

Hillbrow Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 1 and 6 August 2018.

Hillbrow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hillbrow provides accommodation and personal care to a maximum of 24 people who may have a physical condition or are living with dementia in one adapted building. At the time of our inspection there were 23 people living at the service.

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

Staff were highly skilled and had a natural aptitude to give reassurance and comfort. They treated people with the utmost dignity and respect when helping them with daily living tasks.

Staff were highly motivated to ensure people received care which was compassionate and kind. The atmosphere in the home was warm and very friendly. People had developed strong relationships with staff, and it was evident that this was an important part of the ethos of the service. Staff spent quality time chatting and building interpersonal relationships with people and saw this as a vital part of their role. They recognised how this gave people a sense of overall well-being and ensured the family feel of the home.

People received exceptionally personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social needs.

The service strived to provide people and those that matter to them with rich and fulfilled lives. They had actively sourced new opportunities for people to connect with the world and with others. The activities coordinator had linked up with a national retailers' Community Team who engaged in outreach work with people living in the local community. As a result, themed cafes had been developed at the home, where people were able to experience cooking and dining on food from different countries.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. There was a focus on wellbeing and having a sense of purpose. The organisation, including all staff involved ensured people had access to as many opportunities as possible to aid their physical and mental health well-being. Activities formed an extremely important part of people's lives and had a positive impact on their wellbeing.

People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance.

The management team were forward thinking. They provided strong leadership; were good role models for all staff and drove up excellent practice to provide people with opportunities. They had established a service where staff were clear about the values and ethos of the service. It had a positive culture that was person-centred, open, inclusive and empowering. Staff were supported to reach their true potential.

People, relatives and staff described the service in outstanding terms. Relatives spoke fondly of the provider, registered manager and their staff team. They felt the service was an inspiration due to how it was run. Comments included: "The registered manager is fabulous"; "Exceptionally well run" and "Hillbrow is the best place in town, great reputation for years."

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

There were effective staff recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

There was evidence of quality monitoring leading to continuous improvement and people were actively involved in the running of the service. For example, through regular resident meetings where both people living at Hillbrow and their relatives were able to have their voices heard and actions taken.

The management team strived to provide the best possible service for people. A number of effective methods were used to assess the quality and safety of the service people received and changes and improvements were made in response.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains outstanding.</p>	<p>Outstanding ☆</p>
<p>Is the service responsive?</p> <p>The service has improved to outstanding.</p> <p>The service was extremely responsive to people's needs.</p> <p>People received exceptionally personalised care and support specific to their needs, preferences and diversity.</p> <p>People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways.</p> <p>People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance.</p> <p>There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.</p>	<p>Outstanding ☆</p>
<p>Is the service well-led?</p> <p>The service remains good.</p>	<p>Good ●</p>

Hillbrow Residential Care Home Limited

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.

This unannounced comprehensive inspection took place on 1 and 6 August 2018.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses older people care services.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people receiving a service; received feedback from 12 relatives and 10 members of staff, which included the registered manager. We spent time talking with people and observing the interactions between them and staff. We also spoke to a visiting health professional.

Some people living at the service were unable to communicate their experience of living at the home in detail with us as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. Unfortunately, we did not receive any feedback.

Is the service safe?

Our findings

The service continued to provide safe care to people. People commented: "I feel very safe living here"; "If I had any concerns I would tell any of the staff and would trust them to do something, some are more senior than others" and "If I didn't feel happy I wouldn't stay. I've never given it a second thought. I feel safe." Relatives commented: "Mum's definitely safe here" and "I have absolutely no concerns, (relative) is so safe here." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. For example, staff communicated with people in a way they understood in order to meet their needs.

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the registered manager and were confident that action would be taken to protect people. A staff member commented: "I would go straight to (registered manager) and report. I would also document all the details." Another staff member commented: "I would raise any concerns with (registered manager). I know that the concerns would be dealt with quickly."

People's individual risks were identified and risk assessment reviews were carried out in a timely way to keep people safe. For example, risk assessments for falls, moving and handling, skin care and nutrition. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, encouraging people to remain as independent as possible with the use of moving and handling equipment.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals where needed was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visits when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in meaningful conversation and supporting them at their pace. People commented "I think there are enough staff"; "I am never rushed"; "I get up when I am ready and the same when I go to bed" and "The staff are so patient, nothing is too much trouble."

