

# Hilton Lodge Limited

# Hilton Lodge

## Inspection report

29-31 Hilton Avenue  
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London  
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Tel: 02084457291

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13 November 2018

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 13 November 2018. The inspection was unannounced. Hilton Lodge is a care home registered for a maximum of 13 people some of whom have had long term mental health needs. At the time of our inspection there were 11 people living at the service.

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

Hilton Lodge had a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

At our last inspection on 22 February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

We found the service provided a homely atmosphere and people told us they enjoyed living at the service and the staff were kind and caring and treated them with dignity and respect.

We found care records contained information regarding people's preferences and care needs. Documents also gave guidance to staff on how to manage risks safely.

The registered manager recruited staff safely by ensuring all the relevant checks and references were in place prior to staff starting work. Staff received suitable training and supervision to be effective in their role. There were enough staff to meet people's needs.

Medicines were stored and managed safely.

There were systems in place to ensure people were protected from infection through effective cleaning processes and the safe storage of food.

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

There was a complaints process in place and we could see the registered manager learnt from any incidents that took place. The registered manager was well regarded by the people living at the service, staff and relatives. They ensured the quality of the service was maintained through a mixture of quality audits and by being present and involved in the day to day running of the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Hilton Lodge

## **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.

The inspection took place on 13 November 2018 and was unannounced. It was undertaken by one inspector for adult social care 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.

Before the inspection we reviewed information we held about the service. This included information provided by the service, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with seven people who lived at the service, two friends and one family member who were visiting the service. One family member of a person also spoke with us on the phone on the day of the inspection.

On the day of the inspection we spoke with four staff including the registered manager and a member of the kitchen staff. We also spoke with a health and social care professional who was visiting the home.

On the day of the inspection we looked at two care records, two staff recruitment records and training and supervision for staff. We checked building safety checks had taken place and looked at quality audits carried out by the registered manager. We also checked medicines administration records (MARs) against stocks of medicines.

After the inspection we spoke with two friends and relatives of people living at the service. One health and social care professional gave us feedback on this service.

# Is the service safe?

## Our findings

People told us "I have been here four to five years; I feel quite safe, everything is safe! I have my belongings in my room and they are safe" and "I feel safe, I don't have to go to the hospital because they take care of me." A relative told us "Yes, she is totally safe here, [relative] will have been here X years in January and I think the staff can be trusted."

Staff understood how to safeguard vulnerable adults and could explain what actions they would take if they had any concerns. There were systems and processes in place to safeguard people. The registered manager had made appropriate referrals to the local authority and CQC in the last 12 months.

We saw there were enough staff to meet people's needs. We asked people for their views. We were told "There is enough I think so. Yes, they come, they come straight away." And "I think yes, I am satisfied with everything they are doing." Some people preferred to be in bed for long periods. One person told us "I press the buzzer and they come in just a minute." A relative said "I think they have enough staff."

We saw from the rota there were two staff on in the morning, two in the day with additional support at tea-time and two waking staff at night.

Risk assessments were in place to guide staff in caring for people safely. These included moving and handling, falls, eating and drinking and choking risk assessments. One person's risk assessment to minimise their distress related to their mental health delusions stated. "Do not maintain that what X is thinking is wrong. Show your respect. Listen quietly until there is no further need to discuss the delusion." This was helpful information as it minimised the anxiety for the person, guided staff and helped the moment of distress to pass.

We saw that the service had processes in place to minimise the spread of infection. For example, the night staff undertook cleaning duties after people had gone to bed, tidying bathrooms, doing the laundry and cleaning mobility equipment. There were additional cleaning staff in the day time. There was no malodour at the service. We also saw that food was safely stored and appropriately labelled by the kitchen staff. The service had the highest rating of five stars as a result of the Food Standards Agency inspection in March 2018. We asked people their view of the cleanliness of the service. People told us "Yes, very nice and clean, I like it." Also, "It is clean here, its lovely here."

Staff recruitment was safe. Appropriate criminal checks and references were completed prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

Medicines storage and management was safe. We found one slot on the MAR had not been completed yesterday for one person but the person was able to say if they had their medicine, and the stocks tallied. The registered manager told us they would remind staff to alert them if they saw the MAR was not completed by another member of staff. People told us they received the medicines as needed. "Yes, I get my pain tablets, and if I have a cold, I get a tablet." Another person told us "I don't get any pain."

We could see that the registered manager learnt from accidents and incidents. One person had fallen over another's feet in the lounge in the previous 12 months. Staff meeting minutes reminded staff not to leave people unsupervised and the registered manager provided additional assistance to staff as required to ensure people were monitored.

