

Woodlands & Hill Brow Limited

Hill Brow

Inspection report

Beacon Hill Road
Ewshot
Farnham
Surrey
GU10 5DB

Tel: 01252850236

Website: www.woodlands-hillbrow.co.uk

Date of inspection visit:
18 March 2019

Date of publication:
11 April 2019

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

About the service:

- Hill Brow is a residential care home that was providing personal care to 28 people aged 65 and over at the time of the inspection.
- Hill Brow is purpose built over two floors, with secure entry and a lift. People have access to landscaped gardens.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- People received a service that was safe, effective, caring, responsive and well led.
- The service had the characteristics of a good service in all areas.
- Overall people were happy and satisfied with the service they received. A person said, "Yes this is a good home and I think they run it very well. They try very hard - you can't please everyone but for me this is a good place."
- There was a visibly person-centred culture, underpinned by the provider's principles, values and expectations of staff. People received kind, caring and compassionate care from staff.
- There was a strong learning culture. People received their care from staff who were well trained and well supported within their role.
- The service was responsive to people's individual 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.
- The service was well led. The recent change in manager of the service had been managed seamlessly for people.
- People's views about their care were regularly sought and any feedback was acted upon.
- Working in partnership with other agencies and professionals, the service achieved positive outcomes for people in line with their needs and preferences.

Rating at last inspection:

- At the last inspection the service was rated good (08 March 2017).

Why we inspected:

- This was a planned inspection to check that this service remained good.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-Led findings below.

Good ●

Hill Brow

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was completed by two adult social care inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of caring for older people.

Service and service type:

- Hill Brow 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.
- Hill Brow accommodates up to 32 people in a purpose-built building.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had moved to one of the provider's other locations in November 2018 and needed to de-register from this location. The new manager has applied to become the registered manager, and this is being processed.

Notice of inspection:

- This inspection was completed on 18 March 2019 and was unannounced.

What we did:

- Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

- We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.
- We emailed three professionals to seek their feedback on the service, two of whom responded.
- During the inspection we spoke with eight people and one relative.
- We also spoke to three care staff one of whom had been on the night shift, a volunteer, the housekeeper, the chef, the training manager, the HR manager, the manager, the registered manager, the general manager and the provider.
- We reviewed three people's care plans and three staff files. We reviewed people's medication records, staffing rosters and records related to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the care of staff, their comments included, "Yes, I feel very safe here."
- All staff underwent face to face safeguarding training when they commenced their role, which they refreshed annually. Staff discussed safeguarding during their supervisions, which provided them with the opportunity to raise any concerns. Staff had access to relevant safeguarding policies and guidance. Staff spoken with understood their role and responsibility to safeguard people from the risk of abuse and how to report any concerns. They understood how to whistleblow if required.
- The manager had not needed to submit any safeguarding alerts to the local authority. However, they understood their role within the safeguarding process and their responsibilities.
- The provider's auditing processes, ensured they were informed of any safeguarding alerts made and of the actions taken. They also monitored if there were any trends in safeguarding that required action.

Assessing risk, safety monitoring and management

- The provider ensured any potential risks to people were identified, assessed and addressed with them. People confirmed they had been involved in this process. Staff reviewed people's risk assessments monthly and updated them as needed. If people experienced an incident in between reviews, their care plans were updated as required.
- People were provided with any required equipment to manage risks to them. Staff underwent practical moving and handling training which they updated annually. Staff understood how to transfer people safely.
- Staff were provided with relevant information about how to manage identified risks to people which they understood and applied. For example, where people required re-positioning to manage the risk of them developing pressure ulcers. Staff used the equipment and guidance provided.
- People were supported to take positive risks, to ensure they had as much freedom and control over their lives as possible. For example, one person was advised to ensure they wore their alarm pendant when they went outside, to ensure they could still access help.
- Robust processes were in place to protect people from the risk of fire. Relevant fire safety checks had been completed as required. Staff underwent relevant fire training annually and attended fire drills. People had personal emergency evacuation plans in place. The provider had ensured relevant safety checks had also been completed in relation to water, electrical and gas safety for people's safety.
- People's records were accurate, complete, legible and only accessible to authorised persons.

