United Health Limited

Hillside Care Home

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

The inspection took place on 9 July 2018 and was unannounced. At the last inspection May 2016, we rated the home overall as 'Good.' At this inspection we found the provider continued to have an overall rating of 'Good.'

Hillside is a care service and 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.

Hillside has a registered manager. 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.

Hillside is situated in Ilkeston. It is a purpose built bungalow, with a safe and secure garden. The property is close to shops and amenities which are utilised by the people living at the home. Each person has their own bedroom with communal bathroom facilities. There are shared spaces which include the lounge, a dining room and a kitchen. The service is registered for two people and at the time of our inspection two people were living in the service.

People were supported to achieve their aspirations in a range of ways which supported a person centred approach. Each person was supported to embrace life and encouraged to live as independently as they were able. The service had strong positive links with health care professionals who rated the service highly in the way people were supported. There was a positive relationship between people living at the service, with the local community shops and leisure opportunities.

People who used the service were at the heart of everything that the service did. Staff and management were always thinking of new ways to enable people to participate or to try new activities. All the professionals and relatives involved in people's care confirmed that the service could not be any better and how much the people had benefited from them living at Hillside.

Families and those important to people were involved in the planning of the care and had been encouraged to contribute to the way in which the person was supported. Care was person centred and tailored to each individual. People were supported to express themselves and private time was respected.

The service enabled positive outcomes for people. The provider was involved with the development of a national initiative to try and prevent the over medication of people with learning disabilities and / or autism and this ethos was firmly embedded within the service. People had benefited from this approach and the

difference in their anxiety management had enabled them to participate in other activities and life choices which they had previously been unable to access.

There was a culture of positive risk taking, relatives and professionals told us people had thrived in this environment in having a fulfilling life but they were still supported to stay safe. This involved a range of ways to support people to protect them from harm and staff had received appropriate training.

Risks were managed and people were supported when they expressed themselves through behaviours which challenge. There was a dedicated team who supported people through the planned stages of support, which was monitored to enable the best approach to be taken on each occasion. There was enough staff to support people's needs and there was flexibility to increase staffing when required.

The open approach of managers and staff enabled lessons to be learnt when things went wrong, or when reviewing a planned approach. The home was protected from the risk of infection. People had access to a hot tub and measures were in place to manage any potential infection control issues.

People were able to make decisions and their own choices. There was guidance to support staff to follow best practice for people's disability or illness. Staff had received specific training which was relevant to the person's individual needs and the supporting role they provided. Any new and emerging training been provided when it was identified.

There was support to provide people with their nutritional and hydration needs. Their choices were supported to include how people required their meals and the frequency. This enabled people to retain some elements of independence and when people required additional support this was provided. Health care professionals had been consulted to support people's health care needs and any guidance was followed and reviewed to ensure the support continued to meet the person's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff used a variety of methods to support people to make choices with their daily decisions and tasks.

Staff had established positive relationships with people. The registered manager was passionate in developing the skills of staff to support each person. Staff were given training, peer support and time to develop relationships with people. We observed the relationship between people had been established and this promoted them to make their daily choices. If required people could access an advocate to provide support and guidance on decision making. People's privacy and dignity was promoted.

Without exception all those we spoke with felt the home was well led and that the open culture continued to promote values to aspire to. The registered manager understood their responsibilities as a registered manager with CQC and followed any required aspects to meet the regulations. Staff felt supported by the registered manager who used a range of methods to obtain people's views.

Partnerships had been developed with health and social care professionals to support the staffs skills and the support networks for people. Audits were used to monitor key activities within the service and to help drive improvements to the care and support provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service were protected by staff who understood the systems and processes in place to minimise the risk of abuse.

Risk associated with people's care and support were managed safely whist promoting independence. There were consistent staff who had the skills to meet people's individual needs and preferences.

There were effective systems in place for the safe handling of medicines and any medicine to support anxiety was used to the minimum.

People were protected from the risk of infection. New items of possible risk had been identified and measures put in place.

Is the service effective?

Good

The service was effective

People were supported by staff who were skilled in meeting people's needs and received on-going training and development to enable them to deliver the most effective service.

People's rights were protected, staff had knowledge of the Mental Capacity Act and understood the principles of the Deprivation of Liberty Safeguards to support people in the least restrictive way possible.

People received ongoing healthcare support from a range of healthcare professionals and advice and guidance was followed.

