

Methodist Homes Hillside

Inspection report

Ardenham Lane
Bicester Road
Aylesbury
Buckinghamshire
HP19 8AB

Tel: 01296710011

Date of inspection visit:
05 November 2019
12 November 2019

Date of publication:
04 December 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Hillside is a care home with nursing care support. It provides a light and welcoming environment for up to 68 older and younger adults living with physical disabilities. Accommodation is spread over two floors. People had access to a range of communal areas. We observed people freely accessed garden areas.

People's experience of using this service and what we found

People were supported by a service which was exceptionally well-led. The registered manager and staff routinely advocated for people's best interests. The home fostered a culture of inclusion and challenged discrimination at all levels. People were routinely involved in decisions about their care and their life skills were valued and respected.

People were encouraged to be as independent as they could be. People had developed positive relationships with staff. People told us they liked living at the home. Comments included, "Home is wonderful, it makes you feel wonderful," "I feel loved" and "I feel cared for."

People were protected from avoidable harm. Staff knew how to support people in a way that minimised the risk of harm. Staff knew how to recognise abuse and had the confidence to report any concerns.

People told us they had a positive experience of moving into the care home and felt they had regained their independence. Comments included "Coming to Hillside was like seeing the light at the end of the tunnel," "I have enjoyed living here a tremendous lot. The staff, management and catering team treat me like part of the family and sometimes I cry with joy because I am so overwhelmed" and "You're free and that is how I feel."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

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

Rating at last inspection

The last rating for this service was Good (published 23 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Hillside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On day one the inspection was carried out by one inspector and a specialist advisor who was a nurse. The same inspector visited the home for a second day.

Service and service type

Hillside 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager opportunities throughout the inspection to share with us what they did well. We took this into account when we inspected the service and made the judgements in this report.

We looked at information we held about the service and what people had told us. We contacted local authority safeguarding teams. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives. We had discussions with the registered manager, deputy manager and five staff. We observed mealtimes in different parts of the home, part of a medicines round and part of an activity.

We looked at a range of records. These included five care plans, four staff recruitment files, the staff training matrix and staff meeting minutes. We checked a sample of internal audits, audits by the provider, records of complaints, accident and incident forms. Other records included maintenance and upkeep of the premises, health and safety records.

After the inspection

We sought clarification about some of the evidence we found and reviewed information we asked the manager to send to us after the visit.

We contacted staff and community professionals by email, to invite them to provide feedback. We reviewed information relatives, staff and people who used the service sent to us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we recommended the service sought guidance from a reputable source about stock control of medicine that required additional controls due to their potential for abuse. At this inspection we found improvements had been made. We found stock control of all medicines held within the service was safe and followed best practice guidance.

- People were supported by staff who had received training on how to support them safely with the administration of their prescribed medicines.
- We observed medicine administration. Staff demonstrated they were kind, professional and patient with people.
- Records relating to people's prescribed medicines were maintained accurately. We found additional guidance was available for staff regarding medicines prescribed for occasional use and medicine given without the knowledge of the person in receipt (Covertly given, usually hidden in food).
- The service had support from an external pharmacist who carried out a yearly audit. Any remedial action identified was completed in a timely manner. The home had worked with the Clinical Commissioning Group (CCG) pharmacist. All residents of the home had received a full medicine review. This had led to a reduction in prescribed medicine to help benefit people's well-being. The deputy manager continued to work with the local GP's and pharmacist to ensure people received their prescribed medicines on time.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- People and their relatives told us they felt safe at the home. Comments included "I owe a great debt of gratitude to them [Staff], they saved me", "I have peace of mind now" and "I no longer worry about finding her on the floor."
- Staff received training on what to do if they suspected a person was being abused. The local safeguarding teams telephone number was clearly displayed for people and staff. Staff had been issued with an aid memoire pocket size booklet which they could refer to at any time if they had any concerns about a person's welfare or safety. It included information about who to contact out of hours.

Assessing risk, safety monitoring and management

- People were protected from potential risks. The risks associated with people's medical conditions were assessed, for instance, we found risk assessments had been completed for wide range of issues. These included, skin integrity, risk of falls and risk of choking.
- Where people required the use of bed rails to maintain their safety a risk assessment was in place. Staff

told us they were aware of how to minimise the risks posed to people.

