

Mr & Mrs J R Buirds

Hilton Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection at Hilton Residential Home on 10 and 11 May 2017. The first day was unannounced.

Hilton Residential Home provides residential care to older people in nine single and five double rooms. Five rooms have en-suite toilet facilities. The home is located half a mile from Padiham town centre in Lancashire and is close to local shops and transport routes. Car parking is available at the front of the home. There are comfortable lounges, dining rooms and a conservatory. Various aids and adaptations are provided to support people maintain their independence in addition to assisted bathing facilities. There is a passenger lift to the lower ground floor bedrooms. At the time of our visit there were 15 people who lived in the home.

At the time of our inspection the service had a registered manager who had been in post since August 2016. 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.

We last inspected Hilton Residential Home on 14 and 19 January 2015 and found the service was meeting regulations and was rated overall as good.

During this inspection we found the service to be in breach of five regulations under the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. The breaches were in respect of Regulation 11, seeking consent, Regulation 12, safe care and treatment, Regulation 17 good governance, Regulation 18, staffing, Regulation 19 employment of fit and proper persons. This included shortfalls in the effective management of risks of harm and abuse within the service and a failure to implement systems and processes for seeking consent and mental capacity assessments, shortfalls in staff training, supervision and appraisals and lack of evidence to demonstrate the oversight provided to the registered manager to ensure compliance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Before this inspection, we had received some concerning information in relation to the quality of the service, management of people's money and good governance. We looked into these areas during the inspection.

Feedback from people and their relatives regarding the care quality was overwhelmingly positive. Views from professionals were also positive.

People who lived at Hilton Residential Home told us that they felt safe and there was sufficient staff available to meet their needs. Visitors and people who lived at the home spoke highly of the registered manager and the owner who is also the provider. They told us they were happy with the care and treatment.

There was deterioration in the quality of the service since the last inspection in January 2015. There had been a change in management and a high turnover of care staff. However, there was evidence of improvements that the registered manager had started to implement.

There were policies and procedures in use by staff. We noted that some of the policies were due for update and the registered manager had started to update them to ensure they reflected current practice, legislation and best practice.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found there were policies and procedures on safeguarding people. Although some staff had not received up to date training in safeguarding adults; they showed awareness of signs of abuse and what actions to take if they witnessed someone being ill-treated. Improvements were required in this area. The registered manager showed us evidence of the training and support that they had planned to implement to resolve this.

Safeguarding incidents had been reported to the relevant safeguarding authority. Staff had documented the support people received after incidents. Staff had sought advice from other health and social care professionals where necessary. There were risk assessments which had been undertaken for various areas of people's needs. Plans to minimise or remove risks had been drawn however; these had not always been reviewed following significant incidents or accidents. The risk of having pets in the service had not been adequately addressed.

The level of staffing on the day of the inspection was sufficient to ensure that the current number of people who lived at the home had their needs met in a timely manner. Systems for the recruitment of staff and to make sure the relevant checks were carried out before employment were not robust. We found records required to demonstrate that staff had been recruited safely such as proof of identity applications forms were not in the staff files. The registered manager took action to address the concerns and updated their practice and policy.

Staff had received training in the safe management of medicines and regular medicine audits had been undertaken. On the day of the inspection we observed that oral medicines were administered safely and in a person centred manner. We found records relating to medicine administration had been adequately completed to show whether people had received their medicines. Some improvements were required for monitoring records for topical medicines such as creams.

People were protected against the risk of fire. Building fire risk assessments were in place including personal emergency evacuation plans (PEEP'S).

We found care planning was not always done in line with the Mental Capacity Act 2005 (MCA). People, staff and their relatives had not been consulted in relation to the use of a surveillance system in the service. Surveillance may be used as a tool to help protect people from the risk of abuse, or to investigate allegations or serious concerns about possible abuse or crime. However safeguards are required to protect people's privacy and ensure the operation is lawful.

People who lived at the home had access to healthcare professionals as required to meet their needs.

Staff had received induction; however we found shortfalls in training required for the role. There was a policy on staff supervision and appraisals however staff had not received regular supervision and appraisals.