People were supported to eat and drink and their dietary needs met.

The environment had been adapted to support individual's needs.

Is the service caring?

Good

The service was caring

Staff used different methods to enable people to express their needs.
People important to them had also been consulted so that the care was delivered to a high standard.

Positive relationships existed between people who used the service, their relatives and staff. Independence was encouraged to enable people ty to live the life they chose.

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

Is the service responsive?

Good

The service was responsive

People's care was based around their individual goals and their specific personal needs and aspirations. People were being empowered and enabled to feel a part of their community, and to achieve their goals.

People's care plans were person centred and covered all areas of each person's needs and preferences. Their individual life wishes and aspirations had been encouraged and achieved.

Relatives knew how to raise a concern or make a complaint and people made their feelings known. There was a visible complaint system in place which ensured that any concerns were dealt with in a timely manner.

Is the service well-led?

Good

The service was well led

Everyone without exception felt the needs of people were at the centre of the home. The atmosphere was open and people felt at home.

There was a clear vision to embed a strong commitment to deliver a high standard of personalised care.

People's views had been considered in creative ways. Audits had been used to measure areas of care and to drive improvements and changes or to reduce any identified risks. Governance systems were integral to the home and all staff understood their

responsibilities to contribute to them.

Partnerships had been developed and strong relationships had been established with professionals. The registered manager understood their requirements in relation to the regulations.

Hillside Care Home

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 9 July 2018 and was unannounced. It was completed by one inspector. At our previous inspection we rated the home as 'Good', at this inspection we found the home continued to provide care which was rated 'Good.'

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

People were unable to tell us their experience of their life in the home, so we observed how the staff interacted with them in communal areas. We also observed how each person reacted including body language and facial expressions. We also spoke with three members of care staff, the deputy and registered manager. After the inspection we spoke by telephone or by email with two relatives and three health care professionals.

We looked at the care records for two people to see if they were accurate and up to date. In addition, we looked at audits completed by the home in relation to falls, incidents and infection control. We also looked at minutes for meetings and feedback events and recruitment folders for three staff to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

Staff were guided by an up to date safeguarding policy and staff had received safeguarding adults training. One staff member said, "It is our responsibility to make sure the people here are safe, we are their voice." The staff were knowledgeable about how they ensured people were kept safe. There was detailed information available for staff and an easy read version for people was on display at the home. We saw that when things went wrong there was a thorough analysis to investigate and work with partners to address the concerns. This was reflective with a recent safeguard incident.

When the incident occurred, it resulted in the registered manager raising the safeguard with the local authority. We saw professionals had been involved in completing a detailed investigation which included reviews of all aspects of care being provided by the staff. The outcomes had been used to review practices and resulted in a range of actions which the provider acted on immediately. We saw following the actions taken from the investigation the person received new equipment and the staff were provided with additional guidance. This person was now able to use the facilities without the risk to them falling and no further incidents had occurred. This showed that the provider promoted a culture to continually consider how to make improvements and maintain people's safety.

The registered manager had an open approach to learning and improvement. This was observed from the safeguard incident and the ongoing reviewing of behaviour plans. All the staff reflected on their involvements in enabling learning to be encouraged. One staff member said, "Due to the complexity of people's needs here, the smallest thing can make all the difference and these are always taken on board and considered."

The provider and registered manager had a genuine, open culture which reflected on any safety concerns. This was observed in the approach taken to support one person who expressed behaviours which could harm themselves or others. Health care professionals had been involved to develop a behaviour plan which was focused on addressing the behaviour in as least restrictive way as possible.

The plan consisted of six stages. All the staff were familiar with the plan and were able to explain in detail each step and when each one would be taken. Due to the person being unable to express themselves verbally or in any detail, the plan focused on elements that had been recognised. It included things the person enjoyed along with daily personal needs which could have an impact. For example, the early stages of the plan reflected on nutrition, hydration and personal hygiene. This was then followed by options which could support the person to seek relaxation. Only after these elements had been considered would possible medicine options be used. The relative linked to this person told us, "Staff are able to manage [name] behaviours and they reduce any escalation. Medicine is only given as part of the plan."

The registered manager told us, "Getting this plan right has taken a long time and we have reflected and analysed different methods. We now feel we have a good plan which works. However, we are always reviewing after any incident, no matter how small, to ensure we have it right." Staff showed empathy to

people and had an enabling attitude in delivering the right support when needed. One staff member told us, "It's about understanding the person's needs. The plan is really effective and we can usually stop things escalating, which is good for [name]." This showed that the risk was managed in an individual way.