- Risk assessments were routinely reviewed on a monthly basis to ensure the risks posed to people prevented potential harm to them. Where people were identified as high risk of harm, it was clear the service worked with them to reduce the likelihood. One person proudly declared to us "I have the record for falls in this place." They went on to tell us how staff supported them to be as independent as they can. The person told us "I have falls quite often, but I want to do it for myself, I am determined."
- Environmental risks posed to people had been assessed and were well managed. Risk assessments had been carried out in line with national guidance. For instance, a fire risk assessment was dated May 2019 and a Legionella risk assessment was dated June 2018. We observed routine health and safety checks were carried out and records were correctly maintained.

Staffing and recruitment

- Records demonstrated staff had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- The registered manager had systems in place to monitor staffing levels. This included looking at call bell response times. In addition, each person's level of dependency was assessed and routinely reviewed to ensure enough staff were deployed to meet their needs.
- People supported the staff with the recruitment process. People provided a tour of the building for future staff and answered any questions about the home while they waited for their interview.

Preventing and controlling infection

- People were protected from the risk of harmful infections. The home was supported by a knowledgeable domestic staff team who followed best practice guidelines. People and their relatives gave us positive feedback about the environment. Comments included "The home always appears to be clean, with hygiene at a good standard" and "The environment has always been bright and clean."
- Staff had received training in the prevention of infections. Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- The home had received an inspection by the local authority on food hygiene in January 2019 and had been awarded the highest rating of five.
- Audits were carried out regarding cleanliness of the environment. Any remedial action identified was rectified in a timely manner.

Learning lessons when things go wrong

- Incidents and accidents were recorded.
- Staff were aware of what needed to be reported and told us they would not hesitate to raise a safety concern to the management team.
- The registered manager and provider had systems in place to monitor and analyse trends in accidents and incidents.
- The provider shared and cascaded learning from incidents across all of its locations. We noted lessons learnt had been discussed at a regional management meeting. The service received national safety alerts and the registered manager was required to report any actions made to the provider's health and safety team.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to moving into the home. The registered manager or deputy manager carried out a full care needs assessment. This captured important information about people's physical and mental health, likes, dislikes, family and social history.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, sexuality and cultural considerations.
- The registered manager and staff regularly worked in partnership with external healthcare professionals to re-assess people's needs to ensure they receive effective care. The staff routinely used evidence-based practice to inform their own work with people. For instance, they referred to newly produced NICE guidance. In addition, nursing staff held a journal group where new research ideas were discussed.

Staff support: induction, training, skills and experience

- People told us they thought the staff were well trained. One person told us "I have every confidence in the staff." Staff were supported with a robust induction process which involved, the allocation of a 'buddy' an existing and experienced member of staff. All staff received ongoing support from a line manager, refresher training and an annual review of their performance. The registered manager had systems in place to monitor when staff were due one to one meetings or training.
- The registered manager encouraged staff development. One member of staff told us "[Name of registered manager] helps everyone, staff who are completing their training, she always is available, I don't know how she does it."

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

- People's nutrition and hydration levels were well managed. The support people required to ensure they maintained a healthy balanced diet was detailed in their care plan. For instance, staff knew which people required their meals adapted by either thickening fluids or being provided with a soft or pureed diet. Some people were supported with nutrition through a percutaneous endoscopic gastrostomy (PEG) feeding tube. Records demonstrated staff were skilled in maintaining the cleanliness of the site to reduce the likelihood of infection.
- People gave us positive feedback about the food. Comments included, "Very good", "Good" and "Lovely meals, I had sausages today, they were very nice." Arrangements were in place for people to meet with the chef to discuss meal options. The provider had carried out meal time observations and the deputy manager had carried out role play training in respect of meal time experiences. These helped to drive improvement in people's experiences.
- People were always offered a choice. We observed people were supported with their meal in a dignified

and patient manner.

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

- People lived in a home which was appropriately adapted and designed to meet their needs. This included adapted bathrooms, provision of grab rails and sufficient space for wheelchairs and hoists to be manoeuvred safely.
- People had been consulted about making improvements to the environment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People benefitted from a service that worked well with external healthcare professionals to promote their health and well-being. One person was admitted to the home with chronic, deep and complex pressure wounds. The nursing staff worked alongside the tissue viability nurse to provide appropriate treatment. The wounds had completely healed, and the person no longer required a robust dressing routine. As a result, the person's quality of life had been improved and they had begun to engage in their chosen lifestyle. This included sitting out to have their meals.
- Where advice was given to staff following a consultation with other professionals, this was followed. For example, how to meet people's dietary needs. People told us they were supported with their medical needs. One person commented "I enjoy the company and the medical attention I receive is good." People were supported to maintain their oral health and hygiene.
- Staff had handover meetings between each shift to ensure important information was shared about people. Where people had been admitted to another healthcare setting, for instance an acute hospital, staff ensured they kept up-to-date with any changes in need.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the Mental Capacity Act 2005. Staff had received training in the subject. Staff demonstrated a good understanding of the MCA and how to apply it to people. Comments from staff included "This was training given within the first week or two. The key message for me is that unless and until someone has been determined that they lack mental capacity, an individual is free to make their own decisions, even if I think they are making an unwise choice" and "I have done the mental capacity training and have found it useful when dealing with residents."
- People who had capacity were able to consent to their care and treatment. Where they lacked capacity, the service provided care and treatment in line with legislation and best practice. We observed capacity

assessments had been carried out on decisions about care and treatment. For instance, the use of bed rails.

