

# Brandon Care Limited

# Hillside House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 5 and 8 October 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming. This was the first inspection of this service since it registered with The Care Quality Commission (CQC) in October 2017.

Hillside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hillside House can accommodate up to 14 people in a newly refurbished building in East Devon, on the edge of the village of Newton Poppleford near the seaside town of Sidmouth. The home consists of two floors with a five-person passenger lift providing level access to each floor. There is a main communal lounge, dining area and small clusters of seating throughout the home where people could spend their time as they chose. To the rear of the house was a large decked veranda which people could easily access with views of the country side and provider's smallholding.

At the time of this inspection there were 14 people using the service. Three of these people were staying at the service for a period of respite.

There was a registered manager who was also one of the directors of the service. A registered manager is a person who has registered with CQC 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 provided excellent strong leadership, was a brilliant role model for all staff and drove up excellent practice to provide people with opportunities. They were at the home most days and was very passionate about the service being people's home. They had been the lead in designing the service and employing a high quality of dedicated staff to ensure they had the same ethos as they did. The registered manager said they had worked hard to get the right staff. Staff said there was a good team spirit at the service. The registered manager was supported by the other directors and family members and an HR facilities manager.

People, relatives and staff described the service in outstanding terms. Everybody without exception was full of praise of the registered manager and their staff team. They said they were marvellous, caring, approachable and always available if they wanted to talk with them.

People and visitors said they felt the care at the home was brilliant. Comments included, "This is a wonderful place to live, they are all so lovely and kind, I was lucky to find this home." Health professionals were very happy with the care provided to their patients. One commented, "The standard of care is excellent."

Staff worked as a team to create a better quality of life for people and ensured they were at the heart of everything at the service. They spoke with glowing pride about the people they cared for and as friends and family. They were very attentive and reassured people and ensured people were comfortable and had all they needed. They were intuitive to people's specific needs and responded proactively to them.

People were supported to have a peaceful, comfortable and dignified end of life care. The registered manager and staff were committed to ensuring people experienced end of life care in an individualised way. There were numerous thank you messages from relatives regarding the good quality care people had received at the end of their lives at the service. In the garden there was a remembrance garden for people who had lived and passed away at the service.

People were cared for without discrimination and in a way, that respected their differences. This was a new service with a small team. Staff were familiar with people's history and backgrounds and supported them as equals. Staff said it was important that people were at the heart of planning their care and support needs. They treated people with utmost respect and ensured their privacy and dignity when helping them with daily living tasks and personal care. Staff promoted people's independence which was very important to them. The registered manager and staff on a daily basis went above and beyond to support people. We were told "we do what they want to do."

People and staff were actively involved in developing the service and were aware of events at the service. Resident and staff meetings took place, both formally and informally. Feedback was always sought from people using the service and relatives in a variety of ways. The provider worked to make the home an integral part of the local community.

People's medicines were safely managed. Staff who administered medicines had received medicine training. Staff supported people to administer their own medicines if able. They had completed self-administration risk assessments and medicine care plans.

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken. There were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to sit and talk with people and meet their individual needs. Staff were up to date with training and additional training courses linked to the needs of the people using the service had been completed by staff.

Care records contained detailed risk assessments. People had individual personal emergency evacuation plans in place and staff discussed regularly with them the procedure to follow in the event of a fire. Accidents and incidents were recorded and analysed to look for patterns or trends. Regular maintenance checks and repairs were carried out and all areas of the service were clean and tidy.

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 registered manager had a good understanding of the Mental Capacity Act (MCA) and staff had received training.

Staff were supported to reach their true potential. They felt able to discuss any issues with the registered manager. Staff were motivated and proud of their service. They said they were well supported and had regular supervision sessions. Staff said they felt involved with the development of the service.

There was excellent partnership working with other health and social care professionals. People were supported to maintain their health and wellbeing and had access to health professionals when

needed. Health professional comments included, "Great really good. Great communication, they call us, keep us updated."

People were very happy with the food they received. There was a two week varied menu containing well balanced nutritious options and vegetables grown by a person using the service. Snacks and drinks were available if people required them. People's weights were monitored regularly and advice sought from health professionals if there were any concerns.

The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. People's relatives and friends were able to visit without being unnecessarily restricted. Relatives were made to feel welcome and were involved in the care planning process. Staff provided care in a way that protected people's privacy and dignity and promoted independence.

People were receiving care that was tailored to their individual needs. Care plans contained detailed information, including their life history, to help staff support people in a personalised way.

The provider recognised the importance of social activities. People were encouraged to engage in meaningful activity to aid both their physical and emotional well-being. A staff member was responsible for co-ordinating activities and there was a varied timetable of events.

There was a complaints procedure in place and people knew how to make a complaint if necessary. The registered manager had not received any complaints since the service had opened. They were very active at the service and had dealt with small niggles as they had occurred to prevent them from escalating.

The provider had a quality monitoring system at the service. The premises and equipment were managed to keep people safe. Records contained accurate and up to date information relating to people's care needs.

