Woodlands & Hill Brow Limited

Hill Brow

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?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 19 December 2016 and was unannounced. Hill Brow is registered to provide accommodation and support to 32 people. At the time of the inspection there were 30 people living there.

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

People and their relatives told us people were safe within the service. Staff had undertaken relevant safeguarding training and understood their role in keeping people safe. Risks to people in relation to all aspects of their care had been assessed and measures taken to reduce the likelihood of them occurring. Processes and procedures were in place to ensure people received their medicines from trained, competent staff.

People and their relatives told us there were enough staff to meet people's needs in a timely manner. Records showed there were always enough competent staff on duty with the right mix of skills. People were safe because the provider had robust recruitment policies and procedures.

Staff underwent the industry recognised induction to their role and also received a variety of additional training. Staff had been regularly supported through supervision and were proactively encouraged with their professional development to ensure people received effective care.

Where people had capacity to do so they had signed their own care plans. Where people lacked the capacity to make a specific decision legal requirements had been met to ensure any decisions were made in their best interests.

People told us they were well supported with their nutritional needs. The food provided looked and smelt appetising. Risks to people associated with eating were assessed and managed safely.

People and their relatives told us people's healthcare needs were well met.

People, their relatives and professionals told us people experienced positive caring relationships with staff. Peoples' communication needs were understood well by staff. Staff ensured they communicated appropriately with people and involved them in decisions wherever possible. People and their relatives told us staff upheld their privacy and dignity in the provision of their care. People received a high standard of end of life care which was centred on their wishes.

People and their relatives told us staff had outstanding skills and an excellent understanding of people as individuals. They told us people experienced a more fulfilling and exceptional quality of life due to the

quality of the care provided by skilled staff. There was a strong focus on providing person centred care which was both flexible and responsive to individual's needs. People were supported to maintain and pursue their interests and to retain a sense of purpose and worth in their lives. The service created innovative ways for people to be provided with experiences which gave them stimulation and pleasure.

People and their relatives felt confident about how to make a complaint if they needed to. Where people had made complaints these had been appropriately responded to. The provider had sought individualised and meaningful feedback from people and their relatives which they then acted upon for peoples' benefit.

The provider and manager had created and sustained a positive culture in the service based on clear values, which staff in all roles consistently applied in their work with people.

The service had a track record of being an excellent role model. There were very strong links with the community nursing team who often trialled new community projects with the service due to staff's enthusiasm. These projects were of significant benefit both to people at Hill Brow and other local homes.

People their relatives, staff and professionals told us the service was very well run. At all levels of the service management was highly visible, accessible, supportive and responsive to ideas to improve people's experience of the service.

The service strove for excellence through consultation, research and reflective practice. Their involvement with university research projects and local initiatives had led to a range of improvements in the welfare of people and their experience of the care provided. Robust processes were in place to audit the standards of people's care and to drive service improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of abuse.

Risks to people had been identified and managed for peoples' safety.

People were safe as there were sufficient numbers of suitable staff deployed to provide their care and robust staff recruitment processes were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received effective care from staff who were equipped with the appropriate knowledge and skills for their role.

People's consent was sought in line with legislation and guidance and where people lacked the capacity to consent to decisions legal requirements were met.

People were well supported by staff to eat and drink sufficient for their needs.

Staff supported people to ensure they maintained good health.

Is the service caring?

Good

The service was caring.

People experienced warm and genuine relationships with the staff who provided their care.

People were supported to express their views and to be involved in decisions about their care.

Staff understood how to promote people's privacy and dignity and applied this in their work with people.

People were well supported by staff with their end of life care.

Is the service responsive?

Good

The service was extremely responsive.

People and their relatives told us staff had outstanding skills and an excellent understanding of people as individuals.

There was a strong focus on providing person centred care which was both flexible and responsive to individual's needs.

The provider used individual ways of involving people and their relatives so that they felt consulted, empowered and listened to.

People and their relatives knew how to complain if they wished to and were confident that any concerns would be responded to.

Is the service well-led?