- The service ensured where people had a legally appointed third party to support them a copy of the powers held was received.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were routinely treated with respect. People told us they had developed a good relationship with staff. We observed interactions between people and staff were kind, caring and compassionate. People told us they were "Very happy", "Feel safe here" and "Feel safe and secure."
- People's lifestyle choices were respected. Staff understood people's chosen sexuality and supported people to maintain important relationships with their chosen partner. People were supported to celebrate important life events. One relative told us how their wedding anniversary had been celebrated. It was clear the support staff provided was warmly welcomed.
- People described the staff as "Very kind and care about people", "Caring" and "The staff are all very good." People told us staff gave them a sense of security. One person told us "I feel loved, safe and warm."

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

- People were involved in decision-making about their care and had opportunities to express their views. People had been involved in developing a new laundry system which encouraged people to be more independent. This had been devised by people who lived at the home following feedback to the domestic team.
- We routinely heard staff offered people choices. Throughout the day, people were asked where they would like to sit and whether they wished to attend activities.
- Residents' meetings were held at the home. These showed people were involved in decisions about the home. The registered manager told us "For those residents who can't be at the meeting they are met with in advance. Activity team members go to each person and ask them for comments etc, these are then presented at the meeting for discussion or response."
- People told us they enjoyed living at Hillside and described it as "Home." One person told us the "Home is wonderful, it makes you feel wonderful." Another person told us "My family are able to visit when they want, and it is just like home."

Respecting and promoting people's privacy, dignity and independence

- People told us staff provided them with dignity and their level of independence was promoted. Staff demonstrated they knew how to support people in a dignified way. Staff knocked before they entered people's rooms. All personal care was carried out with bedroom or bathroom doors closed, to protect people's dignity.
- Staff spoke with people in a dignified way and promoted their self-worth. One person had been supported to buy a camera, they had worked closely with the registered manager to achieve it. They told us "One day

she [Registered manager] came to me and told me that I had enough [Money] to be able to buy my camera. . . I never thought I would be able to get my own camera, I went to the shop with a staff member the next day to buy it." The person went on to tell us it made they feel "Very independent."

- People told us staff supported them when required. One person told us there was "Always someone around when you need something." Other people told us their health and wellbeing had improved since moving into the home. Comments included "Coming to Hillside was like seeing the light at the end of the tunnel", "I have enjoyed living here a tremendous lot. The staff, management and catering team treat me like part of the family and sometimes I cry with joy because I am so overwhelmed" and "you're free" and that is how "I feel."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a wide range of meaningful activities both within the home and the local and extended community. People told us they benefitted from the opportunities of activities as they invoked fond memories.
- People were involved in decisions about what they wanted to do and where they wanted to visit. In the summer people had planned a trip to the seaside. The staff arranged for specially adapted transport to be available. People told us they thoroughly enjoyed the day comments included "I never thought I would be at the seaside again. The trip was my saviour," "It reminded me of a time as a child when I dug a hole in the sand and my mum couldn't see me because I was sitting in the hole ... it made him feel really happy," "It reminded me of happier times when I was growing up" and "Going out really made me feel free." Another person who had lived near the seaside growing up said, "It was like going home."
- Activities included people's chosen likes and dislikes. People told us about and we observed a crossword session. It was well attended by people. Other activities included a daily review of the newspaper and discussion about current affairs, music sessions, art and crafts. A member of staff told us "Activities are quite organic, we change what is on, based on what people want to do." One person who liked attending the music sessions told us "It's good... nice to see different people."
- People told us they were looking forward to going to the pantomime. Comments included "I enjoy getting out of the home to go somewhere different, I love taking part in the audience and singing along," "I am looking forward to seeing the Christmas panto, it is a nice feeling and good to do something different" and "Going to the panto brings back memories. I took part in ballet, tap dancing and other stage shows and the panto reminds me of this."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service. Each person had a care plan in place which detailed their likes and dislikes. There was a clear focus from staff to get to know each person.
- People were supported to continue to live the life they wanted. We heard many examples about how people were encouraged to use their life and work skills within the home. One person told us he was the 'security guard' for the home. The person went on to tell us they used to work as a security guard. It was clear from how they person described their 'job' they were proud. When asked how the 'job' made the person feel, they told us "I feel useful and wanted again" and "I have a life now."
- Where people had identified their chosen faith and religion, this was respected by staff. For instance, one person told us how important their chosen faith was to them. They told us a priest visited the home to offer holy communion.