A national care homes review website scored 9.9 out of a possible ten, with everyone saying they would be extremely likely to recommend Hillside House. Comments from people included, "This home really feels like home where staff and residents are all kind and friendly. There is a sense of freedom and encouragement."

## 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.

Medicines were safely managed. People where able were supported to self-administer their medicines.

Safe recruitment procedures were in place.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

The service was staffed at an appropriate level to meet people's needs.

The premises and equipment were managed to keep people safe.

Effective infection control processes were in place.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to meet people's needs and had received an induction when they came to the service.

Staff had supervisions and felt supported.

The registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS).

People were supported to access health services when necessary.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who valued them as individuals.

Staff respected and valued people as individuals and worked with them as partners in their care.

Staff treated people with utmost respect and ensured their privacy and dignity and promoted their independence.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Relatives were welcome to visit at any time and were involved in planning their family member's care.

### **Is the service responsive?**

The service was outstanding in providing responsive support.

The registered manager and staff were committed to ensuring people experienced end of life care in an individualised and dignified way.

People were encouraged to develop friendship groups. Their social needs were met and they were encouraged to follow their interests.

Care plans contained information to help staff support people in a person-centred way. Care was delivered in a way that best suited the individual.

There were regular opportunities for people, and those that mattered to them, to raise issues, concerns and compliments.

**Outstanding** 

### **Is the service well-led?**

The service was extremely well led.

The registered manager provided strong leadership, was an excellent role model for all staff and drove up excellent practice to provide people with opportunities.

Staff spoke positively about the registered manager and how they were developing the new service and including them. There was excellent partnership working with other health and social care professionals.

**Outstanding** 

Staff were motivated and proud of their service.

The provider used a range of quality monitoring systems, including audits to continually review and improve the service.

Feedback was sought from people using the service and their relatives and any issues identified were acted upon. People's views and suggestions were taken into account to improve the service.

Staff meetings took place and staff felt able to discuss any issues with the registered manager.

# Hillside House

## 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 comprehensive inspection took place on 5 and 8 October 2018, the first day was unannounced. The inspection team on the first day consisted of one adult social care inspector 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 second day was announced and carried out by the adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority safeguarding team and quality assurance team to ask if they had any concerns.

We used information the provider sent us in the Provider Information Return (PIR). 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.

During the inspection we met most of the people using the service. We spoke with ten people who used the service and eight visitors/relatives to ask their views about the service. We spoke with nine members of the staff team including the registered manager, the HR and utilities manager, five care staff and a member of the housekeeping team and the cook. We also spoke with a visiting GP, hospice nurse and therapist.

We reviewed two people's care records and three staff files which included recruitment, supervision and training information. We reviewed all the medicine administration records as well as records relating to the management of the service. We contacted health and social care professionals who have worked with the provider, to ask them their views about the service. This included staff at the two local GP surgeries and social care team staff. We received two responses.

## Is the service safe?

### Our findings

People said they felt it was safe at Hillside House and they were well supported by staff. Comments included, "I feel very reassured that someone is always there."

There were effective recruitment and selection processes to help ensure staff were safe to work with vulnerable people. The registered manager recorded in the provider information return (PIR), "We have a thorough recruitment process which assists us in choosing the right people to work within the home, we ask potential staff to attend a trial shift, this aids us in seeing if they will fit into our team." This was evident from the staff we met. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were completed, which included references from previous employers. Any unexplained employment gaps were checked and Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work.

The registered manager was actively recruiting to fill one vacant night position. They also had a new apprentice joining the team. Staff undertook additional duties to cover gaps in the rota. The registered manager said staff were very good at stepping in to cover short falls.

Our observations together with discussions with people, relatives and staff, showed there were sufficient staff on duty to meet people's needs and keep them safe. Everyone said they felt there was plenty of staff on duty to meet their needs promptly. Staff worked in an unhurried way and had time to sit and talk with people and meet their individual needs. The registered manager was very active at the service and said they would increase staff if people's needs increased. The staff rota showed that most days there were three care staff throughout the day and two waking night staff. They were supported on a day to day basis by the registered manager, housekeeping staff, a cook, a gardener, an activities person, a maintenance person and directors and provider's family members. Everybody as part of their duties happily engaged with people and supported them.

Staff who administered medicines had received medicine training. Staff supported people to administer their own medicines if able. They had completed self-administration risk assessments and medicine care plans. At the time of the inspection over half of the people were self-administering their own medicines. The registered manager explained that some people could not administer their medicines but could apply their prescribed creams, "Whatever they want we do".

People's medicines were checked in when they arrived at the service from the pharmacy and the amount of stock documented to ensure accuracy. Medicines were kept safely in locked cabinets in people's rooms. Where people self-administered their own medicines, they had a key to access their medicines as they needed.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns

they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority safeguarding team, police and to CQC. One staff member said, "I would tell (registered manager). I know it wouldn't happen here". The registered manager worked in an open and transparent way. When a concern was raised with them they involved the local authority safeguarding team and health professionals. The outcome was there was no evidence of abuse and changes were made as a result.

