Surrey and Borders Partnership NHS Foundation Trust

Hillcroft

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this unannounced inspection to Hillcroft on 25 April 2018. Hillcroft is registered to provide accommodation with personal care for up to 10 people with physical and learning disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our visit ten people lived at the service.

There was no registered manager in place at the time of our inspection. 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. The manager was currently going through the application process to register with CQC. The manager assisted us with our inspection.

Medicines management processes were not sufficiently robust to ensure people's medicines were always handled in a safe way. Staffing levels were such that people did not always receive attention promptly or were supported to access the community when they wished.

Some records in relation to people were not completed. This was partially due to staff's understanding of why they were filling in the documentation. Although technology had been introduced to the service, the registered provider had not supported the manager to ensure this could be used with people.

Hillcroft was a clean place for people to live and staff knew of their responsibilities in relation to infection control. People were cared for by staff who understood the risks for people and as such took steps to avoid people getting harmed. Where accidents and incidents had occurred lessons had been learnt from them. People were helped to keep safe from abuse as staff had a good understanding of the signs to look for and how to report any concerns.

People lived in an environment that was adapted for their needs and checked for its safety. They were cared for by staff who were trained in their role and understood national and local guidance such as the principals of the Mental Capacity Act.

People were involved in choosing the foods they ate and were supported by staff to live a healthy life as they had access to healthcare professionals as they required them. Pre-admission assessments had been carried out on people to ensure that their care and wellbeing needs were met through a combination of staff and external agencies.

People were care for by kind, caring staff. Staff encouraged independence in people and supported them to do things for themselves. It was evident people could make their own decisions and by providing people

were different tools they were able to express themselves to staff. People could return to their rooms as they wished to have some privacy and relationships they had that were important to them were encouraged by staff.

People's care plans contained sufficient information in them to enable staff to provide responsive care. There was individualised information which was going to include any particular wishes people had around their end of life care.

Although no formal complaints had been received since our last inspection, there was a policy in place for people. We noted several compliments had been received by the service.

Staff told us they felt supported by the manager and they, people, relatives and stakeholders all had the opportunity to feed in suggestions and comments to how the service was run.

During our inspection we made four recommendations to the registered provider. These were in relation to staffing levels, medicines management processes, record keeping and staff knowledge of records and progressing with new technology to assist people in their daily lives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently Safe

Staffing levels were not always maintained to ensure people received care to meet their needs. Although the registered provider had taken action.

Medicines management processes were not sufficiently robust.

People lived in a clean and hygienic environment that was checked for its safety.

People were cared for by staff who had gone through a formal recruitment process and were knowledgeable in relation to risks to people, accident and incidents and when to raise a safeguarding concern.

Is the service effective?

Good

The service was Effective

Decisions about people were made in line with the requirements of the Mental Capacity Act.

Staff were trained for their role and supported by management. They understood the need to enable people to live healthy lives and as such supported them to access healthcare professionals when needed.

People's care plans were developed from their pre-admission assessments and with the input of external agencies, local and national guidance, people received effective care.

People had an input to choosing what they ate and they lived in an environment that was suitable for their particular needs.

Is the service caring?

Good

The service was Caring

People were cared for by individual staff who showed them care, attention and kindness.

People were encouraged to do things for themselves and make their own decisions in the care. They were enabled to have privacy if they wished and were treated with respect by staff.

People were supported to maintain relationships that meant something to them. They were provided with tools to allow them to develop good relationships with staff through their individual ways of communicating.

Is the service responsive?

Good

The service was Responsive

People's care plans reflected their care needs and wishes and they were supported to maintain an active and social life.

Complaint procedures were in place for people.

People's end of life wishes were being discussed with them and their loved ones.

Is the service well-led?

Requires Improvement

The service was not consistently Well-led

Some records for people and the environment were lacking in information or staff's knowledge of why they were being completed.

The registered provider had not always supported management to move forward in relation to technology.

