

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Hillbrook Grange

Ack Lane East, Bramhall, Stockport, SK7 2BY

Tel: 01614397377

Date of Inspection: 08 July 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Hillbrook Grange Residential Care Home
Registered Manager	Mrs Jeannie Fowler
Overview of the service	Hillbrook Grange Residential Care Home is registered as a charity and is administered by a Board of Directors. The home is located in the Bramhall district of Stockport and is close to local shops and other amenities. Stockport town centre, motorway network and public transport are easily accessible. Hillbrook Grange provides personal care and accommodation for older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well led?

As part of this inspection we spoke with 4 people who use the service, 4 visitors, the registered manager, the registered provider and 4 care staff. We also reviewed records relating to the management of the home which included, 5 care plans, daily care records, medical administration records and 4 staff records.

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

Is the service safe?

The premises were clean, well maintained and had procedures in place for responding to foreseeable emergencies to reduce the risks to people at the home. We found systems were in place to reduce risks within the home, for example for the safe storage of medication.

We saw safe techniques were used by staff when helping people with mobility difficulties.

There was a staffing rota in place and everyone we spoke to including staff, visitors and people living in the home all felt there was enough staff on duty at any time. All staff felt they received plenty of training and felt competent to do their job. A person living at the home told us "There is always someone around and someone to help you."

Is the service effective?

People's needs were being met at the home. We found that people's needs were assessed and care files included information about people's diagnosed health conditions and also their preferences. This meant they received care that protected their welfare and safety.

People and their relatives told us the food was good and there was a choice at meal times.

One person said, "The food here is really good."

Is the service caring?

People told us they were happy with the care they received at the home. One person said, "Everyone here is so friendly, and so calm and kind." We observed that staff providing people's care were gentle and encouraging.

People appeared to be treated with dignity and the staff could tell us what they were able to do to maintain a person's dignity. One told us, "They (the staff) always knock on the door before entering."

Is the service responsive?

People's needs had been assessed before they moved to the home. People's records identified personal preferences and choices and the support that needed to be provided. The home worked with other services to ensure all care needs were met for the person such as a general practitioner or district nurse.

People who lived at the home, and relatives that we spoke to all felt that they could approach staff and the manager about anything and that they would be listened to and acted upon. Staff felt the manager was very supportive and her door was always open to them.

Is the service well-led?

The manager completed regular checks and audits of medication, infection control systems and other aspects of safety and care at the home. Records showed incidents and accidents, complaints and quality audits were reviewed by the manager.

Staff had an induction programme and appropriate checks were in place. Staff felt listened to and supported by their manager.

People using the service, their relatives and other people involved with the service had completed satisfaction surveys and records showed action was taken where any improvements were required such as the employment of an activities coordinator.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spent time with people living in the home and their visitors, who told us about their views and experiences of Hillbrook care home. People told us they were satisfied with the care and support provided to them. One said "I am happy here and everyone seems friendly." Another said "I can make my own decisions; I get up and go to bed when I want."

People living at the home and their relatives were given information prior to their admission to the home which set out the basis on which care was provided. This meant that residents and their relatives could be fully involved in the care process.

In the entrance to the home there was a board with staff photographs identifying who they were and their role.

The people living at the home had care plans which included information about the support they needed and how they wanted to receive it. These included details about all aspects of their personal, social and healthcare needs. We found that people's choices were recorded within the care plans and these were being followed by staff members. We looked at care records and these confirmed that people made their own choices regarding their daily routines. Where people were not able to make decisions we saw that their families were involved and supported the decisions made within the assessments and care planning. People living at the home or their relatives consented to the care they received.

We saw staff members treating people with respect and spending time with people on an individual basis. They were seen to be considerate and polite and there was a pleasant atmosphere in the home throughout the day. One relative told us "It is caring with dignity and the staff are courteous."

Staff were able to explain to us their understanding of treating people with dignity and care. One member of staff said "It is about the way you address people, speaking with people, asking them what they would like and offering people choices." Another member of staff told us "I always knock on a door, and make sure people are covered when helping

with personal care."

We spoke with care staff who said it was important to respect people's choices. Senior staff reported they were aware that in circumstances where people did not have full capacity there was systems in place to ensure that the right of a person to make choices about how they wanted to receive care, treatment and support were respected and taken into account. Senior staff had received some training in the Mental Capacity Act (2005).

One person staying at the home told us "The staff are great....during the world cup staff knocked on my door and asked if I would like one of my beers whilst watching a match."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we found that the people living at the home looked well cared for and were dressed appropriately for the weather on the day. The people using the service who were able to tell us said that they were happy living in the home. Comments to us included "The care is very good here, my mum is very settled and happy," and "Everything is very nice and there is everything you need."

The people using the service had received a pre-admission assessment to ascertain whether their needs could be met at the home. A plan of care was in place for each person living at the home. We looked at a sample of care plans. The care plans included a photograph of the person using the service. The care plans held information relating to people's care needs and reflected a person's likes/dislikes and personal wishes. A range of risk assessments were in place to identify areas of care where people may be vulnerable to the risk of harm or require additional support such as for falls, nutritional status or manual handling. The care plans were reviewed monthly, were well maintained and up to date. A daily record of the care provided was kept for each person so that staff could monitor and adapt people's care provision as needed.

One relative told us "When we came here we were in such a distressed state, but they soothed and calmed us. There was speed and efficiency in the staff finding out what my husband's needs were."

We saw that people had been referred to other health care professionals such as GP's, or district nurses when it was required. This meant people received appropriate care that met their needs which could be adapted as required. One relative told us "They (the staff) always contact me with any concerns and let me know what the course of action is."