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely from staff who had received training to carry out this task. Medication

administration records were correctly signed when they were administered. Certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medicines. For example, audits were carried out on a weekly and monthly basis at the time when medicines were ordered from the pharmacy. Two members of staff had protected time for ordering and checking in medicines to ensure systems were safe and robust.

Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

Care continued to be taken to ensure staff were trained and supported to a level to meet people's current and changing needs. People commented: "It's wonderful here. The staff are so patient and very well trained – always smiling. There's a happy atmosphere" and "The staff all seem to know what they are doing". Relatives commented: "They (staff) are exceptionally well trained – they just seem to know, it's a pleasure to watch" and "The staff are competent and confident when supporting people."

Staff received a range of training and supervision, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (MCA) (2005), moving and handling, first aid, dementia awareness, nutrition and oral hygiene. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate equips care staff new to health and social care with the knowledge and skills which they need to provide safe, compassionate care. One staff member commented: "We are asked what additional training we would like and it is arranged." Another staff member new to care commented: "The training and support I have received has been fantastic."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for suitability of placement and advance decisions regards to end of life care. This demonstrated that staff worked in accordance with the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted five applications to the local authority deprivation of liberties team which were pending assessment.

People were supported to maintain a nutritious and balanced diet. People were involved in choosing what they wanted to eat to meet their individual preferences. There was always alternatives for people to have,

for example a vegetarian option. People commented: "The food is very good. We get plenty each day and anything extra you want, you only need to ask" and "I don't like fish, so they do me an omelette, wonderful." Meals were cooked freshly on the premises and were warming and nutritious and the pleasant aromas could be smelt throughout the home. For example, on the first day of our inspection, people enjoyed poached salmon and the second day turkey escalopes. The mealtime experience was a social occasion for people.

Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. Speech and language therapists worked closely with people with speech, language and communication problems, and with those with swallowing, drinking or eating difficulties. As a result, people were prescribed specific diets to reduce the risks and staff followed the guidance.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GPs and community nurses. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People were referred in a timely way to various professionals to manage changes in their mobility, diabetes and the effects of medicines.

People's individual needs were met by the adaptation, design and decoration of the premises. The home was set over three floors, with the third floor only used for storage and administrative tasks. These were accessible by a lift. This was regularly serviced. People had a variety of spaces in which they could spend their time, such as the lounge and dining room and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails and ramps. One relative commented: "The environment has a homely feel. Really delighted with the home for my father."

Is the service caring?

Our findings

Caring remains outstanding at the home. People and their relatives gave consistently positive feedback about the care provided at Hillbrow. Comments included: "Nothing is too much trouble, the care is exceptional. I am so lucky to be here"; "It is fantastic here. The staff genuinely care"; "They are kind and gentle"; "The staff absolutely treat him as an individual and they have got to know him well"; "They do extremely well and I can't think of any improvement required"; "The staff know us each as individuals": "I think it's wonderful and relaxed living here"; "I have visited loads of care homes and this place is incomparable. Nothing is like this one. I can't think of anywhere better that she can be" and "Fabulous care, really positive experience. Staff are interested in (relative's) welfare" and "The care is absolutely excellent. All the staff are very friendly and treat each resident with great kindness and respect."

There is a strong, visible person-centred culture. This was evident from all staff within all roles. From care staff, domestic staff and management. The person-centred culture was embedded at all levels. For example, staff valued people and knew their preferred daily routines, like, dislikes and wishes. The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. This really helped to promote and ensure the service was person centred. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a sense of worth and value. Staff expressed a passion for providing high quality care. Our inspection found that the organisation's philosophy was definitely embedded in Hillbrow.

Staff were highly motivated to ensure people received care which was compassionate and kind. The atmosphere in the home was warm and very friendly. People had developed strong relationships with staff, and it was evident that this was an important part of the ethos of the service. Staff spent quality time chatting and building interpersonal relationships with people and saw this as a vital part of their role. They recognised how this gave people a sense of overall well-being and ensured the family feel of the home. This was evident throughout our inspection with the general conversations and banter which were observed. Staff went that 'extra mile' to ensure people received the best possible care and support. For example, coming in on their days off to support the various activities and events which happened at Hillbrow. This included things such as coming in specially to share time with people and celebrate the royal wedding. Staff believed in the importance of these events and the coming together as a community.