Audits highlighted shortfalls at the service and on the whole we saw these had been actioned.

People, relatives, stakeholders and staff were involved in making decisions within the home.

The manager was liked within the service and supported staff in their role. The manager was promoting a good working culture within the staff team.

Hillcroft

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 was 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 inspection took place on 25 April 2018. The service was inspected by two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed this prior to our inspection.

At the inspection we spoke or interacted with five people, one relative, the manager, the deputy manager and four support staff. We were unable to speak to people in depth due to their communication needs so instead we carried out observations of interactions between staff and people. Following the inspection we spoke with four relative's to get their feedback on the care their family member was receiving.

Whilst at the service we reviewed documentation in relation to people's care and the service that they received. This included four care plans, medicines records, records of audits, training records, complaints and accident and incidents, together with other relevant documentation.

Requires Improvement

Is the service safe?

Our findings

Relatives told us they felt that Hillcroft was a safe place for their family member to live and that there were sufficient staff around. One relative said, "They have good permanent staff there. They had someone call on a Saturday to do a DoLS assessment. Staff phoned me to check who he was. I didn't know anything about it and they sent him away. It was comforting." They also told us, "Generally two or three staff moving around. Consistent staff." Another relative told us, "They usually organise the duties to cope with what's required."

Although relatives told us they felt there were enough staff on duty, we found that people were not always cared for by a sufficient number of staff. We saw, on the whole, that there was sufficient staff around however we did find there were times when people had to wait for care, such as in the case of one person who waited 20 minutes to receive the drink they had asked for. This was because the staff member's focus was distracted as they had to assist other people to make drinks when they went to the kitchen as there were no other staff around to get help from. A second staff member was in the dining area but they had to remain with a person whilst they were eating as they were at risk of choking. We also saw one person in the reception area take a staff member's hand and walk them to the front door pointing at the minibus. The staff member told the person, "Sorry, we don't have any drivers here" to indicate that this person could not go out. The person did the same to another member of staff a bit later. We saw this person sitting in the hallway of the home most of the afternoon without going out. A staff member told us, "It's a bit of an issue here (staffing). Last night we only had three on, so outings for people were limited." Another staff member said, "It's tough, most of the time we cope but hopefully we'll have new staff come in." We read in senior management meeting minutes that, "Hillcroft – staff shortages an issue." The manager told us they struggled at times due to staffing levels and often found themselves out working on the floor. This had a knock on effect in relation to them maintaining good standards in terms of overall management and records. Following our inspection the provider's services manager told us, "We have now progressed booking two long term placement staff to join the team. From Monday 30 April an additional support worker will be transferred to Hillcroft and will be focused on day shifts."

We recommend the registered provider ensures staffing levels are maintained sufficiently to meet people's needs at all times.

People received the medicines they required and those on 'as required' (PRN) medicines had protocols in place with information on maximum dosage and timeframes. Medicines Administration Records (MARs) showed PRN guidelines had been followed. People had some knowledge of why they were taking their medicines. For example, one person knew they were on medicines for an infection.

The service learnt from accidents and incidents. A recent medicines error had occurred. We discussed this with a staff member. They were able to tell us how it had happened and the actions that had been taken as a result. This included moving medicine storage to another room, obtaining new medicines cabinets, revising the way staff gave medicines and retraining for those involved.

However, we found some other aspects of the medicines administration processes that needed to be

tightened up to help ensure no further medicines errors occurred. For example, we found a medicine for one person with no name on the prescription label to identify who it was for. A staff member told us this medicine had been prescribed by the hospital pharmacy but this should have been picked up by staff when it was booked in to the service. Another person had a transdermal pain patch but there was no body map being used to show where it was being applied, or to demonstrate that the position of application was switched each time. We discussed this with staff who were knowledgeable in this area. A third person had a number of end of life medicines although staff told us they were not currently being used. However, we found these medicines were not being included in the routine medicine counting audit which meant that staff would be unaware if these were being taken and being used inappropriately by an unauthorised person.