Outstanding

The service was extremely well-led.

The service promoted an open and transparent culture based on a clear set of values.

The service had a track record of being an excellent role model.

At all levels of the service there was clear, visible leadership.

The service strove for excellence through consultation, research and reflective practice.

Outcomes from projects and initiatives were reviewed and assessed to measure their impact upon people.

Robust processes were in place to audit people's care and to drive service improvement.

Hill Brow

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.

The inspection took place on 19 December 2016 and was unannounced. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with or received written feedback on the service from a Specialist Nurse for Nursing and Residential Homes, a District Nurse, two GP's, a Community Psychiatric Nurse (CPN) and an Optician. During the inspection we spoke with seven people, five people's relatives a District Nurse and the Vicar. As some people experienced dementia and could not all speak with us, we used the Short Observational Framework for Inspection (SOFI) at lunchtime to enable us to understand their experience of the care provided. We spoke with four care staff, two activities co-ordinators, the client liaison manager, chef, maintenance person, staff trainer, administrator, a director of the company providing the service, the registered manager and the provider. Following the inspection we received written feedback from a further relative and spoke with a Continence Nurse.

We reviewed records which included four people's care plans, four staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in September 2014, no concerns were identified.

Good

Is the service safe?

Our findings

People and their relatives told us people were safe within the service. A relative said "My dad has been a resident here for nearly two years and he is safe staff always know where he is, the doors are secure and at night he is checked regularly."

Staff told us they had received training in safeguarding adults which records confirmed and if they observed anything they would report it to the manager. One staff member told us, "If a person was being ill-treated, I would report it to the manager. You can go to social services, there is a number staff could ring (to report potential safeguarding) in the office." Staff were able to demonstrate to us their understanding of the safeguarding process and their role and responsibility to safeguard people from the risk of abuse. Records demonstrated staff's safeguarding knowledge was tested by the general manager during the last provider audit completed in September 2016.

No safeguarding alerts had been raised by the service within the past year. However, the registered manager understood their role in reporting any concerns and informed us any subsequent learning would take place via staff shift handovers and supervision, to ensure people's safety.

People and their relatives told us risks to people were well managed. A person told us "Previously I had carers and they visited twice a day and I saw no one else and had no support. In here it is much better I recently fell due to my bad balance and pressed my emergency bell and they were here in a flash – so that makes me know I made the right choice and am safe." Others commented "Staff come and check on me every two hours" and "I have a bell to call them (staff)."

People's care plans stated how many staff were required to support them with each aspect of their care. Staff had documented what equipment was required to transfer people safely such as through the use of a slide sheet to move them in bed. Staff were observed to support a person to walk safely with their walking frame. They walked at the person's pace, provided them with guidance, using gentle touch and prompted them. This ensured the person was supported to mobilise safely.

There was written guidance for staff to monitor people's skin for any sign of damage. Where people had been assessed as at risk of developing a pressure ulcer; measures were in place to manage this risk. For example, through the provision of equipment and regular re-positioning. We observed people were provided with equipment such as air mattresses which were checked daily and pressure relieving cushions to manage the risk of them developing pressure ulcers. Staff encouraged people to elevate their legs where necessary. Risks to people from pressure ulcers were managed safely.

Staff had written instructions to ensure people had their call bells in reach. We observed people in their bedrooms were easily able to access their call bell. A number of people carried call bell pendants on their person to ensure they could access staff support if required. This ensured people could move around freely with the confidence they had the means to request assistance if required.

A CPN told us staff were always assessing the risks of falls for people and taking action. During the course of the inspection the emergency bell sounded. Staff were observed to respond very promptly and arranged the assistance the person required. Records showed that when people experienced a fall they had been monitored in accordance with the provider's post falls protocol and this information was then faxed to their GP for their review. The service maintained a falls register which noted the date and time people had fallen, their activity at the time, injuries and any action taken to reduce the risk of repetition to the person. Staff told us the person's care plan was then updated if required, the registered manager was informed of their fall and staff were then updated via the staff shift handover of the incident and any actions required. The provider had processes in place to ensure that when people experienced a fall the correct actions were taken to ensure their safety and to prevent the risk of repetition.