Maintenance checks of key services were carried out in the last 12 months including fire equipment, gas safety and the lift. Fire drills took place on a regular basis, with the last in April 2018.

## Is the service effective?

### Our findings

We asked people and their relatives if staff had the skills to care for them or their friend or relative. People told us "Yes, they are all skilled, yes well, they just do their job, good job." And "Oh yes, they are well trained, they do a good job. They provide plenty of care."

All the relatives were unanimous in their praise of the staff. "The staff are very skilled, and I think [relative] gets the care she needs; She is always clean and well dressed." Another relative who's family member was supported to remain at the service until their death told us "Staff wholeheartedly looked after him well." And they added "Staff tried and did their absolute best to care for him."

We saw that staff received supervision and training in key areas. This included safeguarding, moving and handling, fire safety, challenging behaviour and medicines management. Staff needed to be competency checked before giving medicines. The majority of training was face to face.

New staff received an induction of shadowing and training before working with people alone. They were also undertaking the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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. We found the service had eleven people on DoLS with one assessment pending. The service was compliant with DoLS. Staff understood the importance of getting consent before providing care. We saw one person's care records who had capacity but had limited speech noted. "Do not make any assumption that he cannot understand."

The front door was secured but with a door release system in place in the event of a fire alarm being activated. The registered manager told us they would get permission from the people with capacity to have the door locked or would offer them a key.

We saw from records that the service was working effectively with health and social care professionals. A visiting health professional told us staff worked co-operatively with them to meet people's needs. We saw a



turning chart in place for one person with complex health needs. There was information on records from psychiatrists, the local hospice and the local GP surgery. The registered manager told us they worked with the GP to support people to remain at the service as long as possible when their health deteriorated as they knew people well and had established good communication with health professionals locally.

People told us "they call the GP if I am not well" and "No not really been ill, touch wood, if I was ill the doctor would come." We saw one person who was at risk of choking but who refused a soft diet had the involvement of speech and language therapy. They had the capacity to choose their food.

People told us they enjoyed the food. "Food is good oh yes." And "Oh yes plenty, I like the food. Oh yes enough drinks it's very good." We saw people were eating a hearty lunch on the day of the inspection. One resident had a visual impairment and the staff explained what they would be having for lunch and asked if she would like to try some. Staff spoke to the person throughout the time they were being supported with eating. All the people were offered several drinks throughout the day.

Not everyone could tell us if they saw a menu for choices but we saw that food was discussed at each monthly meeting with people living there. Another person told us "Yes, I get enough, she cooks the food and we eat it; whatever she gives us we eat, and it's good."

One relative told us "[Relative] is not eating much now but over the year I certainly feel she has enjoyed the meals; and [relative] had put on weight. They would take into consideration her likes and dislikes with food and snacks." Another suggested it would be beneficial to expand the menu.

The service was converted into residential accommodation and parts of the service were wheelchair accessible. There was a lift to the first floor. The service met the needs of people living there.

## Is the service caring?

### Our findings

People were unanimous in their praise of staff and that they were caring, kind and patient. We were told "Yes, they are very kind and have patience yes." "Yes, I feel at home here, and they are very kind here; I like it here." A third person told us "They are kind, they bring cakes and tea, they look after me."

Relatives confirmed staff were kind and patient. One told us "For me they are very friendly and caring towards [relative]; they understand her issues." Another told us that they thought the registered manager had a 'devotion' as they were totally committed to the care of people in the home. The registered manager told us getting staff with the right attitude was critically important to providing a caring environment, and his attendance six days a week helped ensure people were getting good quality care.

People told us they were treated with dignity and respect. "I am happy here they treat me with dignity and show respect. This is my home, I do feel it is. Yes, they knock on the door when I have a wash; we have our own privacy." A relative told us "There is no doubt that [family member] is treated with dignity and respect. No matter what time I get here, they are polite and supportive even if its late in the night."

People who wanted to, were supported to attend religious places of worship. "Yes, I go to church every Sunday, I don't remember the name of the place." Other people told us they were supported to keep in contact with friends and family.

Care records encouraged people's independence and emphasised what they could do for themselves. Not all care plans were signed by people, but people told us their care was provided as they liked. One relative told us "I have been very involved with the care plan from the beginning and they took note of what I said to include it in the plan; as I know my mum and know her needs. They have been wonderful."

Monthly residents' meetings took place at which the menu, activities and other issues relevant to the people living there were discussed. A local advocacy service visited and supported some people to voice their opinions.