The service continued to receive consistent praise and compliments via thank you letters and cards. These included: 'The care is excellent, the staff are all very friendly'; 'Lovely caring staff who support people to be as independent as possible. There is a great atmosphere'; 'I feel happy and secure in the knowledge that my mum is being well cared for in a safe and homely environment' and 'We just want to say a huge, big thank you for all your kindness to our friend. You cared for her so beautifully that she never wanted for anything. Your staff certainly are a lovely lot of people. Thank you again for everything you did to make (friend) so comfortable and happy.' This showed people and their relatives valued and appreciated the exceptional caring staff continued to offer to people and their families.

Respect for privacy and dignity is at the heart of the service's culture and values. This was evident by the way staff treated people with utmost respect and ensured their privacy and dignity. Staff were skilled and recognised people's sense of identity and maintaining their dignity was extremely important to them. Staff worked hard to ensure people's bedrooms were their private space and had helped to personalise them to reflect their interests and previous livelihoods, for example. Staff maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. People commented: "They all treat me with respect. They care and pay attention to what you say"; "Friendly, caring, respectful to residents and family members" and "When they help me they check with me each thing they do and ensure my dignity by keeping the door closed."

An equality, diversity and human rights approach to supporting people was well embedded in the service. For example, one person commented: "They treat me very much as myself and they know me well." Staff knew when faith was important to people. As a result, representatives from four faith groups visited the service regularly to support people.'

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. People and relatives commented: "Staff do encourage me to walk more and I go in the garden as much as I can. I am walking better" and "We have freedom here – we can come and go as we please and we're quite independent."

People were also able to keep up to date with current affairs with the provider purchasing daily newspapers of their choice. Staff recognised how moving into a care home can become people's world. They saw current affairs and chatting about them as an opportunity for people to continue to connect and be in touch with the outside world and enable mental stimulation. Staff demonstrated empathy in their discussions with us about people. One staff member commented: "It is important for us to develop relationships with people, get to know them as individuals. Find out people's interests so we can connect and build trust. It is lovely to see people grow and flourish."

Staff were particularly skilled at anticipating people's needs and recognised distress and discomfort at the earliest stage. For example, a person became distressed in the evenings due to them living with a dementia. Staff continually strived to find solutions to ease their distress. From encouraging them to fold towels which they liked to do, encouraging them to sit next to and chat to a person who felt lonely and spending time with them looking through photograph albums at pictures of their family which were a very important part of their life. Another person's faith was very important to them. Due to their declining health they were unable to attend religious events. The activities coordinator ensured they spent one to one time with them reading the Bible, which gave them comfort.

The service continued to provide people with exceptional care and support from staff who valued them as individuals. Staff understood what was important to each person, such as sitting with other residents they considered friends. What was also important to people was wanting to show their appreciation for the carers who cared for them. People decided to use National Carers week as a perfect opportunity. With support from the activities coordinator they decided to make fridge magnets and a card for each member of staff saying, 'thank you for everything you do, you are amazing.'

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in

their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and no care was given without their consent. People commented: "I helped with my care plan, I was involved"; "The carers always discuss everything with me and if I'm not well they will get my doctor if necessary" and "I'm involved in (relative's) care plan and the staff discuss it with me."

Is the service responsive?

Our findings

At the last inspection this question was rated good. At this inspection this question was outstanding.

People received exceptionally personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people. People commented: "The staff are fantastic"; "The staff are exceptional"; "We are encouraged to write our biographies and they (staff) then work out our hobbies and interests" and "Being here makes a total difference to my life. (After a tragic event) I didn't know what to do. I found this place and asked if I could come. Now I'm enjoying life again."

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. There was a focus on wellbeing and having a sense of purpose. All staff involved ensured people had access to as many opportunities as possible to aid their physical and mental health well-being. Activities formed an extremely important part of people's lives and had a positive impact on their wellbeing.

For one person, gardening was a very important part of their life before moving to Hillbrow. They had been enabled to continue to pursue their interest in the court yard at the home. There was a lovely variety of flowers on display which the person had planted and taken great pride in. Staff had noticed they were struggling with the hose pipe. As a result, promptly a new hose pipe had been purchased by the provider to help the person continue to water the plants. This quick response to the person's needs ensured they maintained their sense of purpose, to feel valued contributing to their passion for gardening. The person commented: "I love gardening – I need to get deadheading if I can manage it. It is such a peaceful garden – I love it." Now, not only were they actively gardening through staff encouragement and tapping into what mattered to them as an individual, they were also the resident's spokesperson at meetings. They were very much actively involved in the home, including enjoying to lay the dining room tables ready for lunch and writing the menu board. They commented: "I like to keep busy and help in the garden and set the table for meals."