Some care records were written in a person centred manner however, some further improvement were required as five out of six files had missing information which included missing care plans, missing reviews of care and information which did not reflect changes in people's needs. People who lived at the home and their relatives told us they were consulted about their care.

The provider had not consistently sought people's opinions on the quality of care and treatment being provided. Relatives and residents meetings were not regular and surveys had not been undertaken to seek people's opinions.

People's nutritional needs were met. Risks of malnutrition and dehydration had been assessed and monitored. Where people's health and well-being were at risk, relevant health care advice had been sought so that people could receive the treatment and support they needed. Health and safety concerns were identified and rectified. People were supported with meaningful daytime activities.

Governance and management systems in the home required some improvement. Internal audit and quality assurance systems were in place. However; they had not always been effectively implemented to assess and improve the quality of the service and to proactively identify areas of improvement. Care files, staff files, and some medicine administration records for topical medicines such as creams had not been audited. There was a lack of evidence on how the provider monitored compliance of the registered manager. Various organisational policies were in place however they required updating in line with current practices and legislation. The organisation's own policies had not always been followed.

Staff told us there was a positive culture within the service. Staff we spoke with told us they enjoyed their work and wanted to do their best to enhance the experience of people who lived at the home. We received positive feedback from visiting professionals and relatives of people who lived at the home.

There was a business contingency plan which demonstrated how the provider had planned for unexpected eventualities which may have an impact on the delivery of regulated activities.

The majority of people felt they received a good service and spoke highly of the staff. They told us staff were kind, caring and respectful.

We found the service had a policy on how people could raise complaints about care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

This service was not consistently safe.

Relatives felt their family members were safe. Feedback was positive.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risks had been put in place. However, systems for protecting people and their property were not effective.

People's medicines were safely managed.

Staff recruitment practices were not robust and needed improvements.

Is the service effective?

Requires Improvement ●

This service was not consistently effective.

People's consent was not always sought in line with the Mental Capacity Act 2005 principles. Consent had not been sought for use of surveillance in the home.

Staff had not been adequately supported with training, supervision and appraisal.

People's health needs were met and specialist professionals were involved appropriately. People's nutritional needs had been met.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they

supported.

Is the service responsive?

The service was not consistently responsive.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve. Care plans were not always complete and did not always reflect people's needs and reviews did not cover changes in people's circumstances.

The provider had not gained the views of people who used the service and their representatives on the use of surveillance. Care files had not always been reviewed.

People had been provided with appropriate meaningful day time activities and stimulation to keep them occupied.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment. Complaints had been dealt with in line with policies and procedures.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was a positive and team culture within the staff team. Staff, people and their relatives were positive about management.

Management oversight had not been effectively provided to monitor the overall running of the service.

Systems for assessing and monitoring the quality of the service were not robust.

There were policies, however some were not up to date and had not always been followed to inform practice and meet regulations.

We found shortfalls relating to people's safety, in relation to management of risks, seeking people's consent and staff training. Systems for assessing and recording people's capacity to consent were not effectively.

Requires Improvement ●

Hilton Residential Home

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 inspection took place on 10 and 11 May 2017 and was unannounced. The inspection team 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 service.

Before the inspection we had not asked the provider to complete a Provider Information Return (PIR) due to technical problems. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and when we made the judgements in this report.

Before the inspection we gained feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts, information from whistle blowers and statutory notifications sent to us by the registered provider about significant incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us. We reviewed information from the local authority contracts monitoring team, also information that had been shared with us from other professionals and comments and feedback that we had received from relatives and visitors of people who lived at Hilton Residential Home.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spent time talking with eight people who lived at the home and four relatives to gather their views on their experience of the care and support provided by the service. We also spoke with the registered manager, five staff and two visiting professionals, the owner and the deputy manager.

We spent time with people, observing the care and support being delivered. We looked round the premises

and grounds. We looked at a sample of records, including six care plans and other related documentation, five staff recruitment records, complaints and compliment records, meeting record's, policies and procedures, quality assurance records and audits.

Is the service safe?

Our findings

We received positive responses to questions we asked people who lived at Hilton Residential Home about their safety. People told us that they felt safe in the home and there was no bullying at the home either from the staff or from other service users. People we spoke with told us they were happy with the cleanliness of the home. We asked people and their relatives if they felt safe. Comments included; "Yes she is safer than she was at home, we know staff will keep her safe here." During the inspection we observed people were comfortable around staff and seemed happy when staff approached them.

