Hillbrook Grange Residential Care Home

Hillbrook Grange

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 21 and 22 and 26 November 2018 and was unannounced. Hillbrook Grange Residential Care Home was incorporated in 2010 as a private company and is overseen by a board of Trustees/Directors. Due to the home being a 'not-for-profit' charitable organisation all surplus funds are reinvested in the business for the benefit of the people who live there.

Hillbrook Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is in the Bramhall district of Stockport and is close to local shops and other amenities. Accommodation consists of single occupancy bedrooms located on the ground and first floors. There are two lounges, a quiet lounge/library and a dining room on the ground floor and extensive landscaped gardens adjoining the home. The service can accommodate up to 41 people; at the time of the inspection there were 32 people living at Hillbrook Grange.

At a previous inspection conducted in October 2017 the service was given an overall rating of requires improvement and there was one breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 in relation to good governance. At this inspection we found the service was now meeting the requirements of this regulation.

Audits, surveys and meetings helped the service maintain and improve their standards of support.

People thought the registered manager was approachable and supportive. There were now systems in place to audit the quality of service provision and additional audits were being developed to enhance the existing governance framework.

At the last inspection there was no registered manager in post. At this inspection we found 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 had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse. The service used the local authority safeguarding procedures to report any safeguarding concerns.

Recruitment procedures were robust which ensured new staff were safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

The home was very clean, tidy and homely in character. Staff were trained in the prevention and control of infection to help protect the health and welfare of people who used the service.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business contingency plan in place in the event of any unforeseen emergencies.

New staff received induction training to provide them with the skills to care for people. Staff files and training records showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed many good interactions between staff and people who used the service; people and their relatives told us staff were kind and caring.

We saw from our observations of staff interactions with people and from records we saw, that people who used the service were given choices in all aspects of their lives and helped to remain independent where possible. Staff sought consent from people before assisting them.

We saw care plans gave staff sufficient information to care for people safely. Plans of care were individual, person-centred and reviewed regularly to help meet people's health and social care needs.

Care plans contained a good level of detail regarding people's life histories, likes and dislikes, preferences and choices. People's care plans contained a variety of risk assessments which provided guidance to staff to enable them to support people safely.

People were given choices at mealtimes and told us they enjoyed the food provided. People were encouraged to eat and drink to ensure they were hydrated and nourished.

The registered manager was aware of their responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

We saw that people could attend activities of their choice and families and friends were able to visit when they wanted. Meetings with people who used the service and their relatives were held regularly.

Some staff were trained in palliative care to offer support to people (and their family members) at the end of their lives. The service did not provide end of life care directly, which was supported by other relevant professionals but people's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this.

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.

Safeguarding reporting procedures were in place; staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely given. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Care plans included a range of health and personal information and monitoring charts were complete and up to date.

Staff induction and training was robust and supervisions were undertaken regularly.

Staff had knowledge of Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) authorisations were in place appropriately.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring attitude towards people and were careful to protect the privacy and dignity of people who used the service.

Records were stored confidentially and staff were trained and aware of protecting data.

Visiting was encouraged to enable people to remain in touch with their family and friends.

Is the service responsive?

Good

The service was responsive.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care and support.

There was a range of activities for people to attend if they wished.

There was a complaints procedure prominently displayed for people to raise any concerns they may have.

Is the service well-led?

Good

The service was well-led.

The audits we saw showed the registered manager looked at ways of maintaining and improving standards at the home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Hillbrook Grange

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 inspection took place on 21, 22 and 26 November 2018 and was unannounced. The inspection was undertaken by one adult social care inspector from CQC.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted the Stockport local authority.

Prior to the inspection we received a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service.

We spoke with three people who used the service, two visiting relatives and nine members of staff including two activity coordinators, the registered manager, care staff and the office administrator. We also spoke with three trustees/directors.

We also looked at records held by the service, including five care files and medication administration records (MARs) and five staff personnel files. We undertook pathway tracking of care records, which involves cross referencing care records via the home's documentation, in order to establish if people's needs were being met.

We observed care within the home throughout the day including a medicine round and the lunchtime and breakfast meals.