We recommend that the registered provider ensures robust medicines management processes are in place.

People were protected from the risk of abuse. Upon arrival the manager checked our ID badges before allowing us into the building. Staff were able to describe to us the signs of abuse and one staff member told us, "I would report (abuse) straight away to my manager. If it was them doing it, I would report it to their manager." People's care plans had easy read information about abuse, inappropriate touching and what to do if they were worried about anything. We asked a staff member what they would do if they found unexplained marks or bruises on someone. They said, "We have to report it as you don't know what might have caused it." A relative told us, "I would be the first to say something if there was a problem (with her being safe)."

Any risks to people had been reviewed and action taken. One person used a calliper on their leg and a specialised shoe which reduced the risk of them falling. Other risks that had been identified included the risk of scalding, choking, infection control and pressure sores. Risks assessments were based on how people's independence would increase if the risk was managed appropriately. This was particularly evident in relation to people going out of the service. A staff member told us, "If someone was unsteady on their feet we'd get the team together to discuss what we could do to support them from the risk of falling. If someone was at risk of choking we could get the Speech and Language Therapy team in to assess them."

We had previously checked the provider's recruitment processes and had no concerns. Prospective staff were required to submit an application form with details of their qualifications, training and employment history. There was evidence the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Hillcroft was a clean and hygienic place for people to live. We saw all areas of the home were spotless and a domestic was carrying out cleaning tasks during the morning. A staff member told us, "People's laundry is done individually and we ensure we wash our hands regularly and clean down work surfaces in order to stop germs being transferred."

People lived in an environment that was checked to make sure it was safe. Equipment, such as the specialist bath and hoists were serviced in line with national guidance and fire safety checks were carried out. Where bed rails were used, bumpers were in place to avoid people become harmed or trapped. Other checks included testing the fire alarm and carrying out mock fire drills. We read that the last fire drill took place in March 2018. This recorded that staff had successfully evacuated the building within three minutes. One person was much less mobile than others and often cared for in bed. In order to reduce the risk of them getting harmed during an evacuation the registered manager had arranged with the fire services that this

person would remain in their room in the event of a fire and would be rescued by the emergency services. This was written in the person's evacuation plan.

Good

Is the service effective?

Our findings

People were provided with a range of foods in which they were involved in choosing. A relative told us, "She has good fresh food now." People were enabled to be involved in putting together menus for the week and making daily choices. This was through service user meetings and discussions with staff. People confirmed this with us. Where people had risks associated with eating the service had engaged the Speech and Language Therapy (SaLT) team to provide guidance. As such several people required pureed food or their food cut into small pieces to reduce this risk and we saw that food was provided to them as per SaLT guidance at lunch time. We noted some people were supported to eat independently by the way their food was served to them, such as a plate guard or their food in a bowl. A staff member told us, "It was to promote their independence as they find it easier to feed themselves using a bowl." We were told by the manager that one person did not like the look of pureed food and they had tried alternative ways, such as using moulds, to make this person's food look more appetising. Following our inspection the provider's services manager told us, "[Manager] and I have discussed how we can seek out innovative practice to improve people's experience of the pureed food." We will check on this at our next inspection.

People had health action plans in place together with a hospital passport which helped staff record appointments and involvement from professionals. We read relevant information about people in their hospital passports which would be important should they have to spend time in hospital, such as one person who would be more comfortable in a room on their own. We read one person had recently been to the GP which had resulted in them being prescribed antibiotics. Other people had evidence of accessing health professionals such as the dentist, optician and podiatrist.

People lived in an environment that was adapted for their needs. The provider told us in their PIR, "We have worked with each person to ensure their bedroom is decorated and furnished as they want, whilst providing specific equipment that people require such as specialist beds and wheelchairs." We found this to be the case. One person who required a hoist for transfers had a ceiling hoist in their room. Corridors were wide and free from clutter allowing people in wheelchairs good access. Those people who were at risk of pressure sores had been provided with appropriate beds and mattresses.