- Systems were in place to ensure people had their care needs reviewed to reflect their up to date needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff had awareness of how to support people express their needs.
- People were supported to use any identified aids to facilitate communication. For example, hearing aids, glasses and word boards.

End of life care and support

- People were routinely asked about their end of life wishes. We found without exception staff supported people as they had wished. One person who had recently died at the home, had no family. They had planned the type of service they wished, which included their chosen music. One of their wishes was to return to their country of birth. With no living family the home made sure this was respected. One member of staff arranged to take the person's ashes to their chosen destination. It was clear when we received feedback from staff they felt respecting people's wishes was a high priority and had pride in what they had achieved.
- Staff had gone over and above following another person's death. The person had no family and only a solicitor knew the person's wishes. Staff wrote to everyone in the person's address book to advise them of the funeral arrangements. The service received many replies of gratitude from the person's friends, some of who were able to attend the funeral.
- Where people had identified they did not want to be resuscitated in the event of a cardiac arrest (DNRCPR) staff ensured their wishes were upheld and respected. The home had its own chaplain who provided exceptional support to people towards the end of life, and post death to their families and friends. We received many positive and heart felt comments about the support families had received when their relative had died at the home. One family member told us "We'd have been lost without him at that time."
- The staff routinely demonstrated respect when a person left the home following their death. Staff lined the corridors when the undertakers were taking people away from the building. The registered manager told us, "We always provide a guard of honour, when a person is leaving the building." Staff had also walked behind funeral cars to the local church. It was clear staff had genuine respect for people they had cared for. One member of staff told us "One relative said they were really touched to see staff in tears after their relative died, as she could see how much other people loved him."

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to and used to improve the service.
- A log was kept of complaints and how they had been responded to. These showed appropriate action had been taken. The home had also received several compliments about people's care.
- Complaints procedures were in place at the home, people told us they knew who to speak with if they had any concerns.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated exceptional leadership and management skills. There was a commitment to challenge discrimination at all levels. We were given many examples of how the registered manager, deputy manager and staff promoted people's human rights. As a result of the challenges made by staff, people's well-being and health had improved. For instance, essential equipment had been provided for a person living with a life limiting illness and people's medicines had been reduced to promote their health. One healthcare professional had written to the manager following some joint working, they commented, "I have found your leadership of the team inspiring and we experience a highly competent and professional approach amongst your staff." The director of providers quality team had congratulated staff regarding the support they had shown to another person, they told the staff "I wanted to write to thank you and your staff for the quality of care and, advocacy and dogged determination for this resident to ensure she received the appropriate care."
- There was a demonstrable commitment by all staff to provide good outcomes for people. People received a person-centred service which promoted partnership working. People told us they were involved in decisions about the home. People proudly shared their 'role' within the home with us. These included 'Security guard', 'admin assistant' and 'health and safety lead'. People routinely told us they had a sense of purpose living in the home and felt valued.
- The registered manager not only led by example they created an inclusive and empowered staff team. It was clear throughout the inspection the registered manager had developed positive and respectful relationships with people. We observed many positive interactions between them, people and their relatives. The registered manager's door was always open, and it was clear people enjoyed spending time with them. On the second day of the inspection we walked into the registered managers office, we overheard a conversation with a person about global warming and countries affected by famine. It was clear the registered manager encouraged people to discuss any topic with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were routinely involved in decisions about the home, this included being asked their views on decoration, recruitment and retention of staff and the celebration of important national events. For instance, decisions about how Remembrance Day should be marked. We received many more examples of how people were involved in decisions. The registered manager told us "A combination of surveys, residents' meetings and suggestion boxes means that residents can feel like they have control over their environment.

Residents feel like they are living in a homely environment where they have a say in what happens."