People had risk assessments in place which considered people's needs and independence. A specialist bath was in place and guidance was provided for each person. Also, additional safety measures had been considered when people used the hot tub. A safety power cut off switch had been installed and a portable alarm system. This was linked to the home's call bell system and would enable the alarm to be raised if the staff member required support with the person during the session.

There were measures in place to support people in case of an emergency. Each person had an emergency evacuation plan which was specific to their needs and the support they required. These were accessible within the care plans and in the emergency 'grab bag' located at the exit. There was also an 'Accident and Emergency' sheet which was used to support people if they required medical support, for example when visiting the hospital.

People living at the home were unable to participate in the recruitment process. However, the registered manager considered the skills and personality when recruiting to match people's needs. One health care professional said, "During my visits to the home I have found staff professional in their attitude and approach to myself and people."

Staff levels reflected people's needs. One relative said, "There are always enough staff and they are consistent. They truly know [name] inside and out." We saw how the registered manager had negotiated with the commissioning authority to ensure that when needed to meet people's spontaneous needs additional staff could be used flexibly. This was linked to the possible occasions when one person becomes so anxious they place themselves and others at risk of harm. The registered manager said, "The flexibility of having this additional staff available means this can be implemented immediately. In these situations, I ensured all the staff supporting this person have received the appropriate restraint and positive behaviour training and are very familiar with this person needs and the established planned approach." A relative in connection with this person said, "I don't know where else [name] would get that support, I have waited a long time to say that." They added, "Staff here really understand [name]." This demonstrated that there was consistency in the approach to staffing which in turn reduced risks.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

Decisions relating to medicines and their management had been made in a creative way. We saw that the registered manager worked with the local GP and other health care professionals to reflect individual's needs. People had received a review of their medicines following the new initiative in medicines management. This is known as 'Stopping over medication of people' (STOMP), it is a national project involving many different organisations which help to stop the over use of these medicines. People's medicine was closely monitored and the use of medicine for anxiety was used to a minimum. Some people required medicine on an 'as required basis' and for each medicine clear guidance was provided. All medicine that was prescribed had detailed information and any possible side effects. We also reviewed the storage and stock and found records to support good practice guidance.

Staff had received medicine training and were not able to provide this level of support until they were signed off as competent, by the deputy manager or registered manager. One staff member told us, "I have just passed my medicine training, but I am always with another staff member so I can check if unsure." We saw that for one person recovery medicine was required due to the risks associated with their epilepsy. Staff received separate training in relation to this medicine. One staff member told us, "I am awaiting this part of my training and until then I cannot take the person out on my own." This demonstrated that the provider took a positive risk management approach to managing medicines to reduce over medication and risk.

The home was clean and hygienic which reduced the risk of infection. We saw there were cleaning schedules in place and staff used protective equipment like gloves and aprons when they provided personal care or served food. The home had a five-star rating from the Food Standards Agency, which is the highest award given. The food hygiene rating reflects the standards of food hygiene found by the local authority.

Good

Is the service effective?

Our findings

People had been assessed prior to moving to the home. When this occurred, it included researching the person's diagnosis or long-term condition. When the condition was not familiar to the provider latest evidence-based guidance had been sought to enable them to support the person to achieve effective outcomes. This guidance was available in the care plan and reflected when appropriate within the planned needs.

Staff had been supported with training for their role. One staff member told us, "There is plenty of training here and you get support with it." Training had been tailored around the individual to provide a person centred approach so that the training linked to each person's needs. For example, one person had Epilepsy and staff had received training in this area and in the use of recovery medicine. Other training considered the impact a visual impairment had on people's surroundings.

All new staff had received training and the opportunity to shadow experienced staff. We saw shadowing was also offered to staff when they changed location or to provide them with peer support in connection with getting to know people and their needs. One staff member told us they had completed the Care Certificate, which they had found to be useful. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff told us they received an annual appraisal and supervision so that their practice and role were supported. Staff told us within their meetings they had an opportunity to reflect on their practice and receive feedback. Consideration was made in relation to anything additional that could be done to enhance people living at the home. For example, additional training. Staff told us they had received training around nutrition to support people's dietary needs.