Regular checks were completed in relation to: equipment safety, electrical and gas safety, water and fire safety as required for people's safety.

People and their relatives told us there were sufficient staff to meet people's needs. A person commented "I feel perfectly safe here, lots of good staff around and I haven't experienced any reason not to be safe, I've had no problems." Another person said "Staff are wonderful and are always around wherever you go."

Records showed there were always enough competent staff on duty with the right mix of skills. The provider maintained a level of staffing in excess of their assessments of the number of staff required to support people to be safe and to participate in social interactions, and activities. Records showed the provider never used agency staff, any staff absences or sickness were covered by permanent staff, this ensured people received continuity of care. People were cared for by sufficient numbers of staff.

People were safe because the provider had robust recruitment policies and procedures. Records showed us the provider complied with legislation, they obtained Disclosure and Barring Service (DBS) checks for all staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider obtained at least two references for staff to show they were of good character, they checked staff had the right to work in the UK and they checked staff's health status to satisfy themselves of their fitness to work.

People told us staff ensured they received their medicines as prescribed. A GP told us they had not had any concerns about people's medicines. A CPN said staff's focus was on behavioural interventions as per national guidance for caring for people living with dementia rather than medications for people wherever possible.

People could expect to receive their medicines safely and consistently. Staff undertook medicines training and underwent robust staff medicine competency assessments before they could administer prescribed medicines. The provider had robust medicines policies and procedures which staff followed. People's medicine administration records (MARs) showed staff followed safe guidelines. There was safe storage of medicines requiring refrigeration and medicines were stored in a secure appropriate facility. Controlled medicine records were clear and matched the stock held by the service. Controlled medicines are medicines which require a greater level of security. The provider had safe systems for the disposal and ordering of medicines and audited people's medicines monthly. Peoples' medicines were managed safely.

Good

Is the service effective?

Our findings

People and their relatives reported staff had the correct skills to provide their care effectively. Their comments included "The staff here are perfect and all have the right skills from my point of view and they meet my needs." "The staff are trained and all have skills to do their job." "I am handled perfectly fine by my carers they seem to know what they are doing and do it well." A relative told us "The staff are skilled they know my dad's condition and have adequately trained team of carers who will know dad's needs." A CPN told us staff were well trained and were encouraged to attend the training sessions they ran.

Records showed staff completed an induction based on the Care certificate, which is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. People were cared for by staff who had undergone an effective induction to their role.

A staff member told us they had, "Unbelievable training." Staff were required to complete the provider's required training and a range of additional training in areas such as dementia care which was provided by the provider's dementia care specialist. Feedback from staff as part of the last provider audit included staff's view that 'Having a dementia specialist was very positive.' Staff also underwent training in Parkinson's care, palliative care, tissue viability, supervision and mentorship training. People were cared for by staff who underwent a range of additional training to ensure they had the skills to provide people's care effectively.

The provider placed a strong emphasis on staff's continuing professional development. Records demonstrated that 89% of the care staff had completed or were undertaking a health and social care qualification. People were cared for by staff who were proactively supported in their professional development.

Staff told us "I get all the support I need." Records showed the provider completed regular supervision with staff. Staff had an annual appraisal of their performance to enable them to reflect upon the year and to identify areas for development. People were cared for by staff who received appropriate regular support in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the MCA and its application to their work with people. Staff told us they always sought people's consent for their care and were observed to do so. Where people had the capacity to they had

signed their own care plans. People's capacity to make a range of decisions had been assessed and documented. A CPN confirmed to us that the provider assessed people's mental capacity and documented best interest decisions for them. Where people lacked the capacity to make these decisions legal requirements had been met.

Some people had appointed a power of attorney for health and welfare to represent them in the event they lacked the capacity to make decisions in these areas themselves. The provider had documented this and obtained a copy to enable them to check what decisions the attorney was authorised to make on the person's behalf. Therefore they were able to demonstrate how they had satisfied themselves that the attorney had the legal authority to sign their consent to the provision of care and treatment for the person. People's human rights were upheld.