People were protected because risks for each person were identified and managed. The registered manager recorded on the PIR, "A comprehensive risk assessment is completed including, nutritional risk, falls risk, constipation risk, moving & handling etc." The care records contained these risk assessments about each person which identified measures taken to reduce risks as much as possible. Where people were identified as at an increased risk of weight loss staff took action to consult health professionals and increase the person's food intake. Where a person had become frail and at risk of skin damage. Staff had put in place pressure relieving equipment to protect them from developing sores.

The provider had completed a risk assessment regarding the environment and keeping people safe. These included, a grounds risk assessment, the external concrete ramp, external laundry room, a person's workshop, people going out and about unescorted, window restrictors, hot water and security at night.

An individual risk assessment for evacuation of people in the event of a fire was in place. This was reviewed each month with people to ensure they were aware of the procedure in the event of a fire. The fire officer had visited the home and requested that intumescent strips were added to the fire doors (these expand in the event of a fire and seal off the gap between the door and the frame, preventing the spread of fire and smoke). The provider had taken action and completed this work.

Accidents and incidents were reported and appropriate action taken. They were reviewed by the registered manager to identify ways to reduce risks as much as possible. Staff understood their responsibilities to raise concerns and to record safety incidents. The registered manager worked alongside staff to identify issues and take action when required.

Effective infection control processes were in place. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. The provider had an infection control policy in place that was in line with best practice guidance.

The laundry room was in a separate building to the side of the home. The laundry was tidy and clean and had adequate chemicals and processes to ensure the lint filters were cleaned regularly. Staff undertook laundry duties throughout the day and brought clean laundered items back into the home. This meant the night staff did not need to leave the home during the night. One staff member said, "Our laundry room is separate from the main house so it helps keep the main house quieter from motor noise and also helps reduce odour." Another said, "No noise of the machines, makes it tranquil throughout the home."

Premises and equipment were managed and maintained to keep people safe. There were regular checks in place. These included portable appliance electrical testing, effectiveness of window restrictors, hot water temperatures, weekly fire bells and routes of escape. External contractors regularly serviced and tested moving and handling equipment, fire equipment and lift maintenance. Staff reported any maintenance concerns to the registered manager and these were addressed quickly. The provider had systems in place regarding the risk of legionella. This included a risk assessment and regular cleansing of shower heads and water temperature checks.

## Is the service effective?

### Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. One person said, "I think (registered manager) picks the carers very well...they all seem to love being here."

When staff first came to work at the home, they undertook a period of induction and completed the provider's induction training and competencies program. The provider recorded on the provider information return (PIR), "We operate a trial shift system for potential staff where if we think they have the right attitude towards care they can come and work alongside our staff to see if they fit into our team. New staff undertake our induction training and are buddied until they feel confident and competent." This was confirmed by staff. One commented, "I was watched and showed by senior staff and then they observed me." Another said, "When I first came, (registered manager) and (other staff member) showed me most of it...I was never expected to do anything I wasn't comfortable doing."

The registered manager supported new staff new to care to complete the Care Certificate, which is a nationally recognised Skills for Care training programme for newly recruited staff. Staff said they felt the induction enabled them to perform their role well.

Staff had regular opportunities to update their knowledge and skills. Staff had completed the provider's mandatory training which included, safeguarding, infection control, equality & diversity, health & safety, moving & handling, principles of care, skin care & pressure relieving techniques, diabetes, catheter care, falls awareness and end of life care. The provider also supported staff to complete higher qualifications in health and social care. They also worked with the local college and had apprentices working at the service. One staff member said, "We do quite a bit and it is good. (Registered manager) gets us to do as much as possible. She will sit down and talk to us...the other day it was infection control...helps refresh our memory."

Staff and records confirmed they received supervision on a regular basis. This was an opportunity to meet with the registered manager they reflected on recent work and their own wellbeing as well as discuss any support and training they might need. Staff said they found the supervisions useful and were positive about the support they received. Comments included, "Able to discuss things." The registered manager confirmed they were scheduling appraisals.

People were supported to have regular appointments with their dentist, optician and chiropodist. People were also supported to access other health services when necessary. For example, community nurses, dentist, speech and language therapist (SALT) and opticians. Where one person had bleeding gums a dentist had been consulted and action taken. The registered manager recorded in the provider information return, "As all of our residents are treated "like family" our staff know if something is wrong or the resident is out of sorts and will quickly act to find out the reason. If it is medical then we would contact their doctor or nurse to discuss the issue or to request a visit. Our residents all have phones in their rooms so are equally able to phone their doctor themselves." We saw staff had recorded in people's care records all health professional

visits and advice. Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "We have been called appropriately and in a timely manner" and "They ring us appropriately and promptly and are very proactive."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the home was meeting these requirements. The registered manager understood their responsibilities in relation to DoLS and knew how to make an application if they needed to restrict a person's liberties. The registered manager explained that they did not support people at the service who lacked capacity. They had not needed to undertake and MCA assessments, make DoLS applications or undertake any best interest decisions.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Everybody said the food was good and there was plenty of it. People said there was a good choice and they could ask for different things if they wanted them.