People were supported with their nutritional and hydration needs. For example, one person had a preference for finger foods to enabled them to be independent, and this was promoted. We saw the meals were planned around preferences and daily routines. One person required regular snacks as when they became too hungry this had an impact on their anxiety. The other person required encouragement and we saw staff taking time to support the person with their meal. A relative said, "Staff keep an eye on [name] weight and record meals and fluid intake so they can make sure this is consistent." This meant people's nutritional and hydration needs were being met.

Health care needs were monitored to ensure that anything that could affect health and wellbeing was identified. For example, one person had shown signs of being unwell. The staff monitored their temperature and on noting the increase obtained medical advice. They received medicine and staff followed guidance on how to reduce their temperature. A relative said, "The staff notice things and respond quickly. This recent period of [name] being unwell was resolved very quickly by their actions." We saw that referrals had been made to a range of health care professionals to support ongoing wellbeing.

When health care professionals had been involved, any guidance they provided had been recorded and followed. For example, one person required physiotherapy. The physiotherapist told us, "I have always had a very positive response from staff at the home who have been willing to work alongside me in support of the person. Staff have taken advice on how to carry out the appropriate treatment and have followed this consistently in order to maintain progress in the person's rehabilitation. All staff I have worked with have followed guidance and put recommendations into practice throughout my involvement."

The bungalow was accessible for people's needs. The garden had a patio area with shelter and suitable seating. Each bedroom had been personalised to meet people's own preferences. We saw when one person required a new bed, consideration was made to the size and options they could have. The person enjoyed music and the television so an integral bed with these items installed had been purchased. Their relative said, "It's pure luxury, but why not." The other person's room required the space to house some specialist equipment. However, the room was decorated in a theme bespoke for this person. This meant the environment was adapted for each person's needs.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw the provider worked within the MCA requirements. All the staff had received training in the MCA and were able to share with us their understanding. One staff member said, "We know the guidance to follow when people need support with major decisions. We have things in place like the DoLS to keep people safe." The required authorisation had been sought when people were restricted. We saw when a DoLS had been authorised any conditions had been acknowledged and complied with. Staff were also mindful that people should be supported to make daily choices wherever possible and we saw this was encouraged.

Good

Is the service caring?

Our findings

Staff followed the values of recognising the importance of choice, promoting independence and individual inclusion. Staff worked with a range of professionals and relatives to support people in their best interest to meet these values. Professionals we spoke with identified there was a strong visible culture which placed the person at the heart of what they did. One health care professional said, "Staff are extremely person centred and creative with ensuring they are maximising people's needs."

Staff were passionate about how they supported people and had developed their relationship to meet individual's care. We saw how the people responded to the staff and the staff's awareness of each person's needs or personal touches. One staff member said, "They are special people, we have established a kind of trust which is important." They added, "People show how they feel in their own way, so you know if everything is alright."

The involvement of an Independent Mental Health Advocates ('IMHAs') was welcomed when major decisions were made. The registered manager said, "We welcome advocates to support decisions. Here that can be difficult as you need to spend a lot of time with these people to really understand how they make their needs known." Advocates are trained professionals who support, enable and empower people to speak up

People were supported to continue relationships of importance to them. One relative told us how the staff made weekly contact to arrange a home visit and his included the transport arrangements. Another relative had limited opportunities to visit the home so the staff had considered a range of options to enable the relationship to be maintained.

Consideration of people's privacy had been made when they meet family or professionals. A relative said, "We are given private time with [name], but staff are always nearby if we need them." Another relative said, "I go anytime and I am made welcome, I feel sure the care is the same all the time." A health care professional said, "Staff are always available to support the meeting and able to provide the details needed."

We observed staff considered people's dignity. For example, one person had spilt a drink on their clothes and they were guided to change them. We saw that before staff entered the bathroom or bedrooms they knocked and announced themselves. When people required some private time, this was respected. Guidance was provided which reflected good practice in considering the person's human rights.

Security measures were in place to protect people's information. For example, password protection on the computers and a lockable office for all the care plans and other detailed documents. The provider also had a social media page. This was monitored with protected access, the provider told us that if staff leave they are removed from the group. People's consent had been obtained through their respective support networks in relation to the posting of activities, stories or photographs. This meant people's information privacy and data was protected.

Good

Is the service responsive?