Staff explained what the procedure would be for a shift handover. Each person who used the service was discussed individually with the staff on the next shift. There was also a communication book used to relay information.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that

they were interacting well with people in order to ensure that they received the care and support they needed. We saw appropriate manual handling techniques used when supporting people.

The home employed an activities coordinator. This role was to help plan and organise social and other events for people, either on an individual basis or in groups. The activities coordinator had been employed as a result of a resident and relative survey. This shows that the management listened to what people told them and responded in a positive manner. One relative told us "There wasn't a great deal to do but they have someone in now and it is much better." One person living at the home said "It is something to look forward to."

Staff were able to tell us how they would deal with an emergency such as failure of electricity. And there was a file in place with instructions and emergency contact numbers that staff had access to.

Whilst we were visiting at the home we observed a bell being rung at the end of meal times and grace being said. The manager told us this was a tradition dating back from when the home was donated by a private individual. We asked the manager if she had consulted with the people living at the home about if this practice was still wanted. The manager told us she was going to do a survey with the people to decide if the practice should continue. This would show that the home consults and responds to service user's opinions.

People living at the home told us "I like the place it is lovely and clean, the staff are kind and attentive", and "There is always someone around and someone to help you."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The service had a Safeguarding Adults policy in place which links into the policy for Stockport Metropolitan Borough. This is the local safeguarding guidance and standard that the home has to comply with.

Training records showed that staff had received training in the safeguarding of vulnerable adults and an update is scheduled for this year. There was a Whistleblowing policy in place which staff had access to.

When we spoke with staff they demonstrated a good understanding of different types of abuse and what to do in the event of noting or receiving an allegation of abuse. There was guidance for staff and visitors in reception on safeguarding vulnerable adults.

We saw that the management had an appropriate and effective procedure for dealing with safeguarding concerns. Incidents had been reported to the appropriate bodies such as the local safeguarding board and the care quality commission.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The home had a policy in place to guide staff on supporting people with their medication. The home also complied with Stockport medicine management policy. Staff administering medication received appropriate training. In discussion with a member of staff they confirmed that they had received training in dealing with medications and were able to explain the systems in use within the home. They were also able to explain the actions that would be taken if any errors occurred.

Medication was stored in a locked trolley, secured to the wall in a locked room. The drug fridge temperature was monitored daily.

We looked at a sample of records for people's medication. These records list the medication people are prescribed, when they should be taken and the dose. Staff sign the record to say they have been given. The medication administration records (MARS) that we reviewed had been completed correctly. Each individual had their photograph with the MARS sheet to help prevent medication being given to the wrong person.

At the time of the inspection we were able to observe medications being given. The member of staff administering the medication wore a 'Do not disturb' tabard. This is to make it visible to people that she is giving medication and to prevent interruption. The medications round was completed in a calm, unhurried manner.

There had recently been an incident with the wrong medication being given to a person living in the home. We were able to case track the management of the incident which showed that it had been responded to appropriately and all staff had received further training. No harm had come to the patient.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All new staff members completed an induction training programme so they had the skills they needed to do their jobs effectively and competently. As part of it they shadowed existing staff members and were not allowed to work unsupervised, [Shadowing is a commonly used practice where a new employee works alongside another staff member in order to get to know the people using the service and to help them to settle into the day to day running of the home].

We reviewed a number of staff files. These showed us that recruitment procedures had been completed correctly such as obtaining appropriate references. Each record had a CRB check completed. The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged to become the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks. A DBS check is required when working with vulnerable people or in healthcare.

The manager maintained the staff training matrix. We looked at this which showed us that staff had received mandatory training in areas such as safeguarding, moving and handling and fire safety. This was confirmed by the staff we spoke to during our visit. All the staff we spoke to told us they received plenty of training. Over ninety percent of the staff have an NVQ qualification and one member of staff told us "we are trained to do our jobs and encouraged to develop." There were risk assessments in place to support staff such as a pregnancy risk assessment.

There appeared to be enough staff on duty at the time of our visit. All the staff, people living at the home and visitors told us they felt there was always enough staff on duty. We were told that the staff ratio increased to reflect the dependency of the people in the home.

The staff members had annual appraisals and one to one supervision meetings, (these should be regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this would include a discussion of ongoing training needs). However, whilst staff confirmed they received supervision they all felt this should be on a more regular basis. This was discussed with the manager who told us she was aware that supervision needed to be more often and had plans in place to enable this

to happen.

The staff members had the opportunity to attend staff meetings. Information was passed on, issues were discussed and staff or managers were able to raise concerns. However staff told us they would like these to be more frequent. The manager told us she planned to increase the frequency of staff meetings now that the home's refurbishment had been completed.

The staff members we spoke with said that the home was well managed and they enjoyed working there. Comments from staff included "I really enjoy it, it is a happy place" and "I love it, the management, the support and the team working" and "the manager is brilliant, you can talk to her, her door is always open."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that there was a wide range of checks completed by the manager on a regular basis. These included checks on the records to ensure that they were accurately completed and auditing that medication was given correctly.

Each person living in the home had a personal evacuation procedure in place to be used in the event that the building needed to be evacuated.

The home had a business continuity plan in place. This identifies what to do in the event of such things as a loss of power or gas leak. This included actions for staff to take and appropriate emergency contact numbers.

There was a system for managing complaints and staff were able to tell us what they would do in the event of someone making a complaint to them. Incidents were recorded and these were monitored by the manager. We were able to review an incident from the time it was reported to the final outcomes of the investigation.

There had recently been a relative satisfaction survey carried out. The overall outcome were very positive comments including "We think this is an excellent care home with dedicated and caring staff" and "I am absolutely delighted with the way my mum has settled in....she is so happy."

All of these checks showed that the provider ensured that there was an effective system to regularly assess and monitor the quality of service that people received.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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