People were being supported to make decisions in line with the Mental Capacity Act 2005 (MCA). The 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 so that they can 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). The provider had told us in their PIR, "We undertake capacity assessments for each decision, and have made DOLS referrals for all the people in the home for specific restrictions." We found evidence of this during our inspection. Capacity assessments were decision specific and these included areas such as managing money, flu jabs, smoking or the decision to live at Hillcroft. Where decisions were needed to be made for people, best interests discussions were recorded and the

outcome of these used to form the basis of a DoLS application. A staff member told us, "It's where people do not have the capacity to make decisions and we have a best interests decision to make that decision for them."

Staff told us they received training in order to help them to carry out their role appropriately. One staff member said they had undertaken autism and epilepsy training and there was a chance to progress professionally if they wished. Another staff member told us, "I was totally new to care and I've done all the mandatory training. I was here on a placement first before I became permanent so that helped me to get to know people." Local and national guidance was in place to assist staff in providing effective care. One person had been diagnosed as having a form of dementia and there was a NHS Trust guidance sheet in their care plan describing how this would affect and display itself in them. We did note from the records however that some staff were behind on their mandatory training.

Staff had the opportunity to meet with their line manager, although we had been informed by the manager that some staff supervisions were overdue. A staff member told us they found supervisions useful as it gave them the opportunity to discuss any concerns they had.

Following our inspection the provider's services manager told us, "The outstanding staff appraisals have been booked and our supervision tracker is being updated and each staff member will have a date booked for May. We are supporting one member of staff to meet their training compliance and two other staff have active plans in place to achieve the required compliance."

Good

Is the service caring?

Our findings

People told us they were happy living at Hillcroft. One person told us, "I like it here. Staff are alright." Another person said, "I am happy here. Staff are nice to me." A relative said they were happy with the care being provided. They told us, "She is well looked after. She has definitely improved."

People communicated in different ways and staff responded to people individually which demonstrated to us they knew people well. The provider had told us in their PIR, "People are supported by a team who know them well and understand and respond to their needs." We saw evidence of this during our inspection. One person had been to the hospital in the morning for a blood pressure test. When they returned a staff member chatted to them. They squeezed the person's arm gently to stimulate the pressure cuff so the person knew they were acknowledging the person's hospital appointment. One person could become anxious and the manager showed us the sign to use to distract and reassure the person. A third person used a communication sheet in which they pointed to signs to indicate what they wished to express. We saw this being used regularly throughout the day and staff exhibited a good understanding of what this person was trying to say. The menu was displayed in pictorial and text format and there was a staff board which had pictures of the staff on shift for the day. We saw one person looking at this during the day to confirm which staff would be around. A relative told us, "The staff are quite attentive and knowledgeable." Another relative said, "He relates to staff very well."

Good interactions by individual staff were seen during the day, however there were occasions when staff appeared task focussed. Such as in the case of one person who was wheeled down the corridor and placed in front of a television and just left by the staff member. On other occasions we found staff did not always acknowledge people as they passed them in the corridor for example. However, other staff had a smile for everyone and made conversation complimenting people on how they looked. We heard one staff member talk to one person about a television programme they had watched and the person responded by laughing and getting excited. This same person engaged with another member of staff when the staff member recalled a trip they had been on. When staff spoke with people we heard them talking nicely to people in a tone that suited people, sitting closely or crouching down to be at people's level. One staff member told us, "I listen to people and give them what they need. I help them in any way I can."

People were clearly comfortable in their own home. One person greeted us at the front door when we arrived, asking our names and shaking our hand. This same person was happy to show us their room and how it was furnished personally to their liking. We heard people chatting together, particularly at lunch time. People had good relationships with each other and were comfortable in each other's company. A relative told us, "He is part of the family. Very considerate people (staff)." Another relative said, "She is much chirpier and happier. I wouldn't want her to be anywhere else."