Before the inspection we reviewed the information we held about the service relating to safeguarding incidents, allegations of abuse and incidents involving the police. There had been several matters of concern over the last 12 months which had impacted upon people's well-being and safety.

We looked at how people were protected against risks of not receiving safe care and treatment. Risk assessments had been completed which included the risks associated with malnutrition, food and fluid intake, mobility and personal care. However, whilst the care records we reviewed showed that risk assessments had been written, there was a lack of robust risk assessment procedures for risks associated with having pets in the service. There was a pet in the service however the home's own policy had not been followed to demonstrate how risks had been assessed for people who lived there who were at potential risk. For example, three people had respiratory conditions that could potentially be worsened by having contact with animals.

We looked at the care records and found no evidence to demonstrate how the service had considered these risks. The organisation's policy required a full risk assessment to be completed and people to be consulted before pets were brought to live in the home. The organisation's pet policy had not been followed. We spoke to the registered manager regarding this and they immediately carried out the risk assessments and consulted people's GPs. The GPs confirmed that the people with respiratory conditions had not been affected. However systems for protecting people had not been effectively implemented before we intervened.

Water temperatures had been monitored and checks for legionnaire's disease were regularly undertaken. However; we identified that water temperatures in people's bedrooms had been recorded to be over safe limits during recent checks. For example in April 2017 water temperatures in four bedrooms were recorded to be 47.8 °C, the guidance in the home required water temperature to be 43 °C. This had not been reported to the registered manager to ensure it was corrected in a timely way. We also found the water temperature had not been recorded for three consecutive months. This meant that systems for managing risks of scalding from hot water had not been effectively managed. We however noted that there were notices on sink basins warning people that water temperatures could be as high as 47 °C. We spoke to the registered manager and the deputy manager and asked them to ensure they monitored the water temperature records to determine whether action was required when water temperatures was found to be above the safe levels set by the home.

The provider failed to assess the risks to the health and safety of service users of receiving the care or treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We discussed the safeguarding procedures with staff and the registered manager. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Some of the staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. However records we saw and conversations with staff and the registered manager demonstrated that 12 staff out of 18 had not received up to date training on safeguarding and protecting adults. The organisation's policy required that all staff attend learning and development and maintain a learning log for their appraisal or personal development. However, the policy had not always been followed.

The service had whistleblowing (reporting poor practice) procedures. Staff spoken with told us they were aware of the procedure. They said they would not hesitate to use this if they had any concerns about their colleagues' care practice or conduct. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

Before the inspection we had received concerns regarding the level of care people received. We shared the concerns with other professionals at the Local Authority Safeguarding Enquiries Team. At the time of our inspection some investigations had been undertaken and no concerns had been substantiated. During the inspection we reviewed the actions taken by the registered manager following the report. They carried out an internal investigation and included people and their relatives. Staff involved had been supported to improve their practice. After the inspection we received the outcomes of the investigations which showed that the allegations were not substantiated.

We found the registered manager had followed safeguarding reporting systems as outlined in the home's policies and procedures. We noted during the inspection that contractual arrangements were in place for staff. These included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. We noted the service had followed their procedure effectively.

We looked at how the provider managed staffing levels and the deployment of staff. We requested a month's staffing rotas including the week of the inspection. We found the rotas indicated there were sufficient staff available for the 15 people who lived at the home. Managerial support was available throughout the week to oversee the care being provided and to support the staff on duty. There were two staff on duty at night.

The registered manager told us that the staffing levels were kept under review and were flexible in response to the needs and requirements of the people who lived at the home. This monitoring of staffing against dependency would be essential when people's needs changed and more staff were needed to meet people's individual needs.

Several new staff had been appointed since we last visited the service. We looked at the personnel records of five staff members employed at the service. Before the inspection we had received information that two staff had not been safely recruited. We spoke to the registered manager who informed us they took immediate action to remove the staff members and that they had been recruited by the previous registered manager who had left the service. We saw that all of the checks and information required by law had been

obtained before staff had been offered employment in the home.

