

Hilton Nursing Partners Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection was carried out on 18 December 2017. The inspection was announced.

Hilton Nursing Partners Limited is registered with CQC to provide personal care to people in their own home. The service is provided immediately following discharge from hospital for a limited number of days, supporting and allowing people time to re-adjust to living at home, whilst during this time establishing together what a person's on-going needs may be. The office for the service is based in Ashford, and services are provided throughout Kent and Essex. At the time of the inspection the service was providing support to between one hundred and one hundred and fifty people, who mostly received a service for three days in Kent or five days in Essex following discharge from hospital. Sometimes the time would be extended as nobody would be left without appropriate support in place. The support provided by staff aims to enable people to live, regain confidence and for them to remain in their own home, as the care provided is uniquely tailored to the individual's needs to support their recovery. One member of staff told us, "The service gets people home quickly from hospital, as sometimes it can take weeks to get a package of care organised". They told us that they had known many successful cases, where the person had then become sufficiently independent to remain in their own home.

Information provided to people about what the service provides states, 'Providing integrated health and social care to deliver innovative services that enable people to continue to live independently. Our success is measured by our ability to get people out of hospital and minimise their on-going social care needs'. The impact on people was summed up by one social care professional who told us, "The service offers a pathway from hospital that sees the person's dependency upon social care reduced or eliminated". Discussions with people showed that the impact on many of the people that the service had provided support for meant that people referred to Hilton Nursing Partners on discharge from hospital, had an opportunity with support from the staff team to regain their independence and remain in their own home.

There was a registered manager for 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 and associated Regulations about how the service is run.

The exceptional outcomes people experienced were made possible by the close working relationship between the hospital teams, and the service. The Hilton Nursing Partners teams succeeded by bringing a range of staff skills to people. For example, professional health care managers, clinical team leaders who were registered nurses, specialist assessors, coordinators and health care assistants. Additionally in East Kent, Occupational Therapists work within the multi-skilled teams providing expertise and a person centred approach to people's care.

People told us they consistently received an excellent service which made a difference to their lives. Those people who used the service expressed satisfaction and spoke very highly of the management team and

staff. For example, people said, 'Thank you all so much for the care, kindness and support you have given to us over the past weeks. We are so grateful to you all for helping to make life more bearable. It was so comforting to know that you were there for us', 'Thank you for your care and support over these past days that have really been quite hard for us as a family. You have a gift of helping people and we have appreciated it so much from day one until now', 'Thank you so much for taking such good care of X last week, following his discharge from hospital. You were all so cheerful, kind and understanding. You helped him so much through a difficult and anxious time. Each day, he is improving and growing in confidence. You did a brilliant job', and 'Thank you for all your help and making a difference'. People and their relatives were extremely happy with the high standards of care they received. People using the service, their relatives, and health and social care professionals commended staff for their compassionate and caring manner. They were consistent in describing the positive impact of the care provided by Hilton Nursing Partners Ltd.

Staff consistently demonstrated they worked to the provider's key principles of care. Staff delivered people's care and support with respect for their dignity and privacy. People received all-inclusive care that enhanced their quality of life. Staff in the short time they provided a service developed positive relationships with people using the service and their relatives. People consistently praised staff for meeting their individual needs and preferences and going over and above to make them comfortable and happy. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their support needs amended to meet their changing situation. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views. Management and staff sought ways to continually improve, put changes into practice and sustain them.

People received personalised care that was delivered by trained staff that understood what was important to them. Staff were skilled in meeting their needs and were creative in tackling challenges. People received a responsive and consistent service from a multi-disciplinary team of staff. Staff understood the importance of promoting people's independence and ensuring they retained their self-esteem. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and the systems in the service supported this practice.

People felt safe and secure when receiving care. The safety of people who used the service was taken very seriously and the registered manager, management team and staff were well aware of their responsibility to protect people's health and wellbeing. The service had suitable processes in place to safeguard people from the potential of different forms of abuse. Staff had been trained in safeguarding people and in the whistleblowing policy. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Risks had been identified for individual people and their circumstances and measures had been put in place to control and reduce risks, helping to keep people safe.