Good

Is the service safe?

Our findings

When we last inspected Hillbrook Grange in October 2017 we found records relating to the application of topical creams, which were applied by care staff, had gaps in the signing of these records. At this inspection we found records relating to the application of these creams were now fully completed and up to date; creams were now stored in a secure lockable cabinet in each person's room and body maps identified where the cream needed to be applied. We found people had received their topical creams as prescribed.

People who used the service and their relatives told us they felt safe living at Hillbrook Grange and there were sufficient staff to support them. One relative told us, "[My relative] is totally safe living here; the staff are marvellous and treat [my relative] as if [they] were part of their own family. I could go away and know that [my relative] would be safe." A second relative said, "This place has spent a great deal of time supporting me as well as [my relative] who I know is safe here and I have absolutely no concerns; they are like another member of the family." A person told us, "I knew this place 30 years ago and now here I am; I am very fortunate living here and I definitely feel safe, the staff are always asking me if I'm okay and I have a call-bell to alert staff if there is anything I need." A second person commented, "I've never had any concerns whilst living here, it's a safe place."

There was an appropriate safeguarding policy in place, which referenced legislation and local protocols, as well as a whistle blowing policy, which is intended to help staff to report any poor practice they may witness. Staff training records showed all care staff had undertaken safeguarding training which was refreshed annually. We spoke with three care staff who demonstrated an awareness of safeguarding issues and reporting mechanisms.

People had a variety of risk assessments in place to keep them safe; these included assessments for falls, skin integrity, dietary needs, communication, memory and cognition, safety within and outside the building, moving and handling, personal hygiene and bathing, malnutrition and medication. This helped ensure guidance was in place for staff on minimising risks to people's wellbeing and safety. The risk assessments were reviewed and updated when changes occurred.

Any accidents or incidents had been correctly recorded and stored on an electronic care planning system called CMS which was accessed by staff from computers around the home. Records identified the type of incident and any equipment involved, the incident details and the action taken to reduce the potential for a reoccurrence, for example the provision of falls sensor mats in people's rooms.

Equipment used by the home was maintained and serviced at regular intervals, including hoists, stand aids, the passenger lift, profile beds, laundry, call bells, the fire alarm system and fire-fighting items, gas and electrical appliances. The servicing of equipment helped to ensure each item was safe to use when required. A full fire risk assessment had recently been completed and we observed a fire alarm system test being undertaken during the inspection.

A disaster recovery action plan was in place to provide staff with guidance on what to do in cases of

emergencies such as fire, flood, gas leaks, power failure or loss of IT. People had personal emergency evacuation plans in place which identified the level of support each person required if there was a need to evacuate the building unexpectedly.

We observed a lunchtime medicines round on the second day of inspection and found medicines were administered safely. People's medicine administration records (MAR's) were all completed accurately and we saw the staff member administering medicines wore a red 'do not disturb' tabard and completed people's MAR charts correctly after they had administered medicines. People told us they received their medicines as required. Medicines were stored securely, including checks on room temperatures being completed to ensure the effectiveness of medicines was maintained.

Medicines due for disposal were stored safely and the medication room was clean and tidy, with the medicines trolley being securely attached to the wall. The medicines room and fridge temperatures were recorded twice daily and any controlled drugs (which are medicines subject to extra controls) were recorded correctly with two staff signatures as required.

Competency assessments for staff who administered medicines were carried out, which was confirmed by staff we spoke with. We saw Stockport Clinical Commissioning Group (CCG) had carried out an inspection of medicines in October 2018 which confirmed medicines were administered safely, with no required actions. A nurse practitioner visited the home every week and conducted a 'ward round' which was an intentional visit and which checked people's medicines and any related issues; this helped the service to manage people's medicines in a pro-active rather than re-active way.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service and people's dependency levels were reviewed weekly. People we spoke with and their relatives told us they felt staffing levels were sufficient to meet their needs. We looked at staff rotas and confirmed staffing levels remained consistent which meant the provider had systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service.