Our findings

People's goals and aspirations had been continuously recognised and achieved. This enabled them to have a good quality of life and enjoy everyday activities with caring and supportive staff who ensured their safety. We saw how the staff had considered in depth the needs of the individuals. It was established that one person had an affinity with water and that their relationship with water made all the difference in managing their day to day anxiety. They had attended a purpose built hydrotherapy unit and their enjoyment of the hot tub had a positive impact on their anxiety and behaviour. With this in mind the staff considered how they could enable the person to have their own hot tub in the garden.

A best interest meeting was held to consider the benefits to the person's health and wellbeing long term and the consideration of the financial implications. Since installation the person had used the hot tub every day. Staff told us, "It is part of their relaxation and has made an enormous difference in their anxiety level." The relative involved with this person said, "[Name] has always been a 'water lover'. I was involved in the whole process and I think it is well worth it." They went on to say, "On a bad day, time in the hot tub really is the tonic." We saw this person with a staff member enjoying the hot tub. They were unable to express in words their enjoyment; however, we saw they were smiling and laughing for the whole time they stayed in the water.

The deputy manager told us, "The hot tub is a real triumph. [Name] gets so much from it. We have seen a reduction in their anxiety and we are now looking at other activities and widening their horizons." We saw the person was now going out to different places and had established a friendship in one of the providers other locations. The deputy manager said, "Our next step is to introduce them to have a shared experience in the hot tub with their friend."

The other person living at the home had different aspirations and they too had been supported. The person enjoyed music and the theatre. Staff planned that each month the person attended a live show. One staff member said, "You know when they are enjoying it, their foot starts tapping, they really enjoy watching the colours." In addition, when at home the person was able to enjoy a range of films which had been identified as personal favourites. A relative said, "They have an amazing life. The staff are always taking them somewhere."

Other activities were creatively planned to respond to people's specific interests. One person enjoyed modelling clay, however had a tendency of putting it in their mouth. To avoid the risks to the person's health the clay was made with non-toxic ingredients. Some dough was made with the person's favourite things, for example peanut butter which gave the added interest of the smell, taste and texture. Activities were displayed in the reception so that staff and visitors could refer to it and use it to engage in a conversation with people living at the service.

When a person celebrated a birthday of special event, family members and friends were included in the celebrations. Staff told us there was always a theme which reflected the person's areas of interest. Staff told us it also gave them the opportunity to discuss people's needs including their history and consider other

opportunities for people.

The provider considered how information was provided. We saw easy read versions were available in respect of safeguarding, how to make a complaint and the Mental Capacity Act 2005. However, people using the service could not always recognise and understand information displayed in this way. Staff were enthusiastic in enabling people to understand information and express their views. Because people were unable to respond verbally or through pictorial or signing communication the staff found other ways to communicate choices and to understand people's needs. For example, people's body language, facial expressions or sounds they may make. One relative said, "[Name] is very determined and staff are able to understand their needs." Another relative said, "[Name] have their own way of letting you know and staff understand this." The Accessible Information Standards (AIS), is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. This showed the provider looked to use the most appropriate methods for people to support their needs.

To promote family, contact the registered manager had tried to support people using the service to access skype. Skype is a method of telecommunication providing video chat and voice calls between computers, tablets and mobile devices. Unfortunately, this had not been successful due to not being able to relate with the picture on screen. The staff were dedicated to finding a solution and were investigating other technology which could provide a solution.

The cultural needs of people using this service were considered staff were knowledgeable and understood the importance of meeting people's diverse needs in relation to the protected characteristics under the Equality Act 2010. We saw that staff were aware that at different times people's needs could change. For example, some people could indicate they required some personal time. Staff would then enable them to have private time to relax in their own way. This demonstrated that staff were sensitive to these needs and responded accordingly.

The provider considered opportunities for people to widen their friendships. he people living at the home had embraced their local community. We saw that people went to the local supermarket which had an onsite café which was visited regularly. The registered manager told us, "Its accessible for both people so is ideal. We have been regular visitors since it opened so a lot of staff and regular shoppers are familiar and engage in smiles and greetings." People also used local shops, parks and theatres and during the inspection one person attended the local hairdressers, this was a great achievement for this person as they struggled with external contact and engagement previously. The staff told us, "We are always out, people know us and they are welcoming and friendly."

People had also established friendships with people in the providers other locations. This was after people had shared experiences and some group occasions to celebrate events through the years. We saw that people had been on holiday with their friends and further holidays were planned. Each holiday was focused on what the person enjoyed. One person enjoyed the noise and bright lights and towns like Blackpool, the other person preferred a quiet cottage and we saw these choices had been met.

People's care was planned to meet their individual needs. When people had moved to the home a comprehensive plan was drawn up which reflected all aspects of the person's care. This included history, information from people who knew them well and guidance from a range of professionals. The provider worked with the previous providers to ensure any detail was considered to support the care needs. These were used as the starting point for the care plans to be developed and since this time they have been

reviewed and changed as additional knowledge about people has been added. Any past interests had been developed, for example, one person's love of music. Partnerships with health and social care professionals also informed the care plans so that all aspects of the persons needs would be considered.

Staff told us, "The care plans are detailed and include everything you would need to know." We saw when a person's needs changed the plan had been updated and this information shared with staff. This including getting staff to sign they had read the new information. The detail in the care plans reflected, preferred name, preference for the daily routine and clothing styles. There were references in the care plans to reflect newly discovered things. One staff member said, "If we find something new, we can add it, these things all help to build the picture of the person."

Staff had received training to support people's specific needs. We saw how positive behaviour training had been used to develop a plan for one person. This plan involved a staged approach and for the staff to be responsive in avoiding the plan having to be escalated. A clinical psychologist involved with this person said, "Great group of staff to work with. They provide intensive interactions and it was impressive to see how interested they were in understanding how to provide the right support." This planned approach had resulted in very few incidents occurring and minimal use of any medicine intervention.

We saw that staff received information when they commenced their shift. This involved reflections on the previous 24 hours and any further information documented in the day book or diary. A staff member said, "There is an open line of communication, we are made aware of things straight away."

The provider had introduced a new champion role, linked to the development of the care plans. This role was to work across the provider's locally based locations to consider consistency and to drive improvement and develop staff skills. The registered manager said, "Some homes do one thing really well and it's about sharing that knowledge to drive changes and improvements."

There was a complaints policy available which was available in a written and pictorial format. There had been no complaints since our last inspection. One relative told us, "I have raised the odd niggle and it has been dealt with swiftly and never been repeated." Relatives told us they would have no hesitation in raising any concerns as they felt confident it would be dealt with.

At the time of this inspection the provider was not supporting people with end of life (EOL) care, so therefore we have not reported on this in detail. The registered manager had recognised the importance of developing staff skills. There were people at their other locations who had received EOL. The deputy manager had shadowed the other managers to provide them with the knowledge, so if required they could implement it at this home, or when supporting the other locations. The shadowing covered the needs for an individual personalised EOL plan and how to support people with their wishes and to be pain free. This demonstrated that the care for people was planned so they could be suitably responsive when required.

Good

Is the service well-led?

Our findings

There was a CQC registered manager at Hillside who demonstrated leadership skills to ensure that the values of the service were embedded in all aspects of how people were supported. 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 managed three locations in Ilkeston. At each location there was a deputy to ensure there was always a senior person available. At Hillside there was a deputy manager in place who had worked at the location for many years. They told us about the support they received to enable them to have the required skills to provide people with high quality care and support. The deputies at times during the year worked a month at the different locations. This was to widen their skills, reflect on the service with fresh eyes and to get to know the people living at the different locations. The deputy told us, "This approach helps, as when you are on call you can respond with more detailed knowledge about the people and the places where they live."

This approach had also ensured strong leadership and a management team that worked together. One relative said, "The home is well led." Another said, "Great leadership." The provider and registered manager were aware of the importance of adhering to the 'Building the right support' this sets out the importance of developing people's independence, consistency of care and continued reviewing of practices to drive improvements. The registered manager and all the staff recognised these as fundamental values in providing an exceptional service and a fulfilled life for people.

The staff teams were passionate about providing the best service. This was also reflected in the providers statement of purpose which says, 'We believe all the help and support we give should be tailored to the particular needs of a resident or service user. We take time to understand an individual's care requirements, wishes and choices. We also get to know their personalities, their likes and dislikes. Only in this way can we deliver the very best care possible.' We saw this ethos resonated in each person enjoying every day, filled with their own interests and new experiences.

All the staff were passionate, caring, and enthusiastic and placed people at the heart of the service. This was supported by comments from relatives and professionals. One relative said, "Everything is lovely and they are thorough about each person's needs." Another relative said, "It's an absolutely wonderful home." As a result of the high quality leadership staff had very good communication with professionals. A health professional we spoke with also reflected on the leadership, one said, "The staff provide very good communication and are very professional. Always very knowledgeable in respect of people's needs."