Staffing and recruitment

- People told us there were sufficient regular staff to provide their care. One person said, "There's always someone around during the day if you need help."
- The manager used a staffing dependency tool to calculate and monitor the staffing requirements for the

service. One person wanted to see more staff than two rostered at night but call bell audits demonstrated 90% of calls were answered in under two minutes. Staffing rosters demonstrated there were sufficient staff rostered at all times of the day to meet people's needs.

- There were two staffing vacancies; these were covered by the existing staff team. The provider was actively recruiting to these roles. There was no use of agency staff within the service, which ensured consistency of care for people. This was especially important for those living with dementia.
- The provider completed the required pre-employment recruitment checks prior to offering staff employment. This ensured only staff suitable for their role were recruited.

Using medicines safely

- People's medicines were only administered by trained and competent staff.
- Staff were observed to administer people's medicines safely, in accordance with the instructions on people's medicine administration records (MARs). Staff ensured they signed the MAR after each administration.
- Protocols and procedures were in place for the safe keeping and administration of: prescription medicines, medicines which people took 'as required,' controlled medicines which require a higher degree of security and homely remedies.
- Staff ensured where people received their medicines covertly legislative requirements were met. Staff used relevant guidance to enable them to assess when people might require pain relief but were not able to verbalise this need.
- Staff ensured where people chose to take their medicines in other forms, such as in food or crushed, relevant professional guidance was sought first.
- Monthly audits were completed of medicine management processes, to ensure their safety and to identify any required actions.

Preventing and controlling infection

- The environment was visibly clean and well maintained. There were sufficient staff deployed to ensure regular cleaning of the service.
- Staff had completed face to face infection control and food hygiene training based on best practice guidance, which they updated regularly. They had access to relevant infection control guidance and there was an infection control lead for the service. People's rates of infection had subsequently fallen for the period September 2018 to February 2019 from 14 the previous year to eight.
- Staff were observed to use the personal protective equipment provided to protect people from the risk of acquiring an infection. People confirmed staff wore aprons and gloves when they provided their care.
- Two people required hoisting. Staff told us they used one sling to hoist both people. This was not in accordance with infection control good practice guidance. People should each have their own sling. We brought this to the attention of the manager. The provider took immediate action to provide a second sling on the day of inspection to address this issue.

Learning lessons when things go wrong

- Staff understood their responsibility to report any incidents, which records confirmed. Openness and transparency were encouraged. Processes were in place to ensure following any falls, relevant observations and monitoring were completed for people's safety.
- Staff were updated about any changes to people's care following an incident at the daily staff shift handovers. Staff were kept updated about any national safety alerts which could impact on the provision of people's care.
- The provider audited incidents and the results were analysed for any trends or actions that could be taken to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned and delivered in line with evidence-based guidance, standards and best practice. Potential risks to people and their health and welfare were assessed using nationally recognised tools. The provider ensured staff kept up to date with developments in good practice through information sharing and training. The provider prior to the opening of their new nursing home, had recruited a clinical development lead on a temporary six-month contract, to upskill the staff at all their services. This had benefited people, through staff's deeper understanding and increased skills and a reduction in hospital admissions and GP call outs for people.
- The provider continued to audit outcomes of care for people, to measure the effectiveness of care delivery.
- People's needs were comprehensively assessed prior to the offer of a placement. People confirmed this. One person told us, "Before I moved in they talked to me and asked me what I could do and what I needed help with. It was very thorough." This ensured the service was suitable for the person's needs.
- The provider followed the human rights principles of fairness, respect, equality, dignity and autonomy. These were embedded within their ethos of care, processes and policies which staff applied in their work with people.