However; three staff files had missing records such as employment application forms, photographic identity, and evidence of contracts of employment. We discussed with the registered manager who informed us that they had seen the identity documents when they carried out disclosure and barring checks. They also added that staff had provided curriculum vitae (CV) instead of application forms. A curriculum vita is a short account of one's career and qualifications prepared typically by an applicant for a position.

The provider had failed to operate and establish effective recruitment procedures for ensuring that persons employed were of good character. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

We looked at how people were supported following significant incidents or accidents. We found accident and incident forms had been completed following incidents and medical attention was sought in a timely manner.

We looked at the risk assessments in place concerning fire safety and how people would be moved in the event of an emergency. We saw the service had contingency plans in place and personal emergency evacuation plans (PEEPS) should people who lived at the home ever need to be moved to a safer area in the event of an emergency. These documents gave guidance to care staff on how people needed to be supported in an emergency including the closest fire escape to their room. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear.

We found fire safety equipment had been serviced in line with related regulations. Fire alarms had been tested regularly and any recommendations made by external fire inspectors had been acted on and completed in a timely manner. Fire evacuation drills were undertaken regularly to ensure staff and people were familiar with what to do in the event of a fire.

We observed people being given their medicines. This was carried out in a safe, professional manner and people were treated with dignity. We saw that medicine administration records (MAR's) were correctly completed and that medicines were stored away securely. We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The process included staff having sight of repeat prescriptions before being sent to the pharmacists.

People were identified by a photograph on their MAR which helped to reduce the risk of administration errors. The MAR provided clear information on the prescribed items, including the name and strength of the medicines and dosage instructions. The records we looked at were mostly clear, up to date and appropriately kept. However, we found topical medicines, such as creams were not well managed. Records showed that MAR's for topical creams had not been consistently signed to demonstrate that staff had applied the creams where required and as prescribed. This meant it was not possible to determine if the prescribed creams had been applied correctly. We discussed this matter with the registered manager, who took action to rectify this matter during inspection.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff are aware of the individual circumstances when this type of medicine may need to be administered or offered.

We looked at the arrangements for the safe storage of medicines. We checked the arrangements in place for

the management and storage of controlled drugs which are medicines which may be at risk of misuse. We found appropriate secure storage was provided and that the stock levels were in agreement with the recorded balance.

We checked the medicines storage trolley and found it to be clean, tidy and secure. We found the fridge and the room temperature where medicines were stored was being recorded on a daily basis to ensure those medicines were stored correctly and safely.

We noted some good practice taking place in response to the refusal of medicines. People's doctors were consulted and asked to review medicines if people continually refused to take them. We also reviewed the action taken in response to a specific medicines error. We found this incident had been thoroughly investigated and actions taken to minimise future occurrences.

We observed medicine audits had been conducted across the service which showed shortfalls had been identified, learned from and the necessary improvements made. Staff had access to a range of medicines management policies, procedures and nationally recognised guidance which were available for reference. Staff responsible for medicines management had received appropriate training and we noted their competencies had been assessed.

We looked at how the service minimised the risk of infections and found that not all staff had undertaken training in infection prevention and control and food hygiene. During the inspection, the premises were observed to be clean however we observed some areas which needed to be improved. We found toilet bins did not meet the set guidelines for infection control in care homes which states that waste bins should be lidded and operated with a foot-pedal if in clinical areas and toilets to prevent hand contamination.. The registered manager rectified this immediately. Following the inspection we referred the service to the Infection Prevention and Control service at the local authority. They would carry out an audit and provide the required support if necessary. There were no malodorous smells present in the premises. There were policies and procedures for the management of risks associated with infections. People told us staff wore their uniforms and gloves and disposed of used gloves appropriately.

We saw a range of certificates demonstrating that facilities and equipment within the home, such as fire safety equipment and lifting equipment, water testing were regularly checked. Current electrical installation certificates were available to show these facilities had been checked by external contractors. We found the provider had carried out maintenance checks.

Is the service effective?