The registered manager told us DoLS applications had been submitted to the supervisory body for six people and they were awaiting these to be processed. Where DoLS applications had been made records demonstrated how the decision to make the application for the person had been reached and that their relatives or relevant parties had correctly been involved.

People told us they were well supported with their nutritional needs. Their comments included: "They make sure I drink and eat," "Food here is excellent quality," "The food is very good I cannot fault it" and "They are very generous with drinks."

Mealtimes were very sociable and enjoyable times for people. At lunch people were observed chatting and interacting with others on their tables. People received a well-balanced diet that was freshly prepared. The service did not provide an alternative main meal because people chose their own preferred dish, if they did not want what was offered for the main meal. We saw that a vegetarian option was provided if required. The food provided looked and smelt appetising.

People had been weighed and their Malnutrition Universal Screening Tool (MUST) score calculated. MUST is a screening tool to identify adults who are at risk from either malnourishment or being overweight. Where people had been identified as at risk from malnutrition they had care plans in place which detailed how this risk would be managed. There was guidance for staff to offer people fortified foods where the calorific content of the food has been increased through the addition of products such as cream. The chef told us people were offered fortified milkshakes daily. Risks to people associated with eating were assessed and managed effectively.

Where people required their fluid intake to be monitored they had fluid charts in place. There was written guidance displayed for staff to guide them about how much fluid people required to remain healthy. Staff told us people's fluid intakes were reported at the staff shift handover so they could identify anyone for whom staff needed to prompt with fluids, which records confirmed. Staff were observed to provide people with a range of hot and cold drinks across the day.

The registered manager held monthly catering meetings with the chef. This enabled them to closely monitor feedback on the meals and any actions required to promote peoples' eating. As part of these meetings people's MUST scores were discussed to ensure the chef was aware of who was at risk and the actions they should take to promote peoples' nutritional intake.

People and their relatives told us people's healthcare needs were well met. Their feedback included: "The doctor and opticians visit me here whenever I need them." "If I was ill the doctor would visit immediately I see a doctor quicker here then when I lived in my own home." "Dad sees a doctor for his impaired

swallowing, eye condition, ear condition and has a dentist."

The Optician told us "They are good at making contact regarding any issues," which a CPN also confirmed. A GP reported 'Staff respond appropriately and effectively to medical problems. They are quick to notice when a resident is not their usual selves, and take appropriate action.' The continence nurse told us staff were prompt at identifying when people required referral to their service and ensured this took place and that any required actions were implemented.

The local health trust's Physiological Observation Chart had been introduced. This provided staff with clear guidance about when peoples' vital signs data indicated they were deteriorating and medical assistance should be sought for the person. Staff were heard at the morning staff shift handover to identify who they needed to arrange healthcare appointments for and who required support to attend forthcoming appointments. Records demonstrated people saw a range of health care professionals as required.

Good

Is the service caring?

Our findings

People their relatives and professionals told us people experienced positive caring relationships with staff. Their comments included: "Staff are very caring always on hand they are friendly, and provide everything I've needed it's just done." "Staff are very caring, funny, talkative and look out for me whenever I need them." "All the carers are caring they are so kind it cannot be faked." A relative told us their loved one had been able to build relationships with staff. They also told us that as no agency staff were employed their mother was looked after at all times by care staff whose names she no longer knew, but whose faces and voices she certainly recognised. A GP informed us 'The staff are caring, and treat residents kindly and respectfully. It has a calm and contented atmosphere.' The Vicar said "As a regular visitor I would say the staff are caring they encourage the residents and help anyone of them when they become distressed – I would say they do over and above."

People were observed to experience kindly and caring interactions from staff who were genuinely interested in their welfare. For example, at breakfast a person was seen to become anxious. Staff were observant to the signs of the person's distress and quickly intervened to provide them with comfort and reassurance. This had a calming effect on the person who settled back down to their breakfast. Staff stopped to respond to people's questions, they made time for them rather than rushing past focused on their task. This was validating for people and ensured they felt that they mattered.