Staff support: induction, training, skills and experience

- People told us staff had the skills required to provide their care.
- There was a structured staff induction programme which included the completion of the Care Certificate. This is the nationally recognised qualification for those new to social care. The provider also required staff to complete extended induction competencies to ensure their skills met both the provider's and national requirements.
- Training was provided in-house by clinically qualified staff on a rolling programme to ensure quality face to face training was readily available. Training took account of staff's individual learning needs and styles as documented in their training plans to ensure its effectiveness.
- Processes were in place, such as regular competency assessments and reflective practice. To test staff's understanding and application of their training in practice.
- Staff were supported and encouraged to undertake professional qualifications in social care.
- The provider and the General Manager were members of Health Education England Trailblazers team. They were part of the development of the Nurse Associate and Nurse Degree Apprenticeship scheme. This was now part of the company's newly created development pathway open to care staff within the company. This offered apprenticeships for the continuous development of its staff.
- The provider understood staff needed the opportunity to continually develop and enhance their skills, to ensure people received high quality care and support. Staff were very positive about the training and

support they received. There were regular supervisions and appraisals. Supervisors received training and support for this role. The provider was involved in staff's annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People were satisfied with the food provided. Feedback included, "The food is quite good" and "I enjoy the food most of the time."
- People were given a choice of hot and cold breakfast options. If they did not like the main meal, they were provided with alternatives. People were provided with plentiful supplies of food and drink throughout the day. They had ready access to snack and hydration stations from which to help themselves. Staff understood people's food and drink preferences and any food allergies.
- People's weight was regularly monitored. The risk of them becoming malnourished was assessed monthly using a recognised tool. People had nutrition care plans in place which reflected their needs and preferences. Where required people's food and drink intake was monitored, and meals were fortified to manage any weight loss for people. There was a staff champion to promote good hydration. The chef had introduced new ideas to hydrate people during last year's hot weather.
- The dining environment was pleasant and calm and relaxed for people. Some people enjoyed chatting to others over lunch. Staff were observed to take a little time serving lunch to everyone. as they checked at the point of service what vegetables people wanted on their plate. However, this ensured people were given a choice. The lunch service was a sociable experience for people and was not rushed.

Staff working with other agencies to provide consistent, effective, timely care

- We observed one of the staff shift handovers. Key information and updates about people were shared. Staff identified what appointments needed to be made for people with external professionals and staff were allocated to arrange this. Staff confirmed, the team worked very well together, and communication was good.
- The provider was involved with the 'red bag' initiative, a hospital transfer pathway supported by the local clinical commissioning group. The purpose of which was to ensure the smooth transition of people's information with them to and from hospital. They were also part of the 'Trusted Assessors' initiative with Frimley Park Hospital which ensured people's effective and safe discharge from hospital.

Supporting people to live healthier lives, access healthcare services and support

- People told us they saw the GP and chiropodist.
- Staff continued to use the provider's clinical treatment flow charts, which had been extended to include additional areas, in addition to nationally developed tools. To enable them to identify signs of deterioration in people promptly and to take appropriate action.
- People had access to wide range of health and social care professionals. When people were first admitted, they were initially assessed by the provider's physiotherapist and re-referred again as required. People could choose to remain with their GP if they wished. A local GP service held a weekly clinic to enable staff to respond early to any deterioration in people's health and to review people's health needs and medications.

Adapting service, design, decoration to meet people's needs

- The environment was maintained to a high standard. People had access to their own private space and could lock their bedroom door if they wished. They were able to furnish their bedroom to their tastes, with their furniture. There were communal areas for meeting and socialising and spaces people could use to spend time with their loved ones. People had access to the landscaped gardens, where they could sit or walk.
- The service accommodated people who may be living with dementia. A key fob system of entry, ensured the safety of those who required this care without restricting the freedoms of others. Sufficient signage was