Hillbrow's ethos was one of life fulfilment and people leading a meaningful and active life. Activities were personalised and staff were forward thinking when it came to finding new things for people to do. The activities coordinator had linked up with a national retailers' Community Team who engaged in outreach work with people living in the local community. As a result, themed cafes had been developed. So far, successful events were a French and Italian themed cafe. The French one included different cheeses and wines and the Italian one pizzas. The most recent Italian one, people made their own pizzas. One person tended to avoid activities. Staff always asked the person if they wanted to join in but they would say no. However, on the Italian pizza making activity, they had been asked as usual and said no. The next minute they were seen at the dining room table ready to make their pizza. They went on to successfully make their

pizza and thoroughly enjoyed eating it.

There was a vast array of activities on offer to people. On the first day of our inspection, a person was visiting the service with their small animals. The activity was called 'animates.' People were thoroughly enjoying meeting, petting the animals and learning about them. People were cuddling a chinchilla, rabbit, guinea pig and meeting a tortoise. The atmosphere was full of fun and laughter. People said how much they enjoyed meeting the animals. Another activity much loved by people was movement to music. On the second day of our inspection this activity was taking place. It involved gentle seated exercises and using various items such as pompoms, ribbons and tambourines. The atmosphere was lively and people were gaining both physical and mental stimulation to aid their overall well-being, self-esteem and confidence. People were evidently energised following the session. One person said: "I love the exercise activity, it makes me feel so good. I never miss the sessions."

Other activities included arts and crafts, flower arranging, outside entertainers and film shows. People commented: "There is a good activities organiser too"; "We also have visits from children from the local primary school"; "Friday afternoons we have film shows and we have ice cream in the interval"; "There's always a full schedule of things on that residents can participate in. The activities coordinator made a lovely display of the residents own wedding photographs and it was great fun guessing who was who"; "There is a group of us who meet every Sunday morning for a church service" and "The activities are excellent, (activities coordinator) is very resourceful and the activities are suitable for everyone, not just able bodied."

People were encouraged to maintain relationships with family, friends and the local community. Several parties were held throughout the year, such as a garden party, fireworks display and Christmas. This year, people made fascinators and button holes and watched the royal wedding. They then had lunch which replicated what the royal family were eating at the reception. In the afternoon they had a marquee and had cream teas and live entertainment. People spoke of fond memories of the day at times throughout our inspection. They clearly very much enjoyed the event. Following the last fireworks display people commented: "They (fireworks) were the best they had seen" and "Reminds me of when I was a child. The only thing that was missing was the bonfire." Leading up to Christmas an open day was hosted with a buffet lunch for everyone, including staff and their families and any outside professionals who visited Hillbrow. The importance of connecting with the wider community was one of Hillbrow's importance to ensure people lead a fulfilling and rich life. For one person family was a very important part of their life. Their family lived abroad and they missed them very much. Information technology had been sourced and now this person and others used social media to connect with their families.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. This was achieved through a variety of communication methods, including pictorial cards. A staff member commented: "We work well as a team and are always striving to do better."

The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. The service' person centred care policy stated: 'It is our belief that person-centred care is about seeing the person as a unique individual with a rich history, experience, skills, knowledge, preferences, desires and personality. This describes a person who is all of the above but they are, first and foremost, a person in their own right.' Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. We observed personalised care and support throughout our inspection.

People's histories were taken into account, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support. For example, a person did not participate in activities. Staff had found out that they loved scrabble. They offered them this activity, which they agreed. 30 minutes later they were still playing scrabble, very much engaged and enjoying the game.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some people receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated. For example, one care plan stated, 'speak clearly and slowly. Short sentences, eye contact and time to respond.' It emphasised the importance of staff understanding that people living with a dementia experience different realities.

People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance. At the time of the inspection there was no-one receiving this type of service. The registered manager said, in the event of this type of support, they worked closely with the community nursing team; GP's and family to ensure people's needs and wishes were met in a timely way. A community nurse commented: "Compassionate, caring, end of life care. Great place. Would happily place my nan here." One compliment received stated: 'Thank you seems so inadequate for the care you gave (relative). The family will always be so grateful that you were able to care for her so well in her last few says of life.'