People's cultural needs were supported by a staff group from a range of backgrounds who spoke different languages. One relative told us staff communicated with their family member in their first language once they reverted to this following memory loss. Other staff learnt key words to understand this person's needs. We saw these words were recorded in their care record as prompts for staff.

## Is the service responsive?

### Our findings

Care records were up to date, comprehensive and person-centred. They had been reviewed recently and gave a holistic picture of people's needs. People's care needs were set out clearly and included; how to communicate with people; their personal care requirements, moving and handling and mental health needs.

Staff understood people's likes and dislikes and were able to tell us about people's backgrounds and key people in their lives. There was flexibility at the service for people's routines. One person told us "Yes, I can go to my room when I want." People had keyworkers who ensured people had sufficient clothes and toiletries, and that their laundry was labelled.

People participated in activities at the service. These included ball games, art including painting, quizzes and some people liked dancing which they did in the living room. One person told us "I play Ludo, large ball and do crosswords. Sometimes I go in the garden, it's nice." Another said "I sit here, I play the games, I knit scarves and gloves." An exercise practitioner came once a week to support people with movement and fitness. The residents' meeting minutes noted people enjoyed tea parties and people told us these took place.

People were also supported out in the community on occasion to the local cafes and shops. People and their relatives told us good use had been made of the garden over the summer. The living room and dining rooms looked out over the garden and the registered manager understood it was important the garden was well maintained and kept tidy so people could enjoy it fully.

There was a complaints procedure at the service. This was displayed on the notice board in the hallway. People told us "Yes, I know the manager and I would complain to him. I have never made a complaint." Other people could not tell us they understood about the complaints process but we saw people's views were asked at each monthly meeting. Also people told us "I don't have any concerns about service" and "No, I stay here, and there is nothing wrong here."

Relatives told us they found the registered manager very responsive and if they ever raised issues they were dealt with swiftly. One said "[Registered manager name] is a very good manager and I trust him; I can speak to him about anything, so don't have to complain."

The registered manager told us they were committed to providing the best end of life care possible to people and enabling people to remain at the service as long as possible. We were able to speak to the family member of a person who had recently passed away at the service. They were extremely complimentary about the service provided to their relative and told us the decision for the person to stay there was made collaboratively between the GP, the family and the registered manager. They told us it was the best place for their relative to die, emotionally and physically as the care was of such a good standard and they were able to visit when they liked. The registered manager told us they played devotional religious music for the person as they knew this was important for them, and the staff were fully committed to providing good end

of life care, so shared up to date information well to meet their needs.

The service did not have a specific end of life care plan in place but planned to get advice on how to develop these and record the discussions they had with people and their families.

## Is the service well-led?

### Our findings

Hilton Lodge had a philosophy of care which included "to look after residents in the best possible way, in a home from home environment, creating an atmosphere to meet all aspects of care social, physical, spiritual and psychological."

There were many ways in which the service was well led. People spoke highly of the service and of the registered manager. they told us "[Registered manager name] is very good." And "[Registered manager name] is good. I would give it [the service] 10 out of 10. I would recommend it to others. Oh yes, it's a good place." People also told us the registered manager was "a nice man."

The registered manager spent time supporting people themselves, and routinely asked how they were and whether they were being cared for well, by staff. There was an emphasis on the homely atmosphere which people and their relatives valued. Relatives were also very positive about the registered manager and the service provided. One told us "Honestly, [relative] loves it here and I feel very lucky to have found this place."

There were other ways in which the service was well led. There were quality audits to check medicines, hygiene and cleanliness, the environment, fire safety and all care records were up to date.

The registered manager also held regular staff and residents' meetings to involve both groups in the running of the service and to encourage best practice and person-centred care. They also obtained the views of other stakeholders including health and social care professionals and relatives through a comments box covering 2017 and 2018, and by running a stakeholder survey in 2017. Comments from both the survey and comments box were positive noting the service 'went the extra mile' and that the service managed people with complex needs effectively. The registered manager had asked staff for their views in 2018 and planned to extend the survey to stakeholders in 2019.

The registered manager was keen to promote good practice and to this end had participated in two projects; one to support people at the point of entering residential care; the other to support people with dementia in care homes. This showed the registered manager, who was also the provider, was keen to continuously learn, improve and innovate to improve quality.

There were numerous examples on care records of how the organisation worked in partnership with other agencies to offer good care to people living at the service. The registered manager attended the local authority provider forum and through their registration as a qualified nurse kept up to date with developments in care.