

Review of compliance

Hillbrook Grange Residential Care Home Hillbrook Grange	
Region:	North West
Location address:	Ack Lane East Bramhall Stockport Cheshire SK7 2BY
Type of service:	Care home service without nursing
Date of Publication:	June 2012
Overview of the service:	Hillbrook Grange is a care home providing personal care and accommodation for 36 older people. Hillbrook Grange Residential Care Home is registered as a charity and is administered by a Board of Directors. The home is located in the Bramhall district of Stockport and is close to local shops and other amenities. Stockport town centre, motorway network and

	<p>public transport are easily accessible. The original Victorian house has a small annex and a larger two storey extension added.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Hillbrook Grange was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11 May 2012, talked to staff and talked to people who use services.

What people told us

We visited Hillbrook Grange on the 11 May 2012. During our visit we spoke with three people who used the service and five members of staff. We also spoke with the Chairman of the Board of Directors which administers Hillbrook Grange.

None of the people we spoke with had any complaints about the way in which the home was managed. The three people we saw who used the service said that they felt safe living at Hillbrook Grange. One person who used the service said "I feel comfortable and when I am not happy they will listen." Another said "I can tell staff if I am not happy, I have never complained there is nothing they could do better." The third person we spoke with said "I have no complaints at all and if I did I could tell the managers."

People told us that the meals were good and that they were given a choice at meal times. We were told by the head chef that he had a budget that enabled him to provide a balanced and nutritious diet for the people that lived at the home. We looked at the menus for the four week cycle and found them to include choices and were well balanced and nutritious.

We looked at four care files all of which were well organised and gave information that showed that peoples needs were being met. The three people we spoke with told us that their GP was called whenever necessary and would visit on the same day if required.

There was a small team of staff who were responsible for organising activities both 'in house' such as bingo, crafts and entertainers and trips out to places such as Llandudno and Blackpool.

Training for staff was an essential core value of the management and the staff team. This

made sure that the staff group were up to date with current thinking and practice.

There were a number of different ways that the Board of Directors collected information to make sure that people were being looked after. They included meetings with the managers and staff who worked in the home; questionnaires given to both people who used the service and family members. Also individual board members, often during morning coffee, had discussions with people who lived at Hillbrook Grange in order to seek their views and opinions about the service offered.

We also contacted the Quality and Assurance team at Stockport Metropolitan Borough Council and Stockport Link. Both of the organisations told us that they had no information about the service which included any concerns.

What we found about the standards we reviewed and how well Hillbrook Grange was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting the standard. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting the standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting the standard. People were provided with a choice of suitable and nutritious food and drink.

Outcome 07: People should be protected from abuse and staff should respect their human rights

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

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

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

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The provider was meeting the standard. Steps had been taken to provide care in an environment that was suitably designed and adequately maintained

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting the standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting the standard. An effective system to regularly assess and monitor the quality of service that people received was in place.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

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

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

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

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with three people who lived at Hillbrook Grange. All said that their privacy, dignity and independence were respected.

Two people told us; "Staff always knock on the door and wait for a reply before entering."

We were told that they were able to make choices about their life style such as times of getting up and going to bed, meals, going out from the home independently and make requests for healthcare treatment.

Other evidence

There was an assessment procedure which started with the initial enquiry and the offer of a two week stay in the assessment flat. People usually returned home after the assessment so that they had time to think about their future. This process also gave the staff time to make sure that they could meet the person's needs.

Once the person and staff had decided that the home would be suitable they were admitted for a longer period with a view to living at the home permanently.

A care file was set up from the information received from the person and any family members. The information included people's likes and dislikes, hobbies, activities they may enjoy and health and personal care needs.

Our judgement

The provider was meeting the standard. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The people we spoke with told us that they were satisfied with the care they received. Two people told us that the staff called the GP as and when they needed them; one person said "I see them the same day if want I to."

We were told that the home provided trips out the most recent being to Llandudno and Blackpool. Also there were 'in house' activities and entertainments.

Other evidence

We looked at the care files for four people. All the care files followed the same pattern, were well organised with information about people's care needs easily found.

A resident's profile which included their life history, their likes and dislikes and any activities they particularly enjoyed was completed and was part of the care file.

Risk assessments had been completed for mobility, nutrition and skin care to make sure that people had the right kind of care and treatment to suit their needs. A monthly review also took place to make sure that any changes were recorded and action taken as required.

The care files contained guidance leaflets for particular needs such as catheter care or how to manage diabetes.

Daily record sheets were completed by the care staff with information that told people

how the person was and the care they had received.

Our judgement

The provider was meeting the standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

None of the people we spoke with had any complaints about the food. One person said; "We have a choice and the food is very, very nice." Another said; "Food ok with me."

Other evidence

We looked at the menu's which rotated over a four week period. They showed a varied menu which offered choices at both the main meal and the tea time meal.

We spoke with the head chef who said that there were no problems about the budget for purchasing food. He also said that if no one liked any of the choices something else would always be offered.