We looked at five staff personnel files and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining references from previous employers and/or character references and Disclose and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We checked infection control procedures and observed staff practice. Our observations confirmed staff had access to personal protective equipment such as gloves and aprons. We saw all areas of the service were very clean, and there were no malodours in any of the communal areas or bedrooms we checked. Staff used best practice infection control procedures when cleaning floors and used colour coded mops to ensure that cross contamination was minimised. An infection control audit had recently been carried out by the Infection Control team in October 2018, an action plan had been drawn up and any required actions had been met.

Good

Is the service effective?

Our findings

We asked people and their relatives if they thought the service was effective and everyone we asked the question of told us they thought it was. One relative said, "This place is fabulous. I truly believe [my relative] would be dead if it wasn't for this home and [my relative] is back to being the person [my relative] was in the past." A second relative told us, "The staff here are wonderful and they have listened to me and put things in place; this gives me terrific confidence, the manager is terrific and I have confidence in the Trustees as well."

We looked at staff induction and saw new care staff were subject to an induction programme, which involved completion of training and a period of shadowing with more experienced staff. Any staff who were new to social care were required to complete the 'care certificate' as part of their probationary period, which was followed by an observed practical assessment before confirmation in their role. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company.

Staff told us they had been subject to a period of induction and indicated they had received a suitable amount of training to help them to be effective in their job roles. One staff member told us, "I would say this is the only place I have worked where I have had a good induction. I did a lot of training and shadowed other staff for three days. I read policies and procedures and became familiar with people by looking at their care plans. I feel the training I get is enough and you can suggest any new training to the manager and she will listen to you."

We looked at staff supervision records and saw that each staff member had a meeting planner in place for the year which was in accordance with the provider's supervision policy and procedure. Staff told us they received supervision which they found to be useful, one staff member said, "I recently had supervision meeting with the manager which was really useful as I identified some new training I wanted to do. I felt very supported and am definitely hopeful for the future." A second told us, "I recently had a meeting with the manager and discussed things like how I was feeling and if I felt supported by other staff; we also discussed ideas for the future."

The provider had a system in place to record the training that care staff had completed and to identify when training needed to be repeated; training included moving and handling, safeguarding, medication, infection control, food hygiene, health and safety, MCA, first aid, nutrition, palliative care, falls prevention, pressure area care and dementia care.

We observed the breakfast and lunchtime meals which were very sociable and there was a calm and peaceful atmosphere. We heard people chatting with each other and staff during mealtimes and there was a good range of food options available, including hot and cold food, a variety of desserts and other snacks at various times of day. The dining room was light and airy and tables were nicely laid; people were asked what they wanted to eat each day and this information was passed onto the kitchen.

People's dietary needs were considered and nutritional action plans were in place, where required.

Information about any allergies people had were highlighted in their care records and in records held within the kitchen; people could speak to the chef if they had any concerns.

People's weights were monitored regularly and additional strategies were put in place to help people who were at risk of losing weight, for example through the provision of fortified diets and supplements. The kitchen which was clean and we saw cleaning schedules were followed. The chef knew people well and could describe which people liked particular foods and showed us a list of food allergies that people had and any modified diets they followed. Appropriate assessments had been undertaken by speech and language therapists where a concern had been identified regarding nutritional intake and their advice had been followed.

People and their relatives commented positively about the food, one relative said, "[My relative] likes the food and has never complained. [My relative] is maintaining weight and gets weighed every day; the food I have seen looks great."

Everyone we spoke with said that they had access to and were supported by staff to see healthcare professionals such as doctors, specialist nurses, speech and language therapists, chiropodists, and dentists. People's records showed they were referred to other relevant professionals when necessary and advice provided by these professionals was used to plan their care.

The service was adapted to support people with additional mobility needs and at the time of the inspection redecoration was taking place. We toured the internal and external areas of the service, which had extensive landscaped gardens. Access throughout the home was good and enabled people who were less mobile to move around the home, with minimal support. There was signage for toilets, bathrooms lounges and other areas with appropriate hand rails and grab rails to assist people who were less mobile.

People had personalised their bedrooms with individual items such as family photographs, bedding and personal objects and there was adequate space and seating in each bedroom for visitors to use and spend private time with their relative.

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 had the appropriate legal authority and were being met.