provided to ensure people could orientate themselves. Appropriate equipment was in place to ensure people could mobilise themselves where able.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff involved people in decisions about their care and ensured their human and legal rights were upheld.
- Staff had undertaken MCA training. They understood where people lacked the capacity to consent to their care, they needed to ensure decisions were made in the person's best interests and involved relevant people and professionals.
- Staff had identified when people were being deprived of their liberty to receive care and treatment and the relevant applications had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that although busy, staff were kind and caring. They told us staff made time for them if they were feeling down. Comments included, "Everybody is so nice and pleasant" and "They look after me very well."
- There was a visibly person-centred culture, underpinned by the provider's principles, values and expectation
- People's birthdays and special occasions were celebrated with cards written by the staff and the cook made individualised celebration cakes. The provider and their children personally visited people Christmas morning with a gift. Easter Sunday, they took part in Easter bonnet parades and judging for the best bonnet which people had made with staff support.
- People were treated by staff with kindness and compassion. They experienced positive relationships with the staff, who provided their care and were seen to enjoy their company.
- Staff demonstrated empathy and compassion for people. They were sensitive to people's moods and welfare. During the inspection, a person became visibly distressed. Staff spoke to the person gently and compassionately, they used touch sensitively as they spoke to them. The person quickly responded to this kindness and interest in their welfare and was reassured.
- People's communication needs were clearly documented within their care plans and understood by staff. This ensured staff knew who had a visual or hearing impairment, how these needs were to be met and who required more time to enable effective communication.
- Staff learnt about people's backgrounds and history when people were first admitted. This information was then displayed with each person's permission outside their bedroom. This provided a constant written and pictorial reminder of the uniqueness of each person. These history memory frames enabled staff to learn about each person and reminded them to see each person as an individual. These also generate conversations and help people to connect with others such as staff, other people and families, who might have a similar background or interest. A family member identified a common interest and a friendship between two people was formed.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us how they ensured they gave people choices about their care. A person told us, "The staff don't push you - they don't just do things, they ask you what you want done and if it's alright."
- Staff were heard throughout the inspection to consult people about each aspect of their care and their preferences and wishes. People's wishes were noted on their care plans and respected, for example, it was noted if they did not want to be checked upon at night.
- People were asked whether they wanted input from their families with their care planning. Staff ensured

relevant external help was sourced to support decision making with people where required.

- Staff provided people and their relatives with a range of relevant information about their care and support. This included where relevant, the provider's information leaflet, entitled 'The Journey of Dementia.' To inform and guide relatives of people living with dementia. The chef had also given a presentation to inform people and their relatives about nutrition and fortified diets.
- Staff had the time, information and support they required to provide compassionate care. People's records noted when staff needed to be aware of the risk of the person becoming socially isolated and instructed them to go and talk with them. A relative confirmed, "A lot of people are lonely so need staff to spend talking with them, which they do."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were polite to them.
- Staff had undertaken face to face dignity and diversity training which they updated annually. Relevant policies were in place for their guidance. Staff underwent observations of their practice to ensure their competency, and management observed staff's practice daily. People's records noted issues staff needed to be aware of, and to address sensitively with people, for their reference.
- We observed throughout the inspection people were treated by staff with dignity and respect at all times and without discrimination. Staff supported people discreetly and spoke to them respectfully. Staff were able to tell us how they ensured they upheld people's privacy and dignity during the provision of their personal care.
- The provider recruited a diverse workforce, which enabled people to have choices about who provided their care.
- People's friends and relatives were made to feel welcome within the service. A relative told us how they came and had breakfast with their loved one daily. Another person said how welcome their loved ones were made to feel. People were also able to use technology to maintain communication with family and friends.
- People were encouraged to be as independent as they wished to be. A person told us, "When they come to help me wash they ask me what I want to do and feel able to do by myself, so it does help me retain some of my independence." Their care plans noted the level of support they required and the areas within which they were independent. Staff were heard to ask people if they required assistance, rather than making an assumption. Staff were seen to be patient and allowed people to do things in their own time and as much as they were able to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were able to have trial visits where required, prior to moving in. People continued to be visited by the manager during their initial two weeks, to ease their transition and seek any feedback. The resident's liaison manager also visited all new people over their first three-month period. These visits were audited to identify any learning from the admission process for people.
- People and their families where they wished them to be, were involved in developing their care plans. People confirmed that they had been involved in drawing up their care plan. These were comprehensive and identified their physical, mental, emotional, social, cultural and religious needs. The expected outcomes from the provision of the person's care and required actions were recorded.
- People's care plans were reviewed monthly by their allocated keyworker, who had overall responsibility for the person's care. The person and their relatives were invited to participate in this process and to give their views. People confirmed their involvement.
- Staff continued to be well supported to understand and meet people's needs through their own learning and development. The provider's specialist dementia trainer, provided staff with a graduated programme of dementia training. Staff initially completed a two-hour dementia training course, then a day's course and finally a full five-day course. In addition to other clinical condition specific training, relative to people's needs.
- The provider had since the last inspection, introduced 'scrap books' for people. Their purpose was to capture people's daily lives and experiences within the service, through photos and words. These enabled staff to continue to learn about people and to understand their present experience and future wishes as well as their past. These were to be passed on to families, along with people's life history books and history frames at the end of their lives, as part of their legacy of their time at Hill Brow.
- Staff understood people's individual needs, preferences and behaviours. Staff told us this understanding enabled them to provide people's care in the manner they wished for it to be provided.
- The provider's activities co-ordinator had been absent since 4 March 2019. Staff supported by activities staff from the provider's neighbouring home had ensured activities were still provided and a temporary activities co-ordinator commenced their role on the day of the inspection. The service was registered with the national activity providers association and the activity co-ordinators utilised their resources to celebrate national days within the home.
- People were provided with internal and external activities including entertainment. Activities staff were observed to be very person centred in their approach and included everyone. Records showed staff also spent time with people who preferred to spend their time in their room. On the day of the inspection people were visited by the provider's pygmy goats. People were observed to enjoy patting and interacting with the animals. In addition to a full seven-day programme of scheduled activities. Staff took people out on trips using the provider's minibus and wheelchair accessible vehicles to ensure everyone was included.
- Staff worked with people's families to achieve their personal goals. For example, they supported a person