People were encouraged in carrying out tasks around the home and being independent in their daily living. A relative told us, "She loves cooking and will help in the kitchen." A staff member told us, "I always give support to people to do things on their own like their breakfast, tidying their rooms or doing their laundry." One person brought the post bag to the manager during the morning and another person told us they did a

post round across the site during the day. We saw one person, with support from staff, lay mats on the tables for lunch and a second person assisting staff to bring drinks out for people. After one person had eaten their snack they were prompted by staff to take their dirty cup and plate to the kitchen. One person had a cigarette at specific times of the day and we heard staff prompt this person to look at the clock and tell them what time they thought it was. The provider told us in their PIR that they were, "We are supporting people to be more involved in preparing food and drink." We found this to be the case. The manager in particular was very good at promoting people's independence as we saw and heard them regularly encouraging people to do things for themselves. One person asked for a coffee and they told them, "You can come and make it yourself." We saw the person accompany the manager into the kitchen and she supported them to make their own drink. Another staff member was also displaying this positive approach by supporting people where there was a safety issue, such as pouring boiling water, but letting them pour in their own milk for example.

People were encouraged to see their family and friends. Some family member's visited on a regular basis and we saw one relative spend the day with their family member. It was clear from the interactions from staff and people that this was a regular occurrence. A relative told us, "I love going there – they look after me too." Another said, "Very happy indeed, the relationships staff have with residents and visitors is very good."

Good

Is the service responsive?

Our findings

People were encouraged to participate in their local community. One person told us, "I get out and do my job." Another person said, "I have a post round and I like it as I get paid."

There was a range of activities available to people and people could spend their time how they liked. One person told us, "I like 60s music and I get to listen to it when I want." We saw another person doing some colouring in the afternoon and they told us they enjoyed this. A third person was building Lego towers with a staff member and they were congratulated when they had completed this. A relative told us, "Generally there is a mixture of him allowed to be on his own and (staff) encouraging him to be part of a group."

We read from a presentation the manager had carried out for senior management that people had been to concerts, disco's, the cinema and increased sessions at My Time, the local day centre. The provider told us in their PIR, "We have also introduced one individual to having weekly sessions in the hydrotherapy pool, where previously this was seen as too challenging due to the complex nature of his disabilities." A relative told us, "They have organised social time for him in MyTime. He really enjoys the swimming." People who had a particular faith also had involvement from the local church and attended church activities. We were also told following the inspection by the provider's services manager, "We wish to support more individualised opportunities for people with greater choice and are actively working on this."

A complaints procedure was in place which people could use to log their concerns or complaints. We noted that no complaints had been received since our last inspection. A relative said, "If there was something wrong I would definitely say." Another told us, "I can't think of any major concerns." A staff member told us, "If someone was unhappy I would speak quietly to the person to find out what was wrong and would ask what changes they would like to make things better for them." We read a number of compliments had been received. These included, "Brilliant staff – engaged," "Commended on whiteboard plans," and, "Improvements to quality of life of individuals is obvious."

People had care plans which covered all aspects of their daily living. Information was provided to staff to help ensure that as a result people received responsive care, this included people's backgrounds and personal histories to assist staff in getting to know people. A relative told us, "The new manager has got him sleeping in his bed now and that's a first for him." Where people had behaviours that may cause themselves or others harm, there were behaviour management plans in place. We read what would cause one person to become agitated and upset and information to staff on how to respond to this, such as, "Speak in a calm way, have a chat or engage him in an activity." A relative told us, "The staff are good at handling her. They seem to know how she works; they have her down to a tee." One person who smoked had a smoking care plan in pictorial format to help them understand the routine in relation to their smoking. A relative told us they were involved in reviewing their family member's care plan.

