

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

## Hillbrook Grange

Ack Lane East, Bramhall, Stockport, SK7 2BY

Tel: 01614397377

Date of Inspections: 23 April 2013  
19 April 2013

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2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

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

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 April 2013 and 23 April 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We spoke with four people who lived at Hillbrook Grange, a family member, the Registered Manager and two members of the staff team. We also talked to Stockport Social Services Quality Assurance team as part of our inspection process.

No one we spoke with had any complaints. We observed that people were relaxed and that the staff team who were on duty at the time of our visit were polite at all times.

We were also able to talk with the Director/General Manager and one of the board members.

We were told "The home is excellent, couldn't have anywhere better;" "I am asked what I like and don't like, I can ask to see the doctor and can go to bed when I want and get up when I want;" "I can't really say I have any complaints; my family are made very welcome;" and "I feel quite comfortable in talking to the staff if I had any concerns or complaints."

One of the staff team told us; "The food is fantastic, the managers never skimps on the food. We can order anything that's required and there is a good budget to work with." Another person told us that they felt well supported and had no complaints. They also said that they felt comfortable enough to say what they thought and could speak to board members if they wished to.

We looked at three care plans and other records such as staff rotas and personnel files. All were found to be up to date and well organised.

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

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## More information about the provider

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

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

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider sought information about the person from their family members. All the information obtained was recorded on the assessment form which was kept in the care file. Family members were also included in decisions about care and treatment.

We spoke with four of the people who lived at Hillbrook Grange and one family member all of whom said that they had been involved in their initial assessment. They were all able to tell the staff team what their likes and dislikes were which formed the basis of their care plan. Although not everyone was able to remember if they had signed the care plan and other documents we were able to see evidence of signatures in the care file.

People told us that their privacy and dignity was respected. One person also told us "I never do anything I don't want to; always my choice." They also told us "Staff are all ok, in general very good; they respect me and my privacy and dignity."

We were told by the Registered Manager that all the care workers had completed electronic learning (e-learning) in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act and DoLS are acts of parliament to make sure that people who are not able to make decisions or choices for themselves are protected and kept safe.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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All of the people who lived at Hillbrook Grange had a care plan which had been compiled from their initial assessment. The care plans were reviewed every 28 days and updated if the person's care needs had changed. The care plans also had a yearly review which formally involved the person and any family members.

We found that the care plans contained comprehensive information about the needs of the people who lived at Hillbrook Grange. There were moving and handling assessments. We saw a record of an incident that had taken place and the action that had been taken to prevent a further occurrence. The completed daily record sheets contained information that was personal to that person.

The people we spoke with told us that they were happy with the care provided. One person told us "Considering all the people they have to look after they do very well;" "Wouldn't like to go anywhere else it is home from home; I have a walk round the grounds about three times a day and there are nice forms to sit on."

We were told that there had not been as many activities as usual. This was due to the major building work that had been taking place over the past eight months and the retirement of the person who organised the crafts. However we were told by the Registered Manager that an activities organiser had been employed and was due to commence employment in the near future. A trip in the mini-bus had been organised to the flower festival at the local church. Other outings were also being planned for the summer.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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We looked around the home and found measures had been put in place to maintain the health and safety of the people who lived and worked at Hillbrook Grange whilst the current building work was in progress.

A fire consultant had visited Hillbrook Grange to carry out a fire risk assessment. All fire training for the staff was provided by a professional training company.

One of the care managers was also the health and safety co-ordinator. The co-ordinator led a team of staff which included a senior care worker, the head chef and the senior housekeeper. The team had their own office which contained all the files and information required to ensure that the home and the care workers complied with health and safety legislation. The team had introduced new fire exit plans which were placed on the back of all bedroom doors. They were also in the process of updating the employee fire procedures policy which also formed part of the induction training pack for all new employees.

There was a maintenance contract file which contained up to date maintenance records for all the equipment used within the home. There was also a spread sheet in place which showed when equipment needed to be checked, the name of the contractor and who to contact. It also included dates of when work had been completed, when the next check was due and the length of period between checks.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

We looked at the file for the last person to be employed at Hillbrook Grange. We found that the managers had followed all the procedures required to employ as far as possible only people who were fit to work at Hillbrook Grange. All new employees had an induction and a three month probationary period. This period could be extended if the managers had any concerns about the person.

All the staff team were given an employee handbook which contained the policies and procedures of Hillbrook Grange.

We spoke with the Registered Manager, one of the care workers and one of the ancillary staff. All said that they felt well supported by their immediate line managers.

We were told that the care workers had regular formal supervision. Formal supervision is a meeting that takes place in private with the person's immediate manager to discuss their training needs and any issues of concern. These formal meetings were scheduled to take place every 6 to 8 weeks but if either the manager or the care worker wished to discuss a problem or concern they could call a meeting at any time. However we were told that supervision for ancillary staff did not take place as often. This was discussed with the Registered Manager who said that this would be looked at.

Training had been completed in such areas as dementia care, first aid, safeguarding adults and health and safety.

Over half of the staff team had a National Vocational Qualification (now called Qualifications Credits Framework (QCF) which is a competence-based qualification). This meant people learned practical, work related tasks designed to help them develop the skills and knowledge to do their job effectively. Two of the care workers had a diploma in Health and Social Care. There were also four members of staff who were QCF assessors.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There was a complaints policy in place and we were told by the people we spoke with that they felt comfortable in talking to the care workers, managers and board members if they had any concerns or complaints.

We looked at the recent surveys that had been completed by the people who used the service. People had said that they were happy, very happy or satisfied with the care they received.

There had been comments made on the survey forms and in the complaints log that the home was 'too warm'. As a result of this the board had decided to replace the central heating boilers. There were also plans to fit each bedroom with individual thermostats. This would allow people to control the temperature of their bedroom. A letter had been sent out to all the people who lived at Hillbrook Grange informing them of the board's plans.

We also found that the care plans were reviewed and monitored by the senior members of the staff team. The review also gave people the opportunity to express their views and opinions of the care and the service provided.

The Registered Manager told us that from July of this year (2013) they were to introduce a planning and monitoring staffing needs form which will document the needs of people when they are first admitted to monitor dependency levels. From this the Registered Manager will be able to determine if they have low, medium or high dependency needs. This in turn will determine the staffing levels required to meet people's needs and will also assist in providing long term projections in order to be flexible.

One of the directors was conducting a major overall of the homes brochures and web site which included the commissioning of an advertising company to seek the views of the residents and staff.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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