There were appropriate records relating to the people who were currently subject to DoLS and the home maintained a DoLS tracker/register which was up to date and identified the name of the person, the date of approval and expiry, the date the relevant paperwork had been received, the date CQC were notified, the date the DoL was discharged.

There were appropriate mental capacity assessments in place, which were linked to screening tools and restrictive practice tools which outlined the issues and concerns. There were applications for DoLS where the indication was that this was required and these were up to date and reviewed regularly. We saw that people's capacity to consent to their care was captured in their care files and where people lacked capacity this had been signed by a relevant other person such as a family member. If people had a power of attorney (POA) or an advocate, this was captured in people's care files.

The provider kept a record of attendance at the home by any relative or relevant person's representative of a person who lacked capacity and was subject to a DoLS, which was required as a condition by the local authority. These were placed in the care records of each person concerned and identified who had visited and what had happened during the visit.

Staff had a good understanding of the MCA and DoLS and how to support people who lacked capacity. One staff member said, "This is about having a duty of care for people who do not always have the ability to make a decision that may affect their safety. If there is any doubt a mental capacity assessment would be done and this may show the need to apply for a DoLS. One person who is subject to a DoLS is always asking to go out so we get ready and go for a walk around the grounds until [they] feel settled and are happy to come back in."

Throughout the inspection we heard staff seeking verbal consent from people prior to providing support which ensured people gave their consent to the care being offered before it was provided. Signed consent was also formally recorded in people's care files.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff were caring, treated them well and respected their privacy and dignity. One relative said, "I think [my relative] is looking really well and each and every member of staff is very caring; they have a soft spot for [my relative] and genuinely love her and I have always involved in care planning." A second relative told us, "The staff have been wonderful to [my relative] and to me as well. Everything they do is dignified and they have been an absolute model of good practice." A person told us, "The staff have been very kind to me; they always spend time with me and ask how I am. If they feel I am having a bad day they will sit with me which I think is very kind." A second person commented, "I have found the staff to be very caring and will always help you."

People also told us staff promoted their independence. One person said, "I've found staff to be very caring. If I'm stuck they will help me and I do as much for myself as a possibly can do." A second told us, "I feel staff do support me to be as independent as possible; I have a wheelchair but staff help me with using a walking trolley to help me keep independent."

Throughout the inspection we observed staff providing support and guidance to people in a way that wasn't rushed. Staff took time to stop and enquire about people's welfare and there was freely flowing conversation with people and lots of laughter and informal chatter.

The environment was very warm and welcoming, with people receiving visitors at any time and having space to talk with each other. We saw people chatting with relatives or staff or amongst themselves in dining and lounges areas which encouraged communication throughout. The service was decorated in a way that felt homely, with items that you might expect to find in the private accommodation of some people before they moved in, for example, book cases with novels and other reading material to borrow.

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. Some people had religious needs and these were adequately catered for by visiting clergy. There was no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Training provided to staff helped them to ensure people's human rights were respected; this included training in dignity and respect, understanding dementia and equality and diversity. We found there were appropriate policies in place which covered areas such as equality and diversity, confidentiality, privacy and dignity.

We saw bedrooms were all single occupancy which afforded privacy and some had en-suite facilities. Each bedroom could be locked if the person chose to do so and locks were in place on bathroom and toilet doors, ensuring privacy.

We saw people were provided with information about the service. There were notice boards to indicate which activities were on offer each day. There were leaflets in reception about the service, how to complain and advocacy arrangements.

Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit so that no-one would become alarmed or concerned.

During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. By talking with people about what was important to them, listening to them and responding in a way fitting the situation, staff promoted people's psychological welfare. We saw staff communicated well with one another and passed on relevant information to each other regarding the care they were providing.

We observed people using the service were well-presented, clean and well-groomed and everyone was wearing fresh clothing of their choice.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs. One relative said, "The staff completely respond to [my relative's] needs and they are very attentive with the little things that are important to [my relative]." We saw the home had provided 'talking books' for another person who was no longer able to read easily and their relative told us they had also been visited and referred for a replacement hearing aid. Another relative told us how they had recently attended a meeting arranged by the manager, which was also attended by the trustees and a local authority social care professional regarding a change to their relative's situation; they told us, "The home has given a great deal of their time in supporting [my relative] and me. All the carers are tremendous all of the time and always very professional. There is a real sense that staff get satisfaction from genuinely caring for people."