Staff gathered information about people's dietary requirements, likes and dislikes when they first arrived at the home. This information was available in the kitchen for the cook to inform them about people's requirements. Where people had any swallowing difficulties, they had been seen and assessed by SALT. Where the SALT had assessed a person as requiring a special diet these meals were provided for people. People at risk had their weight monitored regularly and further action was taken in response to weight loss and appropriate referrals made.

There was a varied menu containing well balanced nutritious options with at least two main meal choices and desserts. A person using the service had a vegetable garden which they looked after and supplied the kitchen with regular fresh vegetables. There was a kitchenette where people and visitors could access homemade cake and drinks if they chose. Each day people were asked their choices for the following days meals, although they could change their minds at any time and this was facilitated. For example, one person did not want the evening supper as they had been out for lunch and said they fancied a curry, this had been made.

We observed a lunchtime meal at the service, food was served efficiently and calmly. The tables were set with fresh flowers and crockery. Eight people used the dining room and were offered a choice of refreshments with their meals. Others chose to have their meal in their rooms. The cook came out and spoke with people and helped one person make a choice about what they wanted to accompany their dessert.

The registered manager cooked at the service at weekends and was passionate about nutrition. They said, "We get a lot of people under nourished who don't want to eat. We start by using a small plate with small

amounts so it doesn't over power them...introducing them back to eating...find out what they like."

The home was a lovely environment, newly designed, light and airy and furnished to give the appearance more of a hotel than a care home. All rooms had their own phone, ensuite facilities with activated light sensors and high-level toilets. The registered manager referred to the height of the toilets as "comfort height". It had wonderful views from every room and a spacious veranda looked over a small holding with ducks, chickens, Shetland ponies and goats. It felt very much a family environment and everyone took an interest in the outside activities and knew all about them.

The provider had ensured the environment was pleasant and appropriate to support people at the service. They recorded in the provider information return (PIR) "We have worked hard to develop a very caring, secure and homely environment for our residents and staff. The home's environment has been designed to reduce certain elements of risk, i.e. it is light and bright, corridors are wide and easily accessible, rooms are large and well lit, ensuite facilities are easily accessible... I had discussed with existing residents colour schemes and what was important to include for them... Our lift is glass walled as many older people feel claustrophobic in fully enclosed lifts... We included an enclosed courtyard garden with water feature where residents can sit in the sunshine and are protected from any breezes.... Our seating areas are all wheelchair accessible."

## Is the service caring?

### Our findings

The service provided people with care and support from staff who valued them as individuals. Staff were highly motivated to ensure people received care which was compassionate, friendly and kind. People were seen positively interacting with staff, chatting, laughing and joking.

People and visitors said they felt the care at the home was brilliant. People's and relative's comments included, "This rates the highest of all the homes I have been in, the staff are good, even the chef has time to talk, they are all very friendly, it is just like home", "Everyone here is kind..." One person said, "My friend said, "You are looking so much better this place really suits you."

All health care professionals were very happy with the care provided to their patients. Comments included, "Hillside provides excellent care to our patients... Great care and dignity is shown towards the residents" and "Very good. The standard of care is excellent"

Staff respected and valued people as individuals and worked with them as partners in their care. They promoted a sense of compassion, kindness and caring for everyone involved within the organisation which extended to people's families. Staff were considerate and caring in their manner with people and knew people's needs well.

Staff were very attentive and spoke and reassured people, they ensured people were comfortable and had all they needed. One person told us how staff had supported them when their spouse had died. They told us the care workers had been wonderful and came and sat with them and held their hand. Comments included, "They are wonderful about coming in the morning to get me up I really can't fault them, I am not easily pleased but I can't say anything wrong about them, they are always cheerful."

Staff adopted a strong and personalised approach in how they worked with people. They worked in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They said it was important that people were at the heart of planning their care and support needs. For example, one person said staff had worked with them to find an alternative way to wash their hair because of a change in their health. They said, "The care is extremely good, staff are excellent, nothing is too much trouble."

The registered manager and staff went above and beyond to support people. For example, last Christmas they had worked with a person to enable their sibling to stay at the home as they had not been able to celebrate Christmas together for several years. The person had sent a thank you card saying, "It was a wonderful Christmas present to have him with me".

Other examples included, staff in their own time taking people on outings to go to the bank, do some shopping, visit the local beach and visiting the local garden centre. One staff member was working with people regarding personal gifts they wanted to give their family and friends for Christmas and enabling them

to get them. A visitor said, "Always gets exactly what (person) wants, (person) says staff are wonderful and (person) really means it..."