People's records contained details of their life history. There were details of their personal history, biography, interests, food preferences, preferences for getting up, leisure preferences, spiritual needs, emotional well-being, what caused them anxiety or could cause them to become isolated. This provided staff with detailed information they could use with people to develop individual activities or as a basis for reminiscence work.

People's preferences about the provision of their care were noted on their pre-admission form. A person's records noted they liked to have the television or radio on whilst they were in their bedroom and for staff to give them their favourite food daily. We visited this person in their bedroom, their TV was on as per their preference and they confirmed to us staff provided their favourite food to them daily.

People's care plans contained clear information about their communication needs. For example, a person had impaired vision. Their care plan instructed staff to ensure they chatted with the person each time they provided their care to ensure they had regular communications with staff and that they ensured they announced who they were when they entered the person's bedroom, which staff were observed to do. A relative told us 'My mother can no longer communicate her needs, so we all have to pick up on the non-verbal clues in order to work out whether she is unwell, anxious, or unhappy. I am, therefore, very dependent on the staff to keep me informed.' Where people were cared for in their bedroom staff were instructed to visit them every two hours to ensure they did not become socially isolated and had regular conversations with staff. Peoples' communication needs were understood well by staff.

Staff ensured they communicated appropriately with people, bending down to the person's level so that

they were not towering over them which could be experienced by people as intimidating. Staff used humour appropriately in their communications with people. They also ensured they provided people with relevant information such as what they had for lunch or whether a drink was hot. Staff were observed to explain to people why they were doing things to them. A staff member explained gently to a person why they were offering them a protective cover for their clothing at lunchtime. This ensured that although the person may not have understood what was being said staff had still tried to engage with them and the soothing tone they used indicated they were doing something non –threatening to the person who accepted the cover offered.

People's care plans demonstrated that in addition to assessing what decisions people could not make for themselves; it was documented what decisions people were able to participate in. The provider recognised that whilst people might not be able to make some decisions about their care they could be involved with other decisions such as what to wear. A person told us "I am completely independent I make all my decisions and they are respected." Another person said "If I don't want anything staff respect it." Staff were provided with relevant information to ensure they involved people in making decisions about their care wherever they were able.

People and their relatives told us staff upheld their privacy and dignity in the provision of their care. Their comments included: "Privacy is achieved when I go to my bedroom for a little lie down and staff leave me alone when they check on me they do knock my door." Another person said "I want to stay in my bedroom most of the time and when carers change or wash me they close my curtains and the door." A relative told us "Carers do all dads intimate care in his bedroom and the door is closed – respect and care is outstanding."

People's records explicitly stated staff should ensure they maintained people's privacy and dignity when providing their care. There were dignity champions to promote and model good practice in relation to upholding people's dignity and privacy. Staff were able to describe how they ensured peoples' privacy and dignity were maintained. Staff were observed to knock on peoples' bedroom door before entering and await a reply. They ensured people's personal care was provided in private.

Professionals told us people received an excellent standard of end of life care. The Specialist Nurse for Nursing and Residential Homes reported 'End of life care is superb – communication is always started early (where possible), very well planned and relatives feel well looked after as well. Relatives are not left with any odd questions and I am always fully informed of any changes or needs that come up. I am invariably made aware of changes before they reach the end of life stage.' Care plans included advance care plans and do not attempt cardio-pulmonary resuscitation forms which were appropriately completed, if people chose to have them in place. These enabled the person to express their views, preferences and wishes about their future care.

Good

Is the service responsive?

Our findings

People and their relatives told us staff had outstanding skills and an excellent understanding of them as individuals. The registered manager told us they had received an email from a person's relative which said the person was 100% better at the service than when they were at home. Another relative told us 'The staff all try very hard to include her in the daily activities and have ensured that she attends as many of the musical events and pre-Christmas concerts as possible.' Another relative said "She (loved one) was lonely before but she likes to socialise here." Another had commented 'Most importantly, the staff really know the individual residents. They take time to talk to them, listen to any concerns and understand their state of mind. We could not have found a nicer place for our Dad to spend the final phase of his life.' Other feedback noted 'They also supported us to help him (loved one) attain the best possible quality of life.'