Care plans were person-centred and contained a good level of detail regarding people's background and life history, likes and dislikes, preferences and choices. Prior to being admitted to the home an initial assessment was completed to determine that the home could meet the person's support needs. This enabled staff to establish what people's care needs were and the type of individual care people required. The involvement of people and their relatives was recorded in their care file information.

People's care plans contained a variety of risk assessments and included areas such as nutrition, mobility, pressure sores, physical health, mental health and pain management. There was a profile of the person concerned including basic personal information such as nationality and previous occupation and this was completed for every person.

Care plans we looked at had been reviewed each month, or when there was a change to people's care needs. Each care plan that we looked at contained a document called 'This is me' with a photo of the person using the service. 'This is me' was developed by the Alzheimer's Society as a simple and practical tool that people living with a dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.

The home had been responsive in referring people to other services when there were concerns about their health, for example, people with swallowing difficulties had been referred to Speech and Language Therapy team (SALT) and provided with an appropriate diet type following their assessment. Daily records were kept of any staff observations and interactions with people.

The home employed two activities coordinators and activities on offer were displayed around the premises. During the inspection activities included a weekly hairdresser, 'name the film stars,' bingo, TV quiz and singalong. Pictures of previous activities were on display such as a Halloween party and poppy day celebration where people had made large paper poppies.

We spoke with the two activities coordinators who told us, "When a new person comes into the home we talk to them about their likes and dislikes and the activities on offer. We document this in their care files and keep individual daily records of activities people have done. Some people had asked to do baking so we set this up for them although no-one attended on the day but we will try this again. We will shortly be holding a

100th birthday celebration for [person name] and our plan is to dress up as the Queen and present them with their telegram." We saw any activities people had undertaken were recorded in their care files.

The home had invested in a 'Dementia Reminiscence Pod' in the form of a pub theme, which was placed in its own separate lounge. Reminiscence pods are unique pop-up therapy tools that can turn any space into a calming environment for people living with dementia and have been proven by leading dementia specialists to improve the mental well-being for people with dementia, as well as building strong care bonds between staff and people. People told us about this area and how they liked to 'nip to the pub every now and again.' A relative told us, "The staff have listened to my ideas about activities and responded straight away. People get involved and there is a real buzz about the place; they respect peoples' ideas, views and tastes."

We asked people about activities and one person told us, "I have a mobile phone to keep in touch with my family and this Sunday I will be going out to church with them. The lounges are looking much better now though I do prefer to spend time in my room but I do go downstairs for some activities; we had a nice singer last week and I do quizzes and things." We observed other people being engaged in activities throughout the three days of the inspection. We saw one person who liked to read in bed had an over-bed light and side light in their room to assist them with this.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers/staff and relatives, where those needs related to a disability, impairment or sensory loss. People had communication and cognition care plans in place, signage throughout the home was large and clear to read and information could be produced for people in different formats on request. People with hearing or sight problems were referred to audiologists and opticians.

There was a complaints policy and procedure in place which explained the process people could follow if they were unhappy with aspects of their care and set out how complaints were recorded, investigated and responded to. Details of how to make a complaint were posted around the home and were also given to people at the start of residence. The people we spoke with were aware of the complaints process and how they would report concerns.

We looked at any complaints the service had received and saw they had been responded to appropriately, with details from the investigation, the outcome, changes made and any lessons to be learned. Only two formal complaints had been received since the last inspection and these had been logged and resolved satisfactorily.

One relative said, "I got information about how to make a complaint at the beginning along with a guide to services which had this in it but there have never been any negative issues so far." A person told us, "I have no complaints about here and I feel very safe." The complaints process ensured people who used the service and their relatives had a system in place to state if they were unhappy with any aspect of the care they received. There was also a 'suggestions box' clearly on display in the reception area for people to post any comments.