- There was a strong positive working relationship with many external organisations. Feedback from external parties was consistently high. Comments included "It was a pleasure to visit the home last week. It was well organised, and nurses could find information quickly", "I was very pleased with [Name of Registered manager] fire safety management on the premises, the internal quality assurance processes and the levels to which the employees are being trained and drilled", "I have always found this home to be welcoming and accommodating to working in partnership with me generally" and "I have no concerns and I enjoy interacting with the team during my visits there."
- People told us how they enjoyed different groups visiting them. The home encouraged intergenerational and international opportunities. The 'Chevening Scholars' (A government funded international volunteering group of future global leaders) had visited the home to support residents and learn vital insight into civil society in the UK. The registered manager had spoken at the Foreign Commonwealth Office (FCO) delegates conference highlighting the importance of joint working and the value residents got from the experience. The speech was warmly welcomed, and the registered manager received complementary praise. An official from the FCO commented to the provider that the registered manager "Did an excellent job at showcasing not only the value of the care home sector, but also of the value of volunteering and how this builds a strong civil society." As a result, a new partnership had been forged and the volunteers had planned to return due to the warm welcome they received from Hillside. People told us "I enjoyed the students, I liked listening to them telling me about their life."
- Staff were pro-active in seeking opportunities to raise awareness of Hillside nursing home in the local area. This included staff taking part in the local radio station yearly pancake race to raise money for a local charity. Residents of the home went along to the event held in the local town centre. People who attended told us "I was so proud of the staff, it was a good day."
- We consistently received positive feedback from relatives who visited the service. They told us they felt involved in the home and were warmly welcomed by staff. Families who no longer had relatives or friends living at the home continued to visit. Comments included "I didn't realise that a care home would go to that much trouble, I feel greatly reassured that [Name of person] is well looked after", "There is something very special at Hillside and it is thanks to the management and staff" and "I viewed the home for my brother whilst he was in the hospital. From the second I walked, in I knew it was the one I wanted him in. It is like a 5-star hotel. Clean, staff are very content and dedicated. I pop in about three times a week and residents are also very relaxed. My brother loves everything about this home and this is where he will stay."

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

- There was a registered manager in post. The registered manager was highly respected by people, relatives, staff and external health care professionals. Without exception were received positive comments about how they promoted an inclusive, caring and professional atmosphere within the home. Comments included "[Name of registered manager] is wonderful", "I only have praise for the management team", "I cannot fault them" and "I cannot believe how friendly, patient, understanding and caring the staff at Hillside are. I never thought I would find a home as loving as this."
- The registered manager worked well with the deputy manager together they created a clear management structure. People, relatives and staff told us they would not hesitate to talk to the management team. There was a clear culture within the organisation which promoted dignity. One visitor told us "It is always really easy to work with the staff here. Everyone is always so welcoming, excited and polite. This is definitely part of the culture."
- There was a commitment to ensure quality assurance processes drove improvement within the service. There was a clear focus on using feedback from people, relatives and external parties to deliver a high-quality service. We routinely saw evidence about how suggestions by people had been implemented in the

home. This included the introduction of suggestion boxes within the home. An annual calendar of audits were carried out by the management team which were monitored by the providers quality team.

Continuous learning and improving care

- The registered manager was committed to continuous learning. There was a strong emphasis on continuous improvement. Since the registered manager had been in post the service had continued to receive improved feedback from, people, relatives, staff, external parties and CQC.
- The registered manager followed best practice within the care industry and was committed to championing the role of nurses within care homes. They had written an article which had been published in the nursing times regarding the skills and privilege of being a qualified nurse working in a care home. The registered manager routinely advocated for working in a nursing home. It was clearly evident the registered manager and staff were passionate about providing a service that promoted people's quality of life. An external professional told us "They [Staff] have a thirst for knowledge." The home benefitted from a stable staff group. People told us they were happy with the staff and knew them all very well.
- People were supported by nurses who routinely looked at emerging research to inform their practice. The nurses had recently looked at research about the use of cleaning agents for wound care. The nurses had used the research to change the method of cleaning to people's wounds. We observed this had had a positive impact on people, as people's wounds had improved. The registered manager had co-written an article on a type of therapy used with people living with memory loss. This had been promoted as best practice by the provider and the learning was shared across the organisation's locations. We found staff were proactive in supporting people to use their life skills. One person told us "I feel useful."
- The service had recently won an 'innovation award' at the local authority dignity awards. The service had been chosen due to its diverse use of technology within the home, which included virtual reality headsets for personalised adventure experiences, freely accessible internet access for shopping and communicating with family members who lived abroad and social media messaging service for routine access to the management team. One person told us how they had enjoyed being able to speak to their family member on a video call. Another person spoke to us about their experience of seeing a bird of prey flying on the virtual reality headset. It was clear from how people spoke the use of technology had enhanced their well-being.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.
- Throughout the inspection we found the registered manager, deputy manager and the full staff team engaging, supportive and committed to ensuring positive outcomes for people.