A family had written to express their gratitude to staff for their excellent level of understanding and appreciation of the particular personal issues their loved one had experienced which specifically needed to be taken into account whilst they lived at the service. They had thanked the staff as the person had been 'Treated with respect and humanity' in relation to their individual needs. People and their relatives told us people experienced a fulfilling and exceptional quality of life due to the outstanding level and quality of the care provided by staff.

People's care records showed when people moved in their initial care plans were completed within 24 hours to ensure staff had guidance about their care needs. The registered manager met with the person on a daily basis for the first two weeks to ensure their transition was smooth and that any issues could be addressed for them. The resident's liaison manager also contacted people post an initial viewing of the service and then again three months after they had moved in to seek their feedback on the service. People experienced a smooth and informed transition to the service.

People's care plans were then reviewed monthly by their keyworker. People had at least one keyworker who ensured they built a relationship with the person and their family. People's records demonstrated they and their family's views about their care were regularly sought. People and their relatives were invited to participate in the monthly review of their care. People's care was kept under regular review and their views and that of their family were sought often.

The provider employed a dementia specialist to work across the three services to develop staffs skills in relation to the care of those living with dementia. In addition to training staff they modelled and described good practice to staff and updated them on the latest developments in caring for people living with dementia. Where people were living with dementia, people's care plans provided staff with guidance about how to support them. For example, one person's records stated staff should not impose reality on a person as this would serve to distress them. Staff should not seek to manage their agitation by correcting the facts but should use different sensory interactions to re-focus the person's attention. Staff discussed in the staff handover how they could work with people whose behaviours were challenging to staff. This ensured staff were able to share their observations of what interventions were more successful with people.

Staff were observed to be skilled at ensuring activity sessions met the needs of different people. For example, an activities co-ordinator held a reminiscence quiz about Christmas. Some people who joined in experienced dementia and some did not. Staff started the session by presenting the group with an attractively wrapped Christmas box which people living with dementia were encouraged to join in unwrapping by pulling the ribbon which sealed it. Staff then passed around the items in the box which were associated with Christmas such as a cracker and a snow globe. People clearly enjoyed handling the items which prompted memories of their own past Christmases. This activity was accompanied by a Christmas quiz to provide the intellectual stimulation and challenge those other members of the group not living with dementia sought. We observed that everyone including those living with dementia and those who chose to sit on the edge of the group were able to join and participate in an aspect of the session.

People and their relatives told us the service provided was exceptionally responsive to their needs and staff had outstanding skills. A person said "All staff here know my care needs my family discussed it with them when I had to move here, and this is my home forever now." A relative informed us 'The care continues seamlessly because they work as a team and treat my mother as an individual.'

There was a strong focus on providing person centred care which was both flexible and responsive to individual's needs. People were supported to maintain and pursue their interests and to retain a sense of purpose and worth in their lives. Staff were very aware of people's individual situations and sought ways to support people through difficult periods in their lives such as bereavement. A person had very much enjoyed an activity of daily living at home prior to their admission; which would generally be viewed as not practicable to continue in a care home. Staff understood how important this was to the person and had completed relevant risk assessments and capacity assessments to enable the person to continue to enjoy this activity daily by working alongside a member of staff in the service and undergoing relevant training. The person told us how much they enjoyed this daily activity. Staff's individualised approach to care focused around the person had provided them with a role in the service, purpose and validation from other people and staff.

The registered manager told us they had installed a camera in a bird box so that people could observe the baby birds hatching. People got great fulfilment from this; a person's records showed they had wanted to get up at 07:00 in case they missed the 'live' action. This innovative way of engaging people with wildlife had created real excitement for this person and provided them with a very positive and personally fulfilling experience.