The registered manager and staff had received numerous thank you cards which praised the staff for their kindness and support. Examples included, "All the staff are fantastic and it's a really homely caring and happy environment. The best I have ever come across" and "We cannot thank you enough for what you and your staff did to help look after (person). You were all terrific and reassured us at every step of the way. I still cannot believe that we were so very fortunate to come to Hillside House, where we enjoyed wonderful company, comfort and food."

Staff treated people with utmost respect and ensured their privacy and dignity when helping them with daily living tasks and personal care. People confirmed staff maintained their privacy and dignity when assisting with intimate care. We observed staff knocking on doors and discreetly supporting people. They involved people in their care and supported them to make daily choices. For example, people chose where they spent their day and the clothes they wore.

In people's care plans staff were reminded to seek consent from people before carrying out tasks. People confirmed they had a care plan, which was discussed with them and no care was given without their consent. They said staff promoted their independence which was important to them. A relative praised the way that people were given as much opportunity to be as independent as possible while being kept safe at the home. We were told about one person who would not have stayed if they had not been allowed to use the lift independently. People also praised staff for assisting them when needed. For example, one person explained how they got breathless at night when getting up to use the toilet. They said staff had spoken with them and reassured them to ring for assistance. The person told us they wanted to be independent but was reassured by this.

The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. The staff were aware that it was people's home and did not rush around carrying out tasks. Staff carried pagers to alert them if somebody had used their call bell, in order to keep the atmosphere at the home calm without constant ringing. The registered manager monitored call bell responses to ensure staff responded promptly. People's rooms were personalised with their personal possessions, photographs and furniture.

People's relatives and friends were able to visit without being unnecessarily restricted. The provider had an open-door policy and people and visitors could come and go as they pleased. People and a relative said they were made to feel welcome when they visited the home. There was a refreshment area for people if they chose to help themselves with homemade cakes. A person said, "They come up with a cup of tea and a biscuit for them, they are always made welcome my friends love coming here". A relative said, "The family is always offered lunch they are so accommodating we can't fault it, we all look forward to coming to see Mum, it is like going to a hotel." Another said, "It is brilliant and the hospitality is fantastic." Visitors confirmed they were offered lunch and refreshments at the home when they visited.

## Is the service responsive?

### Our findings

People received exceptionally personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. Staff ensured people living at the home were at the heart of everything at the service. It was evident from speaking with the registered manager and staff that people mattered at the service. They spoke with glowing pride about the people they cared for and showed they worked as a team to create a better quality of life for people.

The registered manager and staff strived to provide the best possible person-centred care and support for people. This was confirmed by health professionals. One commented, "Very personable feel to it here, a family. Another said, "Very open, very professional, one of the easier homes to work with."

People and relatives said the service was excellent at meeting their individual needs. One person said "The care is very good here...exceptional. I am very, very content with the way things are." A relative said, "This place has been amazing, they do as much as they possibly can." Another said, "I have noticed a real difference in my (person) since she has moved in here." A letter from a relative said, "Whatever they want the staff respect their needs... all of the stress of everyday life has been taken away by dedicated carers, most of all she feels safe. The residents have become a family, supporting each other in sadness and achievements...They can take part in daily activities if they choose, their medical needs are dealt with by professionals."

People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance. It was evident that the registered manager and staff were passionate about looking after people at the end of their life in a caring and compassionate way and ensuring they respected the person's wishes. People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse.

There was one person receiving 'end of life' care at the time of our visit. The registered manager had written a detailed care plan for this person setting out the support the staff needed to give. It guided staff how to reposition the person, pain relief, pressure care, oral hygiene, eye care and suggested ice for the person to suck.

The registered manager explained that a staff member had sat with the person the previous night to give reassurance as they were anxious. They said they had been working with the person regarding foods they would like to and were able to eat. They said they had fancied tomatoes so they had carefully removed the skin and seeds from a tomato and gave the person what remained, which had been well received.

Throughout our visits we saw genuine caring and supportive interactions between the registered manager and staff with the person's family members. The family asked if they could speak with us and made us aware another relative had also received end of life care at the service. They said, "It is such an ideal place, friends and family are welcome. (Relative) passed away here and (registered manager) and the staff were all very

supportive to the whole family which meant so much...we were a bit lost sometimes and the support was tremendous, we didn't really know what to do and (registered manager) helped us, she was there to support (relative)... (staff member) came to talk to us and discussed the fact that (person) was unwell ...is monitored daily ..."

A visiting hospice nurse said, "Great really good. Great communication, they call us, keep us updated. We can come anytime we like... no concerns regarding end of life care. We get good feedback from families who feel they have been well supported...given good emotional support." Another health professional said, "Terminal care...very well set up for that here."

The registered manager and staff had received numerous thank you cards from relatives of people they had supported at the end of their lives. These included, "You were always caring, compassionate and professional and we are very grateful... We know that (person) was very fond of you all and that you made a difference to her life by caring for her so well" and "Think of you as our fairy godmother in that you made all our wishes for (people) come true. We think you are truly amazing and we will never forget what you did..." They had also received a card from the local hospice team praising them for the care they gave. The comments included, "You all did a great job looking after (person)."