to go on a longed-for holiday with their family. This gave the person and their family great pleasure. A surprise party was arranged for another person with a relative they had not seen for a long time which brought both parties great joy.

- People's religious needs were documented, and staff ensured people were supported to attend the service of their choice.
- The manager had recently introduced a 'twilight staff shift.' They had identified from feedback some people liked a shower in the evening. This extra staffing, enabled the service to be responsive to people's individual preferences.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they needed to.
- Staff knew about the home's complaints policy and their role in relation to complaints.
- People were provided with information about the complaints policy in their resident guides and in the service information folder. The manager encouraged people and families to complain, and to compliment, as a way of gathering feedback about the service and to resolve any concerns and anxieties.
- People's written, and verbal complaints were recorded, investigated and responded to in a timely, thorough and open way. Apologies were given, and any required remedial action was taken when needed. Care was taken to reassure complainants, for example, by implementing additional checks and to record how they felt about the service's response.
- Complaints were reviewed and analysed monthly to look for trends and ensure learning took place. Feedback was provided to the home's trainer so learning could be applied in face to face sessions.

End of life care and support

- The GP assessed people whose condition was deteriorating at their weekly clinic, to identify those approaching the end of their life. This ensured the necessary plans, medications and support were in place.
- People had end of life care plans where they were ready to have discussions about their wishes and preferences at the end of their life. These included the person's preferences about where they wanted to be cared for. Staff ensured they respected people's wishes where they were not yet ready to have these discussions. The provider ensured where people had, 'do not attempt cardiopulmonary resuscitation' orders in place, this information was clearly recorded and readily available as required.
- Six staff had accessed the provider's foundations in palliative care training, to equip them with the skills and knowledge to support people at the end of their lives. Staff followed recognised models of best practice care at the end of people's lives.
- The service had adopted an idea introduced at one of the provider's other homes, for an 'end of life' basket people and their families could use as the person approached the end of their life. This provided both items such as aromatherapy creams, music, soft blankets and practical information for families.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Most people we spoke with felt the service was good and well run. Comments included, "Yes this is a good home and I think they run it very well. They try very hard - you can't please everyone but for me this is a good place" and "I think it is a very good home. I would say it is well run."
- The provider continued to promote a positive culture within the staff team based on clear values. Since the last inspection they had launched their, 'Sunflower approach,' to care, which symbolised their ongoing commitment to the provision of person centred care. Staff learnt about the approach and its application to care during their induction, in addition to the provider's values.
- Staff felt motivated and well supported by the provider. They were satisfied in their work and told us how the provider knew every person and staff member. This was reflected in the high rates of staff retention for the service and low staff turnover.
- The provider valued their staff. They provided them with a card at Christmas and a bonus in recognition of their work. Staff's longevity of service was recognised and rewarded with a pin staff received for every five years of service, which they wore.
- The culture continued to be open and empowering. The manager and senior management were available, consistent and led by example. The manager and the deputy manager regularly worked on the floor alongside care staff.
- The management team and staff had a good understanding of equality, diversity and human rights. They were able to describe how the needs of people from diverse backgrounds could be accommodated and met within the service.
- The business was family run. They had entered the 2018 'Inspire' awards which showcase local businesses and were awarded the family business award.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A relative told us, "[Name of manager] is a great manager of people. [Name of manager] has time to stop and talk."
- The provider gave flowers to all new people and a personalised moving in card to welcome them to their new home.
- The service had a manager registered with the Care Quality Commission. The registered manager had moved to one of the provider's other locations in November 2018. They still needed to apply to CQC to de-register from Hill Brow. They were waiting to do this until the new manager had been registered. The new manager applied to CQC to become the registered manager on 11 March 2019, and this application is being