People and their relatives felt confident about how to make a complaint if they needed to. Their feedback included "If I had a complaint I would tell the manager but have not had one." Another person said "If I had a complaint I would tell my nominated key worker in the first instance but have never needed to because I've never had one." The provider had a complaints policy which encompassed both written and verbal complaints. Where people had made complaints these had been appropriately responded to.

The service had a resident's committee which last met on 28 October 2016. Records demonstrated the committee had been asked to provide their feedback on a range of aspects of the service. People had been 100% satisfied with the food, seating at meals, staff, keyworkers and activities. There was also a resident's and relative's meeting last held on 22 November 2016, where people could provide their views.

The provider told us they had not found there was a good response rate to generalised questionnaires sent to people's relatives. Instead they now emailed all relatives as part of their six monthly provider audit asking for their personal feedback and experience of the service and also offered them the opportunity to meet with them to discuss any aspect of the service, which records confirmed. The provider gave an example of

how as a result of the feedback received a relative had raised the issue that their loved one had a member of the night staff as a keyworker. In response they now ensured that people with a night key worker were also provided with a second day keyworker whom they could also speak with in the day. Records showed that another relative had raised an issue that they would like to be able to access the service to visit their relative without having to ring the front door bell and wait for staff to respond. The provider had in response recently fitted a 'fob' system so that visitors were now able to access the building to visit their loved ones as they wished. The provider had sought individualised and meaningful feedback from people and their relatives which they then acted upon for peoples' benefit. The impact for people was that more personalised feedback had been received about issues that actually mattered to people and their relatives.

Outstanding ☆

Is the service well-led?

Our findings

People, their relatives and staff told us there was an open and transparent culture. Their comments included: "There is open communication here with all the staff they are all approachable." "It is a open office policy the staff and managers are all very good, if I want a chat they have time for me, I always know what is going on here the staff tell me and ask if I want to join in." "You can ask about anything."

The provider and manager had created and sustained a positive culture in the service based on clear values, which staff in all roles consistently applied in their work with people. These were based on the acronym GREAT which stood for Good communication, Reputation, Economy, Achieving quality and Training and staff. People benefited from the strong emphasis placed by the provider on the quality of training staff received which had a very positive impact upon the quality of the care they provided to people.

The provider ensured that both day and night staff had the opportunity to meet with them personally. They invited all staff to meet with them for coffee; this fostered a culture of openness where all staff whichever shifts they worked were encouraged to speak openly with the provider. This ensured people were cared for in an open and transparent culture.

The service had a track record of being an excellent role model. There were very strong links with the community nursing team who often trialled new community projects with the service due to staffs' enthusiasm which were of significant benefit both to people at Hill Brow and other homes. The Specialist Nurse for Nursing and Residential Homes and a District Nurse told us senior care staff had been trained by them to dress minor dressings and skin tears for people, which the registered manager confirmed. If a person had a wound that required on-going care the district nurses assessed it; the trained staff then undertook every other dressing to ensure it was frequently checked by a trained nurse. The advantage of this was that if a person's dressing became loose or uncomfortable then staff could re-dress the wound without waiting for the district nurse. It also enabled bathing which fitted in around the person's needs rather than the time of the district nurses visit. The staff member responsible for the person's dressings met with the district nurse to ensure consistency of dressings and care. This joint work by the community nurses and senior staff meant people could receive prompt treatment when they wanted for minor injuries.

People their relatives, staff and professionals told us the service was very well run. Their comments included "The home seems to work and runs well, we talk and they do take notice they are an open management." "The manager is very approachable." "The manager is accessible." All staff had a clear understanding of their role and responsibilities.

A community psychiatric nurse told us "The manager is very good." Whilst a GP commented the manager was an 'Efficient, effective and approachable leader.' Staff told us management of the service was "fantastic…can speak to colleagues/manager." Another said "Supportive" management… (management) really want to care for people."

The registered manager keyworked several people themselves, this ensured they had a 'hands on'

approach. They told us and records confirmed that they met with each person accommodated on a monthly basis to ensure they had the opportunity to speak with them and to provide any feedback or raise any issues. The registered manager's office was located in the heart of the service. The door was continually open and both people and staff just 'dropped' in to speak with them at will. A person was observed to go in to see the registered manager and to use the telephone which they did often. The registered manager was highly visible throughout the service across the inspection. Observations of the registered manager's interaction with people showed people knew her well and felt relaxed and comfortable speaking with her. Feedback from staff as part of the last provider audit included staff's view that 'They felt that they were encouraged to do things by the manager, the manager did role up her sleeves and undertake jobs herself rather than always get others to do them.' People and staff found the registered manager to be supportive.

The general manager and the provider told us they visited the service virtually daily. People were observed to be very relaxed and comfortable with them both. The provider told us they also did an annual presentation to staff at Christmas on the progress of the service over the year, which records confirmed. Senior management were highly visible and accessible to people, relatives and staff should they wish to raise any issues.

The service strove for excellence through consultation, research and reflective practice. In addition to monthly meetings with the Specialist Nurse for Nursing and Residential Homes to reflect upon and improve people's care; the service was involved with both community and university projects and research. They had signed up to a database that could be accessed by universities wishing to undertake research. They had been involved in two projects one of which had concluded and the other was still in progress. The first project resulted in staff being provided with teaching sessions on ethical issues and dilemmas in the delivery of social care. As a result of the research and the dissemination of the resulting learning one of the senior care staff had felt confident enough to do a presentation at the last residents and relatives meeting on Advanced Care Planning. This was an area the staff member understood the importance of but had always felt a little unsure of how to initiate these often difficult conversations. The shared learning helped them to develop the confidence to present this topic to people and their relatives and to initiate a discussion about end of life care. The impact upon people of the research, learning and the presentation; was that since the presentation, a further seventeen Advanced Care Plans had been completed with people. The second project involved research into recruitment and selection in adult social care. The provider was hoping that through this they would be able to further improve their already robust recruitment and selection procedures for people.

The service worked in partnership with other organisations to ensure they followed current good practice. The provider was a member of the initial trial for the local clinical commissioning group (CCG) Hydration Project. Although the project had ended six months previously the initiatives instigated through the project were still well embedded within staff's practice. Staff had access to a range of hydration guidance and toolkits to enable them to promote good hydration with people. Staff were observed to constantly promote hydration for people's welfare.

To measure the on-going impact of this project upon people the registered manager completed a monthly report on falls, urinary tract infections (UTI) and chest infections. This data was then linked to a monthly hydration report which identified how many falls people had experienced and whether they had an associated infection. This enabled the provider to monitor the effectiveness of this project and their other service initiatives such as their UTI treatment and chest infection flow charts to manage UTI's which had been put in place to identify and manage the early signs of infection or deterioration in people's health. These were now being used at other local services by the Specialist Nurse for Nursing and Residential Homes as an exemplar of good practice. Records demonstrated that over the past year the total number of

falls and infections people experienced had fallen by eight from 215 to 207. This had occurred at a time when the general manger told us and records confirmed; that there had actually been an increase in the level of peoples' care needs; which might have been expected to lead to an increase in falls and infection rates for people. These initiatives had led to improvements in people's health and a reduction in the number of falls and infections.

The registered manager also completed a monthly audit with the general manager. A range of aspects of the service were audited, including staffing, staff training, complaints, compliments, pressure ulcers, falls, infection, people's weight loss, hospital admissions, medicines and contact with families. Where people had experienced incidents such as falls or weight loss there was a description of the actions being taken to manage the risk to the person. For example, one person had been reviewed by the Speech and Language therapist following their weight loss and another person was being assisted with their meals by staff. The monthly audit ensured the general manager and the provider had a good oversight of any issues related to the provision of peoples' care and could closely monitor the actions being taken to manage these for people.

The general manager and the provider also completed a six monthly audit of the service based on the Care Quality Commissions key lines of enquiry, this was last completed in September 2016. Records demonstrated good progress had been made in addressing the issues identified for people. For example, following the audit a new food intake template had been introduced to increase the robustness of written evidence of people's food type intake, quantities and assistance provided to people.