Our findings

People who lived at the home and their relatives told us they felt their needs were effectively met. Comments included; "I'm visited by my son and daughter, they are made to feel welcome.", "The staff are marvellous, I have confidence in them", "It's small and staff are lovely" and "They know people very well." Comments from relatives included, "The staff show confidence and use their own initiative", "This place is excellent, we only have to ask and someone will help" and "The staff contacted the GP and are quick to spot any change in her health."

People spoken with indicated they were always asked about matters affecting them, including their consent to support and care. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. Staff spoken told us they always consulted with people and asked for their consent before delivering care and providing support. One care staff commented, "We always involve people. We explain the options and why they are beneficial."

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 make 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. The application 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.

During the inspection we looked at people's records and saw that the registered manager had applied to the relevant supervisory authorities for deprivation of liberty authorisations for one person. This authorisation had been requested when it had been necessary to restrict the person for their own safety and the measures in place were as least restrictive as possible. However, we found shortfalls in the registered manager and care staff's understanding of their responsibilities under the MCA 2005 legislation. Although staff said they always asked for people's consent before providing care, we found records to demonstrate whether people's consent was sought were inconsistently completed. For example the registered manager had applied for authorisation to deprive one person of their liberties in order to keep them safe. However, there were no records to demonstrate how they had assessed this person's mental capacity to make decision about their safety. People's mental capacity needs to be established first before a decision to apply for authorisation is made.

In another example, we found in two care files staff had recorded that they were waiting for relatives to sign consent documents and agreements for people to reside at the home. However, there was no evidence to demonstrate why these two people could not make these decisions on their own. Relatives cannot make decisions on behalf of people unless they have legal authority such as Lasting Power of Attorney for finance and property or health and welfare and the person has been assessed as unable to make the decision on

their own.

We looked at staff training records and found 12 out of 18 care staff had not received training in assessing and working within the principles of the MCA 2005. We spoke to the registered manager regarding these shortfalls. We referred the service to specialists in the MCA and DoLS from Lancashire County Council.

People, staff and their relatives had not been consulted to provide their consent in relation to the use of a surveillance system in the service. There was a closed circuit television (CCTV) surveillance system which had been installed to monitor the corridors and the staff office. Policies and procedures in the home had not been established and followed to ensure that safeguards required to protect people's privacy and obtain consent were in place and also to ensure the operation of the CCTV was lawful. We asked the provider and the registered manager to follow CQC guidance and related legislation on the use of surveillance in care homes.

The provider had failed to comply with requirements of the Mental Capacity Act 2005 in respect of obtaining consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found significant shortfalls in staff training and development. Care staff at Hilton Residential Home had not regularly received up to date, training, supervision and appraisal. We looked at training records which showed staff had not received formal training from an accredited trainer in a number of areas. For example 12 out of 18 staff had not received safeguarding adults training, 12 out of 18 had not been trained in the application of the Mental Capacity Act, 13 staff had not received first aid training 15 staff had not received health and safety training, 17 staff had not received falls prevention training and none of the care staff had been trained in managing diet and nutrition.

We looked at the training policy which stated that 'wherever possible all necessary steps would be undertaken to ensure that employees are provided with the training they require to perform their duties effectively at all stages of their employment.' This meant that the provider had failed to follow their own organisational policy on training and development of staff.

Records we saw and our conversation with the owner and the registered manager confirmed that a number of the training courses were due for renewal and that staff had been asked to complete these and were yet to complete them. We saw training plans that had been put in place however the evidence that we received at the time of the inspection did not demonstrate that all staff had been regularly provided with training since our last inspection.

We spoke to staff and looked at supervision and appraisal records. Evidence we obtained demonstrated that care staff had not received regular supervision and the staff we spoke with confirmed this to be the case. Supervision records showed that a majority of the care staff had not received supervision from January 2016 to March 2016. Although there had been a new registered manager from August 2016, supervision had not been adequately provided on a regular basis and in line with the organisations' own policy. The supervision policy stated that 'formal supervision occurs with each employee six times a year', however this had not always happened. We found no evidence to demonstrate that care staff had received appraisals. The organisation had failed to follow its own policies which meant that staff had not been adequately supported to gain skills and knowledge to undertake their roles effectively.

We spoke to the registered manager who showed us the plans that they had for supervision going forward.