People's personal care plans were based around the positives of what people could do for themselves and how staff could assist them to continue to do this. Where people expressed a wish to form relationships with other people this was encouraged by staff. One person had a 'girlfriend' from another service and staff

supported them to meet up regularly and share tea together. The manager told us, "We encourage people to feel comfortable and if people wished to take a partner into their rooms we would support them with this."

No one currently living at Hillcroft was on formal end of life care, however people did have a section on their care plan in which they could record their wishes. The manager told us this element of people's care needed to improve and that they were working with a particular staff member on getting people's end of life care plans up to date. She also said she planned meetings with friends and relatives to discuss future plans. This work was expected to be completed by May 2018 and we will check at our next inspection that this has been put in place.

Requires Improvement

Is the service well-led?

Our findings

The manager was open and transparent with us during our inspection. They told us during the introduction that they struggled to keep up with the paperwork. They had a deputy manager and told us, "I couldn't do it without her. She's invaluable." They also said they still struggled with ensuring they had sufficient drivers on duty but were trying to encourage staff to use public transport with people so they got out more. The manager was working hard to ensure there was a person-centred culture in place. This included reminding staff that Hillcroft was no longer a hospital but a person's home. She was aware that supervisions and appraisals were behind and there was a list of tasks she wanted to delegate to individual staff to encourage them to take more ownership of the service. We could see the manager and deputy had a good working relationship and it was evident from talking to them that they both had a clear vision of where they wanted the service to be. The manager told us they felt supported by senior management and that their service manager was, "Very good." They said they had been promised an administrative assistant to assist with the paperwork. Following our inspection the provider's services manager told us, "We have a planned Hillcroft team away day in two weeks. [Manager's] vision for Hillcroft will form the theme for the day."

Although safety checks were completed around the home, some improvements could be made. Weekly water temperature checking had only restarted in April 2018 and there was no minimum or maximum temperature recorded on the form. This meant there were no guidelines for staff to follow, or prompt them to take action if the temperatures went out of safe levels. Although some people's care plans included an holistic assessment based around helping the person return to everyday life, we found no goals or aspirations for the person were recorded. One person's health action plan (HAP) was last completed in September 2017, however we noted they had seen an optician in April this year but this information had not been transferred to their HAP.

Two people were on fluid charts, however we noted that targets were not recorded and staff were not totalling up how much a person drank each day. We spoke with staff about this who were unable to tell us how much each person was expected to drink during the day. One staff member told us, "I think it is about three litres." Although we had no concerns that people were dehydrated it demonstrated that staff were completing records without understanding the reasons for doing so.

We recommend the registered provider ensures that records in relation to people and the environment are contemporaneous and the manager is provided with sufficient support in order to carry out their duties.

The manager felt resources were available to them in order to work towards their vision for the service, although we found the registered provider had not always taken action to support this. We found that people had been issued with their own tablet computer. The registered provider had a communications lead who was working with people supporting them in how to use these. This was either to play games, as a communication tool or as an interactive tool. They told us, "It's about learning people's communication methods." We saw people use these whilst the communication lead was at the service. One person used it to listen to music and another played a game. The tablet computers were also being developed to use as communication tools as they had speech technology installed which linked with pictures. There was an

interactive whiteboard which had been installed at the service. The intention was that this would be used to assist with people's communication and to support choice. However, we found that although the whiteboard had been installed several weeks ago it was not operational as the provider's technology team had not yet connected it. The communications lead told us, "It should be the staff driving this now. I have given training and one to one guidance on using the technology; however they have been slow to take it up." We spoke with the manager about this who told us they were upset that the whiteboard was still not being used but that this was in the hands of senior management. They said, "They've spent a fortune on it." They also told us there were in the process of identifying a communication champion within the service to take responsibility for promoting the technology and that they had a staff member in mind. A relative told us, "They need someone from senior management to take overall responsibility for the site. The homes are working in silos and there is not too much support from senior management. For example, there is communal equipment and also a wildlife garden which I get the feeling are not used."

We recommend the registered provider enables the use of the new technology as soon as possible in order to promote aspects of people's daily living.