processed.

- The registered manager had not notified CQC without delay of an application which had been approved by the supervisory authority, to authorise a person's deprivation of liberty. Whilst there was no impact on the person of this notification not being submitted, registered persons are legally required to submit all such notifications. The purpose of this legal requirement is to ensure CQC are kept informed of specified incidents, to ensure we can take any relevant follow up action. After the inspection, the registered manager submitted a retrospective notification. The registered manager and the manager had met all other legal requirements about notifications.
- The new manager had been appointed from within the service, having previously been the deputy manager. They had been fully supported in their professional development and growth by the provider. People and staff experienced a seamless transition and continuity of care with this appointment. The new manager had a thorough understanding of the service and people's needs and preferences.
- Regular senior staff and management meetings ensured risks and quality of the service were well understood and managed for people.
- Processes were in place to identify and manage any risks to the quality of the service provided. Information was used to drive improvements in the service for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Processes were in place to involve people and their relatives in the service. People's views were sought through their reviews, meetings, a variety of surveys, the internet and the managers open door policy. The manager or the deputy manager were available at weekends to ensure accessibility for people and their relatives.
- People's views, feedback and ideas for improvements were sought at the resident meetings; on areas such as food, activities, the environment and staffing. Since the last inspection a comments book has been made available at reception increasing the opportunities for feedback from all visitors which is included in the monthly audits and reports to the provider.
- People took part in staff recruitment which ensured their views were heard. Volunteering was also encouraged within the provider's services and these were often relatives of people who had been cared for.
- Staff continued to be invited six monthly to meet with the provider, to express their views and ideas on the service. Since the last inspection feedback and comments by staff at the meeting with the provider were included in the monthly audit and management quality report. This ensured a focus not only on people's feedback but staffs also. Any learning from this was shared with the training manager to continuously improve training and ensure training was meeting the needs of staff.

Continuous learning and improving care

- There continued to be a strong focus on continuous learning at all levels of the organisation. The manager was supported by the training manager to assess staff's learning needs.
- Quality assurance processes remained robust and identified the actions taken to ensure people received the care they required. There was a monthly schedule of audits for the service which covered all aspects of people's care. In addition, the provider continued to complete their own regular audits of the service.
- The provider continued to measure and review the delivery of people's care against good practice guidance. They had introduced a new tool since the last inspection to enable staff to monitor and measure people's frailty over time. Results from audits already showed subtle changes in people's presentation had been identified, assessed and relevant action taken. They also continued to monitor the effectiveness of their existing clinical treatment pathways by monitoring people's rates of infection and falls.

Working in partnership with others

- The service continued to work in partnership with relevant external stakeholders and agencies to support care provision and joined up care for people. There were good relationships with GP's and other external professionals.
- The community matron continued to hold monthly clinics at the service, to identify people who were at higher risk, for example, from falls and to plan any required interventions.
- In addition, the provider had formed links with the local primary mental health services, to enable them to access psychological therapies for people.