- People looked well cared for and told us they felt safe at the home. One person told us, "I feel comfortable around the staff and can approach and talk to them."
- Staff had completed training and understood their responsibilities to safeguard people. Staff told us they felt comfortable to escalate any concerns they might have to keep people safe.
- The provider had a variety of systems to monitor safeguarding concerns and ensure appropriate action was taken. The registered manager would investigate concerns as needed and worked with the local authority safeguarding team where this was appropriate.

Assessing risk, safety monitoring and management

- Risks were being assessed and monitored.
- People had a variety of individual risk assessments and care plans to guide staff on how to meet people's needs.
- The provider had generic and environmental risk assessments in place. Action was taken to mitigate risk as much as possible through regular maintenance and checks. We noted one maintenance certificate was out of date and discussed this with the registered manager who took immediate action to address this shortfall.
- People had individual personal emergency evacuation plans (PEEPS) and there were regular checks of fire equipment, alarms and fire drills to ensure staff knew what action to take.

The Mental Capacity Act 2005 (MCA) provides a legal for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

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

The provider was supporting family and friends to visit people living at the home. They asked visitors to prearrange visits where possible to ensure the service could manage the footfall across the home. The registered manager told us they would be flexible and support any visiting requests.

Learning lessons when things go wrong

- Systems were in place to enable lessons to be learnt when things went wrong.
- The registered manager and provider were keen to drive improvement within the home and responded quickly to any feedback given to reduce risk for people.
- The registered manager had systems in place to analyse and learn from accidents and incidents. They told us they recognised this was an area for further development to ensure information was recorded and escalated appropriately.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which provided general guidance to staff about people's needs and how to meet these.
- Some people's care plans were personalised and detailed. However, others were less detailed or confusing. No one had any concerns about how they were receiving care. The registered manager acknowledged that work to improve care records was ongoing.
- Some people felt involved in their care plans. However, not everyone was clear on how they had been involved and consulted about how they received care but were not concerned or unhappy about this.
- We found areas where care delivery could be more personalised. For example, there were occasions where people were not left with access to a drink, or their call bell to hand. This was raised with the registered manager who assured us that this would be addressed. One person told us, "It's a bit like a hospital, meals at certain times and so on." Another person told us, "The regular staff know me well and they know how I like things done."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place. These provided guidance for staff on how to communicate with individual's effectively.
- The registered manager told us they could adapt the format of information according to people's needs and would arrange for large print, braille and translation into other languages as needed. They gave examples where they had arranged for audio books for a person who was partially sighted and phonics cards were used with another person. The registered manager told us they needed to acquire a hearing loop for the main lounge in case this was needed.
- The registered manager was aware that improvements to make the home more dementia friendly was needed, such as more dementia friendly signage and pictorial menus. This will be reviewed at our next inspection.

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

- An activity co-ordinator was in post and offered a range of activities for people in groups and on a one to

one basis.

- On our first day of inspection the activity co-ordinator was on holiday and it was not clear what arrangements were in place in their absence. Although the registered manager told us staff would usually provide this in the activity co-ordinators absence, we observed that staff were often too busy to complete this additional task. We discussed this with the registered manager.
- The activity co-ordinator showed us evidence of a range of activities people had participated in. They told us they would try to offer any activities that people wanted and had developed a 'walking group', trips out to the local community and supported people to access leisure facilities and religious ceremonies if people wished.
- People spoke positively about the activities offered but some expressed they would like more to be available. One person commented, "I do get bored, there aren't many people to talk to. I do enjoy some of the activities and the activity co-ordinator is good."

Improving care quality in response to complaints or concerns

- People, families and staff generally told us they felt able to raise concerns and were confident that any issues would be addressed. One person told us, "I can discuss any problems with the staff. They are approachable."
- Information about how to raise concerns was available in the reception area and the register manager told us they encouraged people and families to provide feedback.

End of life care and support

- People had end of life care plans in place. However, these were often task focused. The registered manager told us that end of life care planning was further enhanced when people reached this stage for support. At the time of the inspection no one was receiving end of life care.
- The registered manager told us they were looking at accrediting the service for end of life care and delivering training with staff in this area. We will review progress on this at our next inspection.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and provider had systems to ensure oversight of the quality of service and that regulatory requirements were being met. This had led to some improvements, but they had not yet been sufficiently embedded to ensure that medicines were being safely managed at this inspection. Areas, such as person-centred care planning, had been identified and work in these areas were on going.
- The provider held meetings and was updating people and families on any issues affecting the home.
- The registered manager understood the duty of candour and would investigate concerns and provide feedback to people and apologise when this was appropriate.

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

- People spoke positively about the home. One person said "I enjoy living here. There are lots of people around if you need anything. It's the next best thing to being in your own home." A relative told us, "I think the home is lovely and I could happily live here. The staff are always polite and welcoming."
- Some staff told us there was a good work culture at the home. One member of staff said, "They have some good staff here. A lot of the staff are really kind and caring." Another staff member said, "It's a nice staff team, we all work well together and its very calm. I can ask any questions if I am not sure." However, other staff felt less positive about the culture of the home and this concern had been raised with the service in through previous whistleblowing concerns.

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

- People, relatives and staff were invited to meetings. These provided an opportunity to provide updates about the home and encourage feedback. Not all meetings were held regularly. The nominated individual had identified this as an area for improvement to ensure everyone had regular opportunities to be involved in the service.
- Staff generally told us they felt able to provide feedback and make suggestions. One staff member said "The registered manager is approachable. They are good and will sort it." However, another member of staff commented that management spent a lot of time in the office and they would have liked them to be out in the home and supporting staff more often, particularly when were short staffed. Not everyone living at the home knew who the registered manager was but were not concerned about this.

Continuous learning and improving care

- The registered manager and provider were responsive to feedback, committed to driving improvement within the service and provided good quality care to people. There was a plan to complete surveys with people in specific areas including mealtimes and activities.
- Professionals had noted the quality of care had improved. One health care professional commented, "I have seen a definite improvement in the care of the residents since the new management team started at the home."

Working in partnership with others

- Staff and the registered manager worked closely with other services to meet people's needs.
- People's care records demonstrated that health care advice was sought and incorporated into care plans where possible. There were some areas for improvement, such as managing wound care, and work on this was ongoing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficiently robust and embedded systems to ensure medicines were being safely handled.</p>