Staff had worked to ensure a person's faith was respected. The registered manager said there was a very specific way one person's religion required them to be treated after death. They had researched this and ensured it was followed out in line with the person's wishes. They went on to say, "It was our way to respect (persons) belief."

In the garden at the home, was a remembrance garden for people who had lived and passed away at the service. Individuals were marked by decorated pebbles and meaningful objects to the person. The registered manager explained that a maple tree was on order for one. The home had hosted a wake for one person. Their relative told us their relative had been very well looked after by staff. They said how supportive everyone had been to the whole family and they had even had the wake for 50 people in the home.

Staff were intuitive to people's specific needs and responded proactively to them. The hospice nurse told us how the registered manager had been proactive in supporting a person receiving end of life care. They said the registered manager had requested a visit from them and the GP because they wanted to be sure the person had everything in place which they might need. For example, medicines for pain and agitation if required. Another example a person told us was that they had indigestion at night and said they rang the bell for a cup of hot water "They always bring it and come quickly." They went on to tell us "They are used to me and when I ring down ... in the morning they know I want a cup of tea and bring it up."

Before people chose to stay at Hillside House, people and their relatives were invited to look around the home. The registered manager and staff took this opportunity to assess the person and their needs to ensure they had the skills to meet their requirements. Staff included people and their families in the admission process to the home and were asked their views and how they wanted to be supported. This information was used to develop care plans.

People's care records contained their personal information and the relevant people involved in their care, such as their GP, optician and chiropodist was recorded in the care plan. People's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support. Guidance sheets were in people's files about their specific health needs to guide staff. This meant that when staff were assisting people they had information about the person's choices, likes and dislikes; staff used this information to provide appropriate care and support. Staff said they found the care plans helpful and were

able to refer to them when required. The staff were required to record all interactions with people and the support provided.

Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. Each month staff would review people's care needs. Room one was completed on the first of the month and so on. They involved people and their relatives according to their individual wishes.

Equality and diversity was part of the provider's mandatory training requirements. People were cared for without discrimination and in a way, that respected their differences. Staff were familiar with people's history and backgrounds and supported them as equals. For example, staff had supported a person from Canada to maintain their national identity.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager said information was provided to people in accessible formats where needed, to help people understand the care and support available to them. For example, one person liked sudoku. The registered manager produced large print sudoku grids for this person and the answers. The registered manager had also produced a large print of the service sheet for the harvest festival celebration. One person was registered blind and wanted to do art. Staff discussed with this person their requirements and supported them to complete art work of their choosing. They used different colour paper and paints to maximise the person's ability to see their art work. One staff member said, "Nobody is treated differently here."

The registered manager recorded in the provider information return (PIR) "Our staff sit with each resident and discuss their individual needs if they identify a specific communication or sensory need which may require additional input from someone more specialist then the staff will record this information and advise me. I will then refer this identified need onto the relevant professional that is better able to assess the need i.e. an ophthalmologist for any sight impairment or audiologist for hearing loss; speech and language for any aphasia. Any identified need is logged in their care plan and the plan of care recorded so all care staff can follow the recommendations." People had information about their communication needs in their care plans to guide staff on how to ensure they had the information required. Staff ensured people had their hearing aids in place and had their glasses cleaned.

The provider recognised the importance of social activities. People were encouraged to engage in meaningful activity to aid both their physical and emotional well-being. A staff member was responsible for co-ordinating activities and there was a weekly timetable of events. Staff said they had time to spend with people. One staff member said, "We organise activities, it is all about what they want to do. They will tell us if something isn't right. They tell us what they want and we do it." One staff member gave an example of playing charades each week as requested.

One person loved gardening. The registered manager had allocated an area of the garden for an allotment for them to garden along with a small igloo shaped greenhouse. They had also enabled the person to set up a small workshop with their tools. The person and their relative said how much this had helped them to rebuild their life. During our visits people were seen enjoying the outside space either in the garden area or on the veranda. People said they really appreciated the smallholding, "It is just lovely having animals around". People said how they enjoyed going out and watching the person garden and having a chat with them. Another person loved the birds, they had a bird table which staff ensured always had a supply of food.

The registered manager and staff had supported people to develop strong social relationships with others at the service. During the two days of our inspection a birthday party was being held for a person. Two people told us how one had been practicing a recital of happy birthday on the piano and another who had made some sugar craft to place on the birthday cake. We spoke to the person on the second day of our visit who told us they had a lovely birthday which their family and most people at the service had attended. A relative sent a card which said, "Thank you so much for making mums birthday so special... We really appreciate all your kindness and efforts to make her feel so at home." People told us how they had enjoyed a quiz about information about people and staff at the home. For example, names of the owner's grandchildren and who has 'green fingers'?

People said that staff respected their desire to be alone in their rooms but came in regularly to chat to them in the evenings or encourage them to come out to partake in activities. One person said, "Quite often the carers come up in the evenings to talk and offer me something to eat... last night she said she would do me poached salmon or scrambled eggs. They are very obliging nothing is ever too much trouble."