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff on a regular basis and through resident meetings. Relatives were also made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

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

Hillbrow is a family-run service which provided people with safe, effective, compassionate and high-quality care. The provider has owned the service for a number of years. They took an active role at the service and were present on a regular basis. The provider actively promoted a relaxed and welcoming atmosphere. The service strived to provide people and those that matter to them with rich and fulfilled lives. They and their management team had actively sourced new opportunities for people to connect with the world and with others.

People, relatives and staff described the service in outstanding terms. Relatives spoke fondly of the provider, registered manager and their staff team. They felt the service was an inspiration due to how it was run. Comments included: "The home is well led and visitors are made to feel very welcome"; "Very well run from (owner), (registered manager) through to all members of staff"; "(The registered manager) discusses things with me and I can talk to her about anything"; "The good thing about here is that the owner is keen to keep the place updated. They have recently replaced the curtains in the lounge"; "(The registered manager) is lovely and helped me settle in"; "(The registered manager) and staff will help with anything, they are so helpful"; "(The registered manager) has come up through the ranks and knows her job and does everything"; "The registered manager is fabulous"; "Exceptionally well run" and "Hillbrow is the best place in town, great reputation for years."

The management team were forward thinking. They provided strong leadership; were good role models for all staff and drove up excellent practice to provide people with opportunities. They had established a service where staff were clear about the values and ethos of the service. It had a positive culture that was person-centred, open, inclusive and empowering. Staff were motivated and proud of their service. They said the management team listened to them and took on board their suggestions. For example, sourcing additional activities to enhance people's lives. They appreciated the sense of working together as a team. Staff commented: "The registered manager is amazing, so supportive"; "The management team always are striving to do better and provide the best possible home for people"; "The management are hands on" and "Such a great place to work, I love it here." Staff confirmed they had regular discussions with the registered manager. They were kept up to date with things affecting the service via team meetings and regular conversations.

Staff were supported to reach their true potential. They were encouraged to obtain additional qualifications and suggest training which would benefit the people living at Hillbrow. Staff were supported to develop their skills through induction, national recognised care certificates together with a wide range of additional courses which assisted in providing staff with the skills and knowledge needed to care for people

appropriately. Staff were encouraged and supported to specialise in certain areas. The home had 'champions' which included for oral hygiene, dementia, infection control and keeping up to date with evidence based best practice. The champions had been encouraged to undertake specialist training in these areas to ensure information was disseminated to the entire staff team which was current and up to date in order to support people appropriately. For example, increasing staff understanding of the importance of how to communicate with people with a dementia and ensuring people's oral hygiene to promote both their physical and mental health wellbeing.

The registered manager ensured they were in receipt of evidence based practice journals and websites. They also attended Devon Kitemark meetings. Devon Kitemark was established in 2012 by a group of independent care providers committed to ongoing improvement and sharing of best practice within social care. The registered manager ensured their staff team were up to date with current best practice. It was evident from talking to staff that they had a sound understanding of current best practice which was observed throughout our inspection as documented throughout this report. For example, how staff communicated with people with a dementia. The registered manager was ever striving to provide the best possible service for people. They were also in the process of self-referring to the Quality Assurance and Improvement Team (QAiT). The QAiT team offers advice and support providers to meet the quality standards and requirements of Regulators and Devon County Council. This was to further ensure external scrutiny of the service and develop stronger partnership working with other stakeholders.

There was evidence of quality monitoring leading to continuous improvement and people were actively involved in the running of the service. Resident meetings took place to address any arising issues and the registered manager ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices. Resident meeting minutes were made available to people. For people who could not communicate their wishes, the registered manager and staff team both liaised with family members and ensured they closely monitored people's physical and mental health wellbeing. For example, recognising how people responded positively to music. People were listening to a vast range of music of their choice during our inspection. In addition, surveys had been completed by people using the service and relatives. The surveys asked specific questions about the standard of the service and the support it gave people. All comments received were positive. The registered manager was also in regular contact with families, via phone calls and visits. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and community nurses. Regular medical reviews took place to ensure people's current and changing needs were being met.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed, involvement of other professionals and maintenance jobs completed.

The registered manager had notified CQC appropriately. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.