The provider had failed to ensure that staff received appropriate training, supervision and appraisals as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people who lived in the home were supported with eating and drinking. All of the care plans we looked at contained information on specific dietary needs, preferences and any intolerances. People who lived at the home had an individual nutritional assessment and records were made of people's weight in order to monitor for changes or fluctuations which may require medical advice. We saw evidence of referrals that had been made to specialist professionals such as speech and language therapists and dieticians. There was also information on people's dietary needs such as diabetic diets and soft meals. People told us they enjoyed the food and were given a choice of meals and drinks. Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits.

Weekly menus were planned and rotated periodically and were flexible to allow people to have choice. We noted information about the meals was shared with people and staff assisted them to make their choices. We observed the lunchtime period and observed staff supported people appropriately to eat their meals. Staff ensured people had drinks and these were topped up when required. Staff engaged people in conversation and the atmosphere was cheerful and good humoured.

We looked at the premises and people's bedrooms and found they were clean, warm, well presented and people had personalised their bedrooms with their own possessions. The provider had adapted the premises and environment to ensure it was suitable for people who lived there.

We looked at how people were supported to maintain good health, access community health care services and receive on going health care support. There were links with the local primary health services and professionals such as district nurses, dieticians, doctors, and community mental health practitioners. These professionals came into the service to offer support whenever they were needed. People we spoke with told us they were able to access health care services as required. Two healthcare professionals we spoke with informed us the home was proactive in referring people for specialist support in a timely manner and that the advice they gave was taken on board.

Is the service caring?

Our findings

The people who lived at the home made positive comments about the staff team and the care and support they received at the service. Their comments included, "The staff are friendly and helpful" and "They are patient and kind and will do anything to help."

One relative told us, "The home is very well managed and all the staff are kind, caring and very friendly. My [relative] was very happy and settled while living at the home and I would like to thank all the staff for their warm hospitality and support."

We found Hilton Residential Home had a friendly and welcoming atmosphere. We observed positive and respectful interactions between people using the service and staff. Staff showed kindness, compassion when they were supporting and encouraging people with their daily living skills and activities.

We found positive relationships were encouraged. There was a 'keyworker' system in place. This linked people using the service to a named staff member, who had responsibilities for overseeing aspects of their care and support. The system aimed to provide a more personalised service and develop beneficial and trusting relationships.

People's care records included their background history, cultural needs and religious beliefs. Their individual skills and abilities, matters of importance to the person and how they could best be supported were highlighted. There was a 'one page profile' which was written in a person centre way and included 'what makes me happy,' and 'what's important to me'. Important relationships were highlighted and people told us they were supported to keep in touch with family and friends. Staff spoken with were knowledgeable about people's individual needs, personalities and backgrounds. They told us they were familiar with the content of people's care records. One support worker said, "We get to know people as individuals, we go through their care records and read up on their backgrounds."

People's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. One person commented, "I can spend as much time as I want in my room." People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information.

We observed staff knocked on bedroom doors before entering and ensured doors were closed when people were receiving personal care. People's bedrooms had been made personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. Staff were always available in case people needed assistance. For example one person told us, "I do as much as I can

on my own and staff are there to assist me if need the help." Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to be self-caring and independent." And: "We let him [resident] do his injections until we thought he could not safely do so."

We observed that people were encouraged to express their views and opinions during daily conversations. Staff supported people to follow their hobbies and favourite subjects. For example staff took time to find information and share it with people who followed the local football team.

There were notice boards and displays at the service which provided information about forthcoming events, activities, meetings, the complaints procedure and other useful information.

There was a statement of purpose of Hilton Residential Home. This provided people with brief information about the services and facilities available, including; the staffing arrangements, the aims of the service and the complaints procedure. The aims of the service made reference to involving people with all aspects of daily living, maintaining people's rights to privacy, dignity, choice, independence and fulfilment.

The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people who lived at the home.

Is the service responsive?

Our findings

We asked people who lived at the home if they felt their needs and wishes were responded to timely and appropriately. Comments included, "They listen to you" and "I chat to friends, we have craft days, we're never lonely or bored." One relative told us, "They are responsive and it's because of their action now [my relative] is seeing a specialist." And "Issues are dealt with promptly and we are kept in the loop."

We looked at how the service provided person centred care. People's records had been written in a person centred manner. We looked at six people's care plans. We noted the care plans were kept in a secure cupboard and staff had full access to this information. We found some of the care plans were organised and clearly written. They also included people's personal preferences, life histories, and aspirations. However we found inconsistencies in the quality content of the care files. For example in five out of six care files that we reviewed there were no pre-admission assessments. These are required to demonstrate how the service ensured they could meet people's needs before admitting them into the home. The registered manager informed us the records were for people admitted before she was employed.

We also found in three care files care plans had been left blank however, two of the people concerned had been referred to adult mental health service and another to a dentist however there were no care plans for mental health and well-being and for oral care respectively. The records could not demonstrate what these people's needs were and how care staff were supporting them to meet these needs.

People's care records were reviewed for effectiveness, however; this was not consistent throughout the files we looked at. We found in the files records had been reviewed monthly however, in three of the files significant events such as falls leading to hospital admission and reviews of physical health by other professionals had occurred but had not been included in the reviews to demonstrate the change in people's needs or levels of risk. This meant that care plans did not always reflect accurate information on people's risk or changes to their health needs.

We however noted that regardless of the inconsistencies in records, staff were aware of people's needs and people had been supported to ensure they received the care they required. People had not been exposed to significant harm due to this. There were ongoing discussions about people's needs and well-being; this included regular staff 'handover' meetings.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted records were completed as necessary for people who required any aspect of their care monitoring, for example, weight and falls.

People had access to various activities and told us there were things to do to occupy their time. The provider utilised volunteers who worked as activities coordinators. We noted a schedule of activities was posted on the wall. We saw people had access to reading materials including newspapers and books. We also noted people were encouraged to sit outside in the garden when the weather was settled.

We looked at how people were supported to maintain local connections and take part in social activities. We found people were encouraged to maintain local community links. People and their relatives told us they were fully supported with this involvement. People were supported to maintain contact with their families.

We saw compliments that had been received from people who were satisfied with the service and people who had visited the home. One person had left a comment on a website which collates comments about care services; "The care home was a warm friendly place to visit. We went to the home to help with lunches and play a bingo session with the residents as part of our team challenge week where we help a local group. As ever the staff were outstanding with their hard work and treatment of the residents. It was evident they promoted dignity, respect and choice with the elderly and the residents seemed very contented and well cared for."

We reviewed how the service responded to complaints. We looked at the policies and procedures along with information provided to people and their relatives. People had been fully informed on how to make any complaints and were given detailed information on how or who to contact. People we spoke with confirmed they knew how to make a complaint. We saw a significant number of compliments which were displayed in the entrance hall. We saw people had made positive and complimentary comments about the service. We also found the service had received two formal complaints which had been dealt with in a timely manner and in line with the organisation's policies. Appropriate steps had been taken to investigate the complaint.

Is the service well-led?

Our findings

The home had a registered manager in post as required under the conditions of the service provider registration with the Care Quality Commission (CQC). We received positive feedback from people and their relatives regarding management and the provider. Comments included, "The home is very well organised and I can always speak to the manager when I want."

We also received positive feedback about the management of the service from staff. Comments included: "The manager is attentive and listens", "The manager is supportive", "It's a lot better than it was before, she is making the right changes" and "Oh yes, she is easy to talk to." Staff told us they felt that the team at the home worked well together. One staff member told us, "We have a strong team here."

We spoke to health care professionals about their views on the service and management. The feedback we received was positive. One professional said; "We have noticed a change and things are getting better. Staff are helpful and will always ring us if they have concerns about people here."

Staff told us there was a positive culture within the service and everyone got along well. They informed us they felt supported to do their job and were equipped with skills and knowledge as required.

We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the registered manager showed good knowledge about the people in her care. For example, the registered manager was able to identify people with complex needs and the risks associated to these individuals. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a person centred way.

Observations from the inspection were that there had been deterioration in the standard of services and care provided at Hilton Residential Home since our last inspection in January 2015. The service did not have a registered manager between March 2016 and August 2016. A new registered manager had then been recruited. It was evident that the registered manager and the provider had started to take actions to improve the standards of care and service delivery. The new registered manager had identified several areas that needed to be improved and had put a significant effort in to ensure the service was compliant and the care delivered was to the expected standards. However, further improvements were required to ensure the standards of care improved and can be sustained in the long term.