We noted that the home had received a high number of compliments since the date of the last inspection which indicated the service was consistently responsive to people's needs. One comment read, 'We would like to extend a big thank you to all the staff at Hillbrook for the excellent care that [my relative] received during his years with you. We know that he enjoyed his time at his new home as well as his nightly whisky at

'the bar' and this was due on no small part to the efforts of all concerned for which we will be eternally grateful."

The service did not provide end of life care directly, which was supported by other relevant professionals but people's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. A relative we spoke with confirmed this was the case. At the time of the inspection one person was in the end stages of their life and anticipatory medicines had been prescribed and plans for how they wished to be cared for were in place, which was verified by their relative we spoke with.

Good

Is the service well-led?

Our findings

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 in relation to good governance. At this inspection we found the service was now meeting the requirements of this regulation.

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. Audits and checks included staff competencies, medicines, the environment and equipment, care files, infection control, complaints and safeguarding. At the time of the inspection a new system of auditing was being introduced to strengthen the existing governance framework, and the registered manager had prioritised this work.

There was a registered manager at the home. 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 registered manager had commenced employment in November 2018. Prior to this another person had previously taken up the role of manager but had not completed the process of registering with CQC before they left the service. In the interim period the deputy manager and trustees had maintained oversight of the service.

During their first week at Hillbrook Grange the new registered manger had immediately identified areas for improvement, for example some staff training was due to be renewed and this had been completed by week two and additional training had been provided for staff who used the electronic care planning system; a new schedule of staff appraisal and supervision had been drawn up and additional meetings with different staff roles had been identified, such a domestic, kitchen and maintenance staff.

The registered manager had prioritised meeting each person who used the service individually in addition to meeting each staff member on a one-to-one basis, in order to introduce themselves and gain an understanding of people's needs and any staff concerns. This had been particularly welcomed by everyone we spoke with and demonstrated to us the importance the registered manager placed on knowing and understanding individual people and staff in detail. The registered manager understood how their approach and leadership style impacted on staff performance and on the quality of care provided at the home.

We asked people if they knew the registered manager and without exception everyone spoke very highly of them. One relative said, "[Manager name] has been terrific. I had a meeting with her last week and it was clear to me that she is very person-centred and pragmatic and this gives me huge confidence; I also have trust in the trustees and other staff." A person told us, "[Manager name] is a nice manager and I have sat and spoken with her last week which made me feel like I mattered to them. We spent about an hour together and she told me if there was anything I wanted I just needed to ask for it which gave me reassurance." A second person said, "I've met the manager and she is very nice; she comes to check on me."

The registered manager was very person-centred in their approach to managing the home and understood they needed to lead by example in order to uphold the highest standards of care. We saw the registered manager provide constant support, advice and guidance to staff throughout the inspection.

Staff had access to a wide range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, whistleblowing, health and safety and infection control which were available to staff if they needed to seek advice or guidance in a particular area.

The service worked in partnership other professionals and agencies in order to meet people's care needs as required and involvement with these services was recorded in people's care files. The provider had also held meetings with local councillors regarding a proposal to develop a dementia unit in existing grounds adjacent to the home.

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a standard required set of information about a service. When people were given a copy of the service user guide at the commencement of their residence they were also given a copy of the complaints policy, a satisfaction questionnaire and terms of residence.

The home had made positive connections with the local community and the village in which they were situated. For example, a local church visited the home regularly to attend to certain people's spiritual needs and a local school visited regularly to sing and do art work with people. People attended local garden parties and fundraising events with the local Rotary club. A local scouts group also visited to sit and chat with people. People could also go out with their relatives at any time, for example for a meal out, which people verified when we spoke with them.

Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the care provided at this service. This meant that people who used the service had a say in how they wanted their care to be delivered. This positive and inclusive management approach resulted in people receiving a service which focused on them receiving individualised care.

Regular formal meetings were held with people who used the service and their relatives. Notes from previous meetings showed that discussions had included activities, the mealtime experience, the environment and gardens and laundry. We observed an open and positive culture within the home where all suggestions were welcomed and listened to, for example suggestions had been made regarding the environment and for activities and these had been implemented.

Notifications had been received by CQC as required. Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in the office when not in use.

As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home and on the provider website and was available for all to see.