An external therapist visited each week to give a variety of therapies. For example, reiki treatment. The therapist said the provider paid for a half day a week to come and give a variety of therapies to both people and staff. A relative told us how it had really helped their relative relax.

People's special occasions were celebrated at the service. People and visitors told us about the many parties for special birthdays, Christmas, Halloween and summer barbecues. Visitors were always invited and made welcome and special efforts were made with cakes and decorations. We were shown photographs of a harvest festival celebration the week before our visit, where produce from the garden had been displayed and people sang hymns, prayers and talked about harvest memories. One visitor said how staff had put on a special wedding anniversary party and everyone had been involved. People said how much they enjoyed the events put on at the home.

The provider had a complaints procedure which made people aware of how they could make a complaint. The registered manager had updated the complaints procedure with outside agencies people could contact if their complaint was not resolved to their satisfaction. This included the local government ombudsman, local authority and the Care Quality Commission (CQC).

People and relatives said they would feel happy to raise a concern and knew how to. They said they did not have any cause for complaint, but that they would be able to raise concerns with staff or the registered manager if they needed to. There had had been no complaints received at the service since it opened. The registered manager was very active at the service and dealt with small niggles before they escalated to a complaint.

## Is the service well-led?

### Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was one of the directors and were also registered for the provider's two other services. They were very experienced and was a registered nurse, an environmental officer and had a diploma in nutrition. The registered manager was supported by other directors who were family members and an HR facilities manager. They stepped in at the service in the absence of the registered manager. The registered manager worked with all of the services she managed to share learning, best practice ideas and to discuss challenges.

People, relatives and staff described the service in outstanding terms. They were full of praise of the registered manager and their staff team. They said they were approachable and always available if they wanted to talk with them. Comments included, "I really can't fault it ... I have already booked my room", "When I was told she was a very good businesswoman I was expecting someone strait laced but she mucks in and helps", "Is very easy to talk to" and "(Registered manager) is such a caring person and all the staff are, she is so accommodating ...comprehensively I think it is ideal."

Staff all told us that they loved working at the home and would be happy for a relative of theirs to use the service. They all said it was a big family and that it was people's home. The registered manager had recorded in the provider information return (PIR), "Our residents are at the centre of everything we do and are involved in all aspects of the running of the home... I have an excellent team working at Hillside, we work on a total team ethic, this allows everyone to work to develop their best potential."

The registered manager provided strong leadership, was an excellent role model for all staff and drove up excellent practice to provide people with opportunities. They were at the home most days and was very clear about it being people's home. They had been the lead in designing the service and employing staff to ensure they had the same ethos as they did. Which was to provide a top quality service; provide people with dignity and the respect they deserve; to ensure people feel valued, respected and cared about in a relaxed homely environment and for people to maintain as much independence as able.

Hillside House had a positive culture that was person-centred, open, inclusive and empowering. Staff were motivated and proud of their service. The registered manager and staff worked well together and had the same goals. The registered manager said they had a good team spirit at the home and had worked hard to get the right staff with the right attitude. The registered manager explained, "It is about empowering the staff ... we all muck in together."

There was excellent partnership working with other health and social care professionals. The service had built close links with healthcare professionals since opening. They gave positive feedback regarding the knowledge and cooperation of management and staff. Comments included, "Great really good. Great communication, they call us, keep us updated", "It is well led and safe" and "I am very happy with the care my patients receive. I have had nothing but praise from my patients and families about Hillside."

All staff were responsible for ensuring people felt safe, important and supported well. Staff worked at the same level and would undertake any role at the home. This was confirmed by staff, one said, "We are all one team, no titles, (registered manager) is part of the team." They said the registered manager listened to them and took on board their suggestions. The whole team demonstrated they shared responsibility for promoting people's wellbeing, safety and quality of life.

The registered manager had promoted a positive culture by supporting staff during the first year. This included recognising staff abilities, supporting them to develop their skills. The provider worked with the local college and had apprentices working at the service. In order for the apprentices to get more experience they also worked at the provider's other services to get additional skills. Staff were supported to reach their true potential. They were encouraged to obtain additional qualifications and suggest training which would benefit the people they supported. Staff were supported to develop their skills. This was through induction, national recognised care certificates together with a wide range of additional courses. These assisted in providing staff with the skills and knowledge needed to care for people appropriately. The provider told us in the PIR, "We have won a gold award at the Devon & Cornwall outstanding care awards for one of our care staff and our chef was part of the team that received bronze.

The registered manager researched best practice when designing the new service. They used recommendations from the Bradford university, Alzheimer's society and visual impairments guidance from Britain and overseas. This included painting the skirting's and door frames a contrasting colour and using daylight LED. We saw the colour chosen was grey. The PIR recorded, "This allowed them to see the edges of rooms and corridors better." People had also been involved in deciding colour schemes at the home.