Although there were areas which continued to require further improvements, we found that there were clear values and visions on where the service was going and efforts had been made to follow best practice.

During this inspection we identified three breaches of regulations relating to good governance, seeking consent, staffing training and the employment of fit and proper persons. This demonstrated that the arrangements for assessing quality and safety required further improvements to ensure they were effective and robust in identifying concerns.

We found some quality assurance systems had been introduced. For example we saw audits carried out

which were related to medicines administration records, cleaning and infection control audits. These were consistent and showed actions taken when concerns had been identified. However, there was a lack of consistent quality auditing and governance processes. Formal audits had not been completed in a number of areas. We found no evidence of regular audits for care files or staff personnel files for example. We found concerns and issues that could have been picked by routine formal audits in staff records and people's care records. The registered manager informed us they had recently introduced systems and process for checking the quality of the service as they were not in place when they were employed in August 2016. This meant that the provider had failed to establish and operate quality assurance processes consistently to monitor and continue to improve the quality of the service and care.

We looked at how the service providers maintained oversight and governance on the service. They were visible in the service and maintained a close contact and regular communication with the registered manager. We saw evidence of the checks that they carried out. However systems and processes for maintaining oversight and accountability had not been effectively managed and formalised by the provider.

During our last inspection in January 2015, we recommended the provider to formalise and maintain documented evidence to demonstrate how they monitored the registered manager to ensure compliance with regulations. We found this had not been put in place and had resulted in a failure in the monitoring system which resulted in abuse.

We spoke to the service providers and reviewed the processes that they had put in place to protect people's financial assets. Steps had been taken to regularly maintain checks and oversight regularly. They also informed us they will introduce formal compliance checks on the service.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Staff informed us that they were able to communicate their views openly with the registered manager and felt listened to. However; we noted that there were no regular ongoing staff meetings. The last team meeting had been in October 2016.

People and their relatives informed us that they could share their opinions on the quality of care and service being provided. However, there were no regular resident's surveys that had been carried out to seek people's views and opinions about the care they received. Residents and relatives meetings had been undertaken in the past however this had not happened since October 2016. This meant that systems for seeking people's opinions and views on the quality of the care were not robust.

A wide range of policies and procedures were in place at the service. These were meant to provide staff with clear information about current legislation and good practice. However, some of the policies needed updating to ensure they reflected current practices and changes in legislation. The organisation's policies had not always been followed to ensure compliance with regulations. For example, policies in relation to, staff recruitment, supervision and appraisal, training mental capacity, pets, safeguarding and quality assurance processes. This meant that systems and processes for ensuring good governance had not been effectively implemented to maintain, monitor and improve the service.

The provider had failed to maintain good governance processes at the home. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

The provider had systems in place to enable them to learn from significant incidents such as accidents, or safeguarding concerns. Local safeguarding board protocols for reporting incidents had been followed. They

had maintained links with local organisations such as the local Clinical Commissioning Groups, local care homes association and local educational facilities. The registered manager was a safeguarding and mental capacity champion responsible for attending multi agency meetings to improve their skills and knowledge and share best practice with others. There were plans to identify other care staff to become champions in other areas such as infection control.

We checked to see if the provider was meeting CQC registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities. Incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified.

We spoke with the service providers and the registered manager during the inspection. Both were responsive to issues raised and proposed courses of action to make necessary improvements. The registered manager acknowledged that the levels of care were not acceptable when they came into post in August 2016 and had identified areas they needed to work on. We discussed in detail with the registered manager and the service provider about the level of improvements required in the home and the challenge for the service to continue to improve and maintain standards.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure that legal consent for care and treatment was obtained from people who used the service.-Regulation 11 HSCA RA Regulations 2014 Need for consent
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that people were safe from abuse and in receipt of safe care and treatment. This was because risks had not been adequately identified and managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate and establish effective recruitment procedures for ensuring that persons employed were of good character.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that persons employed by the service provider in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the

duties they are employed to perform.
Regulation 18 Staffing