All the staff showed universal praise for the support they received from the management. One staff member said, "It's a wonderful place to work and we have a great staff team and management." Another person said, "It's the best job I have ever had, I am happy to get up and go to work. It really is like a family." Staff felt they

were valued, they received regular supervision and support. Staff participated in team meetings across the provider's three homes within the local area. The staff meetings provided a learning environment with a fun element by having competitions for a small prize to encourage understanding. Staff told us these have covered safeguarding and more recently The Mental Capacity Act (2005) Senior staff also attended the local authority forums to share ideas and further develop practice in specific areas. For example, the development of new initiatives like the red bag scheme and the replacement for the do not resuscitate form. This showed the provider ensured they reflected current practices.

People were empowered to lead their lives in the way they wanted to be and they were protected. People were not able to express themselves verbally or with pictorial signs. However, staff and those important to them, such as families and other professionals who were able to support their voice through their facial cues and body language. Staff understood people's communication methods and reflected on these when supporting people with making choices or providing them with information.

People shared their activities through monthly newsletters with relatives. These showed photographs of activities and updates on individual's developments. Relatives told us they enjoyed these and the social media pages. One relative said, "It's good to see what people have been doing." Staff told us, that the media pages were monitored. Each week they could add pictures and stories. Relatives also had regular feedback and this was individually arranged. This demonstrated to us that people were supported to make choices about their care and the staff worked in partnerships with families to achieve this.

The provider and registered manager had effective governance systems in place. Within the PIR the provider told us they were introducing new technology to support the quality monitoring of the home. We saw this process had started. The deputy had been provided with guidance and the registered manager had planned in time to support them with the initial completion of the first month's audits. The registered manager told us, "The system will enable me to receive all the audits for all three sites electronically and provide me with a clearer overview." The system identified through the audit when an area for improvement had been identified. This will then be added to the improvement plan which had inbuilt reminders to ensure that areas were followed.

The current systems in place analysed incidents and falls and we saw that learning from these were already being used to share at meetings. Staff are encouraged to participate in identifying ideas and changes to practice that would positively impact on people and the safety of their care. For example, it had been identified that one person always refused to eat the meal when it was pork meat. This was added to the care plan and staff knew to avoid this choice when planning meals.

We saw audits had been used to make changes to people's safety. For example, following an incident additional straps were added to a person's chair. Other chairs within the provider group were also reviewed to ensure the incident was not repeated with another person. The infection control audit had identified the fridge temperature was unstable. This could have an impact on the freshness and storage of the food. We saw that a new fridge had been purchased.

Improvement plans to the environment were ongoing. One relative said, "They are always decorating or looking at ways to improve the environment." The most recent plan included the development of the garden. The deputy manager told us, "We have plans to make a part of the garden into a sensory haven. This will include a sofa, water feature and lovely smelling plants."

The provider was also introducing a chef to review each locations menu and nutritional support for staff. The registered manager told us, "This will really help staff in considering the menus linked to people's

special dietary needs."

The provider was aware of new and emerging legislation changes. For example, General Data Protection Regulation (GDPR) this is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. The provider had introduced a signing in book which protected the name of the person signing, but provided the regulatory requirement under fire safety for visitors within the home. This demonstrated the provider took notice of legislation and made the relevant changes to ensure they were compliant.

Partnerships had been developed to reflect positive role models in this area. All the health care professionals told us they had high regard for the service. The registered manager told us they prided themselves on their local reputation. They said, "We have built our relationship with social workers and the neighbouring local authorities which helps us when we need to discuss the needs of people or require additional resources or support. We saw that the registered manager linked in with local initiatives and commissioning meetings. For example, the infection control group and the contracts meetings. The registered manager said, "They are informative and you get to pick up on new ideas." One of these ideas was the 'Red Bag' scheme. This is an initiative which provides a red bag which accompanies the person if they require a hospital admission. It contains details about the person's medication and their belongings. The registered manager said, "It's good to be involved in new initiatives. For all our people we always accompany them to hospital and stay with them on the ward. This is because we know their needs so well and often it is difficult for our group to express themselves".

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the rating was displayed at the home and on the provider's website.

We checked our records, which showed the provider, had notified us of events in the home. These help us to monitor the service. The registered manager was aware of their requirements and had shared this knowledge with their deputies so they could consider any notifications or communications required in their absence.