Both the head chef and the kitchen assistant we spoke with had received food hygiene training which was up to date. The kitchen assistant was currently completing a National Vocational Qualification (NVQ) level 2 Diploma in Professional Cooking.

We also saw in the care files nutritional screening records that would show those people who may be at risk from eating a poor diet.

Our judgement

The provider was meeting the standard. People were provided with a choice of suitable and nutritious food and drink.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We asked the three people we spoke with if they felt safe living at Hillbrook Grange; all of them said that they did.

Other evidence

There had been no safeguarding adult investigations or referrals.

When we asked a member of staff what they would do if they suspected abuse was taking place they told us that they would inform a manager immediately of the problem. They would then follow the manager's instructions in order to protect the person. They also knew that they could go outside of the company for instance to social services if they felt that the matter was not being dealt with.

The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) are pieces of legislation to protect people who are unable to make important decisions themselves. There were two documents displayed in the office which showed the steps to be taken when it was felt that someone may not be able to make decisions. These showed that the managers and staff were aware of safeguarding and protecting people. The home did not, at the time of our visit, have anyone who was not able to make decisions for themselves or did not have someone to act on their behalf such as a family member.

All new employees had to complete an application form, Criminal Record Bureau check, provide the names of two people for references and have a face to face interview with the manager. This process was aimed at protecting people from unsuitable members of

staff.

Our judgement

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

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We asked the three people we spoke with did they manage their own medication. One person said that she managed an inhaler but all other medication was administered by the staff.

Other evidence

We looked at the Medication Administration Record (MAR) sheets and found them to be completed correctly. There were photographs of each person with information about allergies, name of GP and any other special indications with the MAR sheet.

We saw that self medication forms had been completed and signed by the person who was using the service. There was a lockable drawer in the persons bedroom in which they could keep their medication.

Everyone who administered medication had received training and every 12 months had an "in house" assessment by a senior member of staff.

There was a separate locked room with metal cabinets fixed to the wall for the safe keeping of medication; one of which was a locked cabinet for controlled drugs. Two fridges for keeping medication were also kept in the medication room.

Our judgement

The provider was meeting the standard. People were protected against the risks

associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We spoke with three people in their rooms. All were pleased with them. One person told us that they had brought their own ornaments and was really pleased with it.

Other evidence

We looked around the home which was well maintained, comfortable and homely. The home was also free from any unpleasant odours.

The Board of Directors had recently commissioned new equipment for the kitchen which included all new cookers, extractor fans and a knife sanitizer.

There were two lifts one at each side of the home.

The grounds which were extensive were well maintained with lawns, flower beds and trees.

Our judgement

The provider was meeting the standard. Steps had been taken to provide care in an environment that was suitably designed and adequately maintained

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not ask the people who used the service if the staff were well supported.

Other evidence

There was a staff structure in place which meant that staff had clear lines of accountability.

We looked at a two employment records which held information that showed the management had in place procedures to make sure that they employed suitable people.

Staff meetings took place three or four times a year. These were also attended by members of the board of directors that administered Hillbrook Grange.

Sometimes members of the board also attended the handover meetings that took place at shift changes (there were three shift changes each day).

The managers tried to organise formal supervision sessions every six weeks but sometimes this stretched to two months. Formal supervision sessions allowed a manager and a member of staff to take time to discuss any issues of concern and also to highlight areas of good practice.

The board were active in promoting training for all staff such as safe handling of medication, fire awareness, health and safety and National Vocational Qualifications (NVQ).

We spoke with four members of staff all of whom said that they had no concerns and that training was readily available. They also said that they had no hesitation in speaking with any of the managers or one of the directors.

Our judgement

The provider was meeting the standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The three people we spoke said that they were able to speak with the staff and managers if they were not happy with anything.

One person said "I feel comfortable and when I am not happy they will listen." Another person said "I can tell staff if I am not happy, I have never complained, nothing they could do better." The third person said "I have no complaints at all and if I did I could tell the managers."

Other evidence

We conducted the inspection visit with the Deputy Manager. We also spoke with the Board Chairman who together with other members of the board was responsible for the administration of Hillbrook Grange Residential Care Home. We were told that there were procedures in place for monitoring and assessing the quality of the service. Board meetings and Home Operations sub-committee meetings took place on a bi-monthly and monthly basis respectively.

There were a number of different ways that the board collected the information. They included meetings with the managers and staff who worked in the home; questionnaires were given to both people who used the service and family members. Also individual directors had discussions with the people who lived at Hillbrook Grange often during morning coffee. A suggestion box was kept next to the visitors signing in book.

None of the staff or people who used the service that we spoke with had any

complaints about the care and attention they received.

We also contacted the Quality and Assurance team at Stockport Metropolitan Borough Council and Stockport Link. We were told that they had no information regarding any concerns about the service.

Our judgement

The provider was meeting the standard. An effective system to regularly assess and monitor the quality of service that people received was in place.

What is a review of compliance?

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

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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