The registered manager had also used guidance from social care institute for excellence (SCIE). The 'Dementia Gateway' identifies the need for normality in social care. To encourage this, they had several intimate seating areas throughout the home to promote opportunities for meaningful social interaction, positive communication and relationships.

The registered manager always tried to use best practice for people. They researched via the internet and care publications and belonged to a number of care home hubs which sent out regular notifications with regards updates. They included people in this research. For example, a person was prone to getting small skin tears. With the registered manager they researched products they could use to help minimise further skin damage. They told us they already had some special socks and had ordered some protectors from America.

The registered manager was an active member of the local Devon Care Kitemark group. This group of independent care providers has a commitment to ongoing improvement, sharing best practice and instilling pride and positive values about life in care homes across Devon. They told us "Here we are again able to share knowledge and experiences with other care providers."

The provider used a range of quality monitoring systems, including audits to continually review and improve the service. They had recorded in the PIR, "We have a comprehensive quality assurance system which is used to monitor all aspects of the home ..." We found there were regular audits which included checks of medicines, care records, the environment, health and safety as well as room checks. The registered manager had taken appropriate action for issues identified in the audits. For example, the registered manager had identified the oral health assessment tool was not as effective as required and a new one had been implemented.

The registered manager completed a 'manager's monthly audit' and looked at all areas about the running of

the service. This included, falls, pressure area care, nutrition, continence, manual handling, activities, staff ratio, call bell response time, accidents and incidents, medicines, training and supervisions. Where they identified any concerns, they took action. For example, window restrictors had been replaced because as stated in the PIR, "Some residents had learned how to remove them." The registered manager used a service improvement plan (SIP). They said in the PIR, "Our Quality assurance...high lights any areas where we may find ourselves lacking in excellence, once identified we put our plan into action to ensure we improve."

People and staff were actively involved in developing the service. The registered manager had recorded in the PIR, "We encourage their (people) active participation in the day to day running of the home ... We listen and respect everyone's opinion and consult frequently with everyone to discuss future projects or activities to ensure everyone feels included." Examples of the day to day running included a person discussing vegetable options for lunch they had grown in the garden. Another when celebrating a person's birthday, people had decided they would have afternoon high tea and a later supper.

There had been two formal resident's meetings since opening. This provided people and their relatives an opportunity to discuss the service. This meant people could make suggestions or comment about the service they received and environment they lived in. The registered manager also spoke with people daily and asked their views and had informal meetings.

People and relatives were asked to complete surveys. They were asked if they were satisfied with all aspects of their care, including meals, laundry and activities. The registered manager confirmed people and staff were advised of the survey responses and any changes which had been made as an outcome. For example, a food survey, had resulted in a menu change.

The registered manager ensured people were aware of events at the service. They said, "It is their home and it is important they are kept informed even if it is something that is negative. It is important not to exclude them." We were told by the registered manager about a difficult decision they had needed to make and had shared information with people.

Staff confirmed they had regular discussions with the registered manager. They were kept up to date with things affecting the service. There were clear lines of communication between the registered manager and the staff team and a number of communication methods were used. These included team meetings, supervision, and daily handovers. Staff meetings were held every two months. Records of meetings showed staff were able to express their views, ideas and concerns. One staff member said, "We are a small team ... (registered manager) will sit down with us and we discuss what is happening."

Between each shift there was a handover to give staff key information about each person's care and any issues brought forward. The registered manager attended daily handovers and chatted regularly with staff about what was happening at the service. A staff member said, "We are a small team, we have a handover which (registered manager) is at. I can always have an informal chat with (registered manager) if I have any queries."

A national care homes review website had received eight reviews, three from people using the service and five relatives. They scored 9.9 out of a possible ten, with everyone saying they would be extremely likely to recommend Hillside house. Comments from people included, "This home really feels like home where staff and residents are all kind and friendly. There is a sense of freedom and encouragement", "I am very happy here and the staff (including the owner) are very caring. We are all made to feel 'special' and the residents (now my new friends) are lovely people" and "I had an excellent experience... Everyone is encouraged to be comfortable... I was told that the aim was for everyone to be happy. I certainly was..." One comment from a

relative that reflected the other comments included, "The staff and manager are hardworking, kind, caring and professional. They go out of their way to individualise her care and provide a stimulating environment for all the residents. Hillside House has a home-from-home atmosphere that is far removed from any institution and it is a pleasure to visit my mum there."

The provider was keen for the home and people living there to be an integral part of the local community. Several of the people at the home were from the local area and had family and friends who visited regularly. The provider kept local organisations informed about the development of the service. Events at the home were open to local people. A coffee morning was planned at the home which included a craft store of people's crafts. An advert had been placed in the local parish magazine to inform local people. Local organisations were actively involved with the home. These included, the local church and rector, the local choral society, local school children and local theatre company. The provider recorded in the PIR, "We have good relationships with several local community groups who visit the home... The local school visits to chat to the residents about various topics..."

In October 2017 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

Records were stored securely in the front reception area in locked filing cabinets. This meant information was secure and not accessible to unauthorised people.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained.