

Mr T P Hanley and Mrs S E Hanley

# Hill Grove

## Inspection report

Hill Grove  
1 Colney Lane, Cringleford  
Norwich  
Norfolk  
NR4 7RE

Date of inspection visit:  
05 May 2016

Date of publication:  
10 June 2016

Tel: 01603504337

Website: [www.feltwelllodge.com](http://www.feltwelllodge.com)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Hill Grove is registered to provide accommodation and personal care for up to 20 people, some of whom live with dementia. The home, which is on one level, is located in a small Norwich village of Cringleford. When we visited there were 17 people living at the home.

The unannounced inspection took place on 5 May 2016.

A registered manager was in post when we inspected the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were safe living at the home as staff were knowledgeable about reporting any harm. There were a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Arrangements were in place to ensure that people were protected with the safe management of their medicines.

The CQC is required by law to monitor MCA and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA so that people had their rights protected by the law. Assessments were in place to determine if people had the capacity to make decisions in relation to their care. When people were assessed to lack capacity, their care was provided in their best interests.

Staff were supported and trained to do their job and demonstrated how their training was applied to their practice.

People were supported to access a range of health care professionals. Health risk assessments were in place to ensure that people were supported to maintain their health. People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care was provided in a caring and attentive way.

People's hobbies and interests had been identified and a range of activities supported people with these.

People's care records and risk assessments were kept up-to-date. A complaints procedure was in place and this was followed by staff. People knew who they would speak with if they needed to raise a complaint. Complaints were responded to the satisfaction of the complainant.

The provider had quality assurance processes and procedures in place to improve the quality and safety of people's support and care.

## 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's medicines were safely managed.

People were looked after by enough suitably recruited staff.

Safeguarding procedures were in place to minimise people's risk of harm.

### Is the service effective?

Good ●

The service was effective.

People were looked after by staff who were supported and trained to look after them.

The provider was following the principles of the Mental Capacity Act to ensure that people's rights were protected.

People's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People were looked after by kind and caring staff.

Staff respected people's choices and preferences in how they wanted to be looked after.

People's rights to privacy and dignity were valued and respected.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met.

People's social needs were met by the provision of a range of social and recreational hobbies and interests.

People knew how to use the complaints procedure. Complaints and concerns were responded to and people were satisfied with the outcome.

**Is the service well-led?**

**Good** ●

The service was well-led.

There were opportunities for people and staff to express their views about the service via regular meetings.

Effective systems had been established to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

# Hill Grove

## **Detailed findings**

### Background to this inspection

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

This unannounced inspection took place on 5 May 2016. It was undertaken by one 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.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid our planning of this inspection

During our inspection we spoke with 11 people who live at the service and five relatives. We also spoke with the registered manager, the responsible person (a representative of the owner) and three care staff. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at two people's care records. We also looked at records relating to the management of the service including staff training records, audits, and staff meeting minutes.

# Is the service safe?

## Our findings

People told us that they felt safe because they were treated well. One person said, "I think it's quite good, a safe, pleasant community, a friendly pleasant atmosphere." Another person said, "It's as safe and secure as anywhere these days." One relative said, "I've got no qualms; [family member] is well treated." Another relative told us, "Carers were checking [family member] through the night and I felt reassured."

Staff were trained and were aware of their roles and responsibilities in keeping people safe from the risk of harm. They were able to demonstrate their knowledge in the types of harm that people could experience and the correct safeguarding reporting procedures they would follow. Staff were also knowledgeable in what signs to look out for in the event of a person being harmed. One member of staff said, "If a person's behaviour changed. For example, they may appear frightened, or have become quieter. We may see bruising."

People's risks were assessed and measures were in place to manage the risks. People's care records demonstrated that risks included but not limited to those associated with falls, use of bed rails and choking. Measures taken to reduce the risks included staff trained in using safe moving and handling techniques; detailed information was available for staff in how to safely use bedrails and there was a nutrition plan on the types of foods for people to safely eat. For example soft foods.

Staff members were aware of people's individual risks and how these were managed. We saw one member of care staff walk with a person and giving them encouragement to use their walking frame; this was to reduce the risk of falling. Another member of care staff said, "Risk assessments tell us if people are at risk of say choking; or at risk of falling." They explained to us how a person's food needs to be softened and the need to be sat upright when eating to prevent choking. One relative told us, "[Family member] has had a couple of falls – that's why [family member] has got the crash mat so that they [staff] come to them (when the alarm is triggered)."

We found sufficient staff on duty to meet people's support and care needs throughout the day. When we asked people if they thought there was enough staff on duty, one person told us, "There's always someone, and they can always call for another one, so I think it's pretty well covered." Another person said, "Well I do, I think there's enough (staff), they're really good." A relative said, "As a visitor I like this place; there's always several staff around, they're always visible." Although one person we spoke with commented that at times there was not enough staff around and said, "There have been occasions when people have to wait because there are not enough staff." The registered manager told us that permanent staff or they themselves covered the work in the event of short notice absences due to staff sickness. This helped to provide consistency of care for people. Our observations showed that people's needs were met in a timely manner and care call bells responded to promptly. We saw that staff were available in each communal area of the home supporting people. The registered manager told us that they assessed regularly the number of staff required to assist people and ensure that people's needs were met. Records we looked at confirmed this. This showed that the registered manager had enough staff available to deliver safe support and care for people who lived in the home.

The provider told us in their PIR that there was a recruitment procedure in place that was carried out to ensure that only suitable staff were allowed to work at Hill Grove. The PIR read, 'The home follows best practise when recruiting new members of staff. Successful applicants take part in a full induction course.' Newly recruited members of staff confirmed that they did not start to work at the home until their pre-employment checks had been satisfactorily completed. The registered manager told and showed us that the relevant checks were completed. This was to help ensure that staff were suitable to work with people living in the home before they were employed. A member of staff said that they had 'shadowed' a more experienced member of staff. This was until they were deemed confident and competent by the registered manager to work with people living in the home. One staff member told us, "We work well as a team and support each other, we can always ask for help at any time. Even the (registered) manager helps provide care to the residents."

The member of staff, who conducted the morning medication round, sought consent and reminded people what their medication was for. Medication that was given as required was offered to people in line with the protocols in the medication records. We saw that the medication was handled safely and the recording of this was accurate. Staff who administered medication received appropriate training and had their competency to do this regularly assessed. People we spoke with told us they received their medication regularly. One person said, They [staff] put it in a pot, I put it in my mouth and flip it [medication] back and have some water. They [staff] stay to see me take it." Another person told us, "Oh yes, they're very prompt. I always get them on time."

We found that medication was stored securely and at the correct temperature. Appropriate arrangements were in place for the recording of medication. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. This ensured that people received their prescribed medication in a safe way.

## Is the service effective?

### Our findings

People told us they felt staff were trained to meet their health and social care needs. One person said, "They're (staff) pretty good, they help you with everything." Another person said, "I think they [staff] are well trained." A third person said, "If you can't do ought, [nothing] they'll [staff] come and help you. They [staff] check I'm ok."

Staff we spoke with told us that they felt well supported in their role and had regular supervision. They said that the management team were accessible to them at all times. One member of staff said "I feel supported. I have supervision with [registered manager's name]. It's a very open discussion." All staff said they had received enough training to meet the needs of the people who lived at the service. This training included; manual handling, safeguarding and infection control.

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.

The registered manager and all staff we spoke with understood and were able to demonstrate they knew about the principles of the MCA and DoLS. Staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. For example where a person was not able to say whether they would like tea or coffee. Staff told us they had spoken with their family who told them they always liked tea. This had been recorded in their care plan. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager had submitted a number of DoLS applications to the supervisory body (local authority), although the outcome was not yet known when we inspected. The registered manager has followed up the applications to check on the local authority's progress.

People were able to access the appropriate healthcare support such as dieticians, opticians and dentists to meet their on-going health needs. People told us that they had access to a local community nurse and their doctor when they needed to see them. A person told us, "The girls [staff] sort out a doctor's appointment if I need to see one." Another person told us, "There is never a problem if you need to see the doctor." A third person said, "I see a chiropodist and they look after my feet well."



People's health care records showed that their nutritional needs were assessed and monitored to ensure that their wellbeing was maintained. Staff we spoke with were aware of care plans in place relating to people's individual dietary needs such as those requiring a special diet. They also supported people to use additional aids such as plate guards, where necessary, which allowed them to be as independent as possible whilst eating. One person who had diabetes told us, "We've (with the staff) just worked out another menu plan."

All of the people we spoke with told us they were happy with the food provided. One person said, "I enjoyed my dinner yesterday, oh yes, they know what I like, and I've told them what I can't have." Another person said, "I think the food and drink is excellent – they come in at dinner time and ask you what you like – it's a very nice place." A third person said, "We have lovely meals. I can't see nothing [anything] wrong with this place, they're all lovely." A relative told us, "It's all fresh food, good variety, always a choice which is great. They also told us that there was plenty of food and people could always ask for more

During the lunch time person we noted that tables were laid with cloths and condiments. People were provided with cold drinks. Meals were brought in to the dining room in a timely way allowing everyone to eat together. The meal looked appetising and well presented. The member of staff returned from another area of the home as people were finishing and asked if they had enjoyed their meal. Where people needed support to eat, staff were seen to sit next to them and explain what they were eating. They people time before offering the next mouthful. Staff checked each time if they were ready for some more.

Relatives we spoke with told us when they visited they saw that a range of food and drinks were offered and people were supported to eat and drink well. We saw that snacks and drinks were available at different times during the day. The cook was available during lunchtime to receive any feedback or suggestions about food preferences from people as they ate.

## Is the service caring?

### Our findings

Our observations showed the staff were kind caring and respectful to the people they were caring for. Staff called people by their preferred name and spoke in a calm and reassuring way. One relative said, "This is one of the places we looked at for my [family member]. It's homely, [family member] seems very well looked after, and I always receive a polite welcome and a cup of tea." One relative, when asked about their opinion of the care, told us, "I'm totally happy with it."

We saw a member of staff sitting next to a person and talking to them quietly. We observed staff to be friendly and warm. People were clearly relaxed and comfortable around staff, engaging regularly in light hearted chatter. Staff spent time talking with people about things personal to them throughout the day. We asked people if staff usually had time to sit and talk with them: one person said, "Yes, they sit and have a chat and a laugh, they're ever so good, bless them." This showed us that staff were patient and kind.

Relatives were very complimentary about the care given at the home. One relative told us, "I'm really happy with the care of [family member]; the girls [staff] are lovely." Another relative said, "They [staff] are so caring and are lovely to [family member], we couldn't ask for more." A relative told us, "The home is wonderful and I am happy with how [family member] is cared for."

Relatives told us that they could visit whenever they wanted. They all told us they were made to feel very welcome and always offered a cup of tea.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans.

Relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. This meant that staff respected and promoted people's privacy.

One relative told us, "Staff always treated people with respect and dignity. They [staff] are always happy in their work. They encourage residents to do what they can for themselves."

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

## Is the service responsive?

### Our findings

People and their family members said that staff met people's care needs. One relative told us, "The staff are all wonderful. My [family member] gets everything they need. They are very good and knowing if they are unwell and will call the doctor." Overall, we saw that people were happy with lots of smiles and laughter and were enjoying what they had chosen to do.

Pre admission assessments were undertaken by the registered manager. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning.

People's care plans contained specific documents, which were maintained by staff, that detailed the tasks such as personal care which had been undertaken. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration, we saw that records were in place to monitor and respond to these risks. Daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

Staff we spoke with were knowledgeable about people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One member of staff said, "We put the people who live here first. It is their home and I like to think I do what they are asking me to do in a way they want."

Information on the notice boards showed the regular activities that took place. These included reminiscence, extend (exercise), class act (drama), crafts, zootastic (petting animals), flower arranging, Peter Piper (poem and rhyme) and svelte (nutrition and wellbeing). Unfortunately the activity planned for the day of the inspection did not take place. The external person who was due to support people with exercises did not turn up. The registered manager told us that they would be looking into this, as this was unusual. Although people told us activities took place, they said that it would be nice to have more. One relative said, "The only thing they could improve would be if they had a few more activities." A relative said, "I think [family member] would enjoy more activities. They played golf and tennis; [family member] is very competitive".

One person using the service, who loved dancing, told us, "They [staff] come in, put music on the television, have a dance – they're very friendly, dancing, we play games." One relative told us their [family member] liked to play cards, and when the person overheard this being mentioned they immediately confirmed this.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This was to help people orientate themselves as well as being personal to them.

Relatives we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff." One relative said, "Any problems we talk to the staff and they sort it out straight away." Another relative said, "I would ask any of the staff if I needed to and I know something would be done, and I'm confident they would respond."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time living at the home. There was a complaints procedure which was available in the main reception area of the home. We looked at a recent complaint and saw that it had been investigated and responded to satisfactorily and in line with the provider's policy. This showed us that the service responded to complaints as a way of improving the service it provided.

## Is the service well-led?

### Our findings

There was a registered manager in post. People told us that they knew who the registered manager was and found them to be approachable. One person said, "They [registered manager] are very nice. They are always around and always ask how we are." Relatives knew who the registered manager was and where their office was situated, which was on the upper floor of the home. A relative said, "I know who the manager is. They are always around if you need to speak to them." Another relative said, "I get on really well with [registered manager's name], and all the rest of the girls [staff]." A third relative told us, "From what I've seen it's superb, staff always polite, offer you a drink, make you welcome, it's a calm atmosphere."

During our inspection we saw the registered manager walking about the home and speaking with staff and people. Members of staff confirmed that the registered manager was always around and they found that this enabled a team approach in supporting people. One staff member said, "The (registered) manager is absolutely brilliant. They are always helping supporting people with their care. You can go to them with any concerns and they will be sorted out." We observed the registered manager introducing themselves to a person whose relative had recently arrived at the home. We heard them being open, informative and reassured the relative that they could be contacted at any time. The relative told us, "They went through all their likes and dislikes of [family member], family history, and reassured us they could get anything they [family member] needed."

The registered manager was aware of their roles and responsibilities and other staff supported them to deliver good quality support to people. Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

Members of staff described the principles of good care, which included promoting people's independence, keeping them safe, offering and valuing people's choice and providing compassionate care to people. One staff member said, "People here are all individuals. They all have their different needs and we have to make sure we meet them." Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, the staff working here are kind and treat people well. The registered manager would take action if they are told that a staff member was not treating people right".

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. Staff said that the registered manager informed them of incidents when issues occurred and that they were discussed to ensure did not happen again.

Before the inspection the registered manager had completed and submitted a provider information return. This told us what areas had been identified to improve over the next twelve months; for instance, a change to the management structure and to introduce a senior assistant to support the running of the service and share the responsibility for supervising of staff.

There were effective quality assurance systems in place that monitored people's care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety. For example, a review of the fire procedures which included the personal emergency evacuation plans (PEEP's) had taken place.

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted, action had been taken to improve systems. For example more detailed information was required in care plans. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the registered manager regularly 'work alongside them' to ensure they were delivering good quality care to people.