Although we found the manager was working hard to develop the service into one that was well led with a positive person-centred culture we are unable to award the service a Good rating in this domain. This is partially due to the shortfalls identified in both this and the Safe domain but also in line with our new methodology. Work started by the manager needed to be progressed and embedded to ensure the whole staff team were working towards the same goal. We will check at our next inspection whether or not this has happened.

We were told the manager was supportive and was good at communicating. One staff member told us, "I feel supported as she is helping me make the changes such as the visual care records I'm trying to introduce." Another staff member said, "[Manager] is good. She is slowly getting there (with improvements) and she listens to me. It's a good staff group." A third member of staff said, "She makes me feel valued. She appreciates our work and gives me confidence to carry out my duties." A relative told us, "She is good. She is very laid back." A second relative said, "I speak with [manager] or [deputy] if I want to make a point. Normally though I'm told about things before they happen." A third commented, "The new manager has got ideas and is trying to improve things. I have great confidence in [name]. She's almost ahead of me with ideas; I'm very impressed. Communication is good too." Another relative told us, "There have been a lot of changes over the last few years. I find [manager] very positive I must say. It's easy to pick up the phone to her and she's very approachable. She's already tried to arrange a holiday for [family member]."

Staff were given the opportunity to make suggestions, raise concerns and discuss aspects of the service through regular staff meetings. We read topics discussed during the meetings included rotas, cleaning, keyworker roles, personal care and using equipment. A staff member told us, "The ethos of this service is to support people to make their lives comfortable and to give them opportunities." They said they talked about these things in staff meetings.

The manager had created their own relatives and stakeholders feedback from which they encouraged visitors to complete when coming in to Hillcroft. We noted two forms had been filled in and read a relative had written, "[Name] goes out more."

In turn people were also supported to express their views as service user meetings were held. People could contribute towards menu and activity planning and talk about holidays and events they would like to participate in. The manager told us that people had not been on a holiday for a number of years and to start with they planned short trips away to get people used to being out of Hillcroft for a period of time. Where

people had made requests we saw that these had been responded to. For example, one person asked that their dartboard was put up in their room and they showed us this had been done.

Regular audits took place within the service. These were carried out by Hillcroft staff and staff from other of the Trust's services. On the day of our inspection staff from another service came to carry out their monthly audit. This included looking at the environment as a whole and meeting one staff member to talk about aspects of the service. We noted from their last audit that actions had been identified, such as purchasing a first aid box for the minibus, completing people's epilepsy care plans and recruiting more fire wardens. We spoke with the manager about these who told us and we saw that the first aid box and epilepsy care plans had been addressed. The provider's PIR also mentioned fire wardens as they told us, "All shift leaders at Hillcroft are now required to be fire wardens. Most shift leaders recently completed this training, and the remaining staff will be trained by 1st January 2018." We found this to be the case.

The provider's Care Excellence Accreditation audit highlighted areas we had already identified or the manager had informed us of such as, "major gaps in supervisions, only one staff had an appraisal, epilepsy care plans needs and weekly water checks not consistent."

The manager worked with other agencies to help identify areas for improvement. We read a Quality Checker Project expert by experience visit had been carried out to Hillcroft in July 2017. People with a learning disability had been involved in developing questions to ensure they were appropriate and relevant. During the visit they spoke with two people who told them they were happy living at Hillcroft, that staff knocked and called out before they entered their rooms and that they were able to choose their own meals. The report gave an overall summary of the visit, detailing out areas where they felt improvements could be made. These included people being involved in staff interviews, modifying the kitchen to make it accessible to people in wheelchairs, additional training for staff to enhance the work the communications lead was doing and more plants and pictures within the service. We spoke with the manager about these who told us, "Staff coming to work at Hillcroft will come and meet people now as part of their interview. I have already let senior management know that we need the kitchen adapted. I am looking for a staff member to be a communications champion and I want to do a garden project where people can get involved in planting things."