Staff championed people's rights to freedom and choice in their day to day service provision. People received care and support in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Most people either managed their own medicines or their family members helped them. Some people required the health care assistants to assist with their medicines. The management team checked that staff were safe to administer people's medicines by carrying out regular competency assessments. The management team ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet people's needs

The service had robust recruitment practices in place to ensure staff were safe and suitable to work with people. An extensive range of training was provided and training was refreshed at regular intervals. All staff received a two week induction training and they worked alongside experienced staff when they first started employment. Staff had their competency assessed before they were allowed to work on their own. Support and the opportunity to develop was given through regular one to one supervision, observational assessments and annual appraisals. Staff were very highly motivated and proud of the service. They said that they were fully supported by the registered manager and management team and a programme of training and supervision that enabled them to provide a high quality service to people.

Staff presented a caring approach as did the staff working in the office who supported the delivery of care. People were happy with the staff and made many positive comments about the staff, even naming specific staff who had supported them. For example, "To X and X, We would like to say a big thank you for all your help and being so nice, helpful and happy".

The provider made sure people had information about the service people could expect within a Hilton Nursing Partners Ltd folder at the commencement of care and support. People who used the service confirmed they were given information about service.

There were enough staff available to meet people's needs. People were supported with meal planning, preparation and eating and drinking as needed. Staff also supported people, by contacting the office to alert management, to any identified health needs so that their doctor or nurse could be informed. Staff felt they were well supported and their requests were responded to quickly. They found the management approachable and would be happy to raise any concerns with them, confident they would be acted on.

Management had processes in place to monitor the delivery of the service. People were given information about how to make a complaint and the people we spoke to knew how to go about making a complaint if they needed to. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs, by carrying out surveys. People and their families thought the service was well run.

The registered manager and management team ensured that they had planned for foreseeable emergencies, so that should they happen, people's care needs would continue to be met. Incidents and accidents were recorded and checked by the provider, registered manager and management team to see what steps could be taken to prevent these happening again.

The provider, registered manager and management team were very committed to continuous improvement of the service and feedback from people, whether positive or negative, as this was used as an opportunity for improvement. Effective quality assurance systems were used to identify shortfalls and make improvements. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager and the management team demonstrated strong values and a desire to learn about and implement best practice throughout the service.

People experienced high standards of care because the management team had developed solid relationships with external organisations, health and social care professionals and the private and voluntary sector. The service shows a track record of being an excellent role model for other services. It works in partnership with others to build seamless experiences for people based on good practice and people's informed preferences, assuring safe, effective sharing of relevant information. Management and staff strive for excellence through consultation, research and reflective practice.

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.

People had confidence in the service and felt safe and secure when receiving support.

Management carried out risk assessments to minimise risks from harm or injury. Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character. Staffing levels were flexible and determined by people's needs.

The registered manager, management team and staff were committed to preventing abuse. Staff were informed about safeguarding adult procedures, and were aware of appropriate actions to keep people safe.

People's medicines were managed safely.

Good 

Is the service effective?

The service was effective.

Management and staff ensured that people received effective care that met their needs and wishes.

People experienced very positive outcomes as a result of the service they received. People were able to exercise choice and control in decision making.

People were supported to be able to eat and drink sufficient amounts to protect their health.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health. People were supported to stay independent, healthy, active and well.

Outstanding 

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. Staff received regular supervision, observation and yearly appraisals.

Is the service caring?

Good ●

The service was caring

Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People experienced care from staff who respected their privacy and dignity and often went above and beyond their roles.

People felt that staff provided them with good quality care. People had good relationships with staff and expressed satisfaction with the care they received.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Outstanding ☆

The service was responsive.

The service was flexible and changes in people's needs were quickly recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary. People's care plans reflected their care needs and were updated each day or if people's circumstances changed.

People felt comfortable in raising any concerns or complaints and the provider took concerns and complaints seriously.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way. Feedback from people receiving support was used to drive improvements.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The provider and registered manager and management team promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in

understanding the values of the service. These were owned by all and underpinned practice.

The registered manager and management team demonstrated outstanding commitment and skills in tackling the challenges faced by the people they supported.

There was an open and positive culture which focused on people. People were asked for their views about the service and their comments were being listened to and acted upon.

The registered manager was aware of their responsibilities and role in providing high standards of care. Staff felt supported and listened to.

The registered manager and management team maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the service was functioning; and to act on the results to bring about improved services.

Hilton Nursing Partners Limited

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 checked 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 was carried out on 18 December 2017. This was the first comprehensive inspection of the service to check that it was safe, effective, caring, responsive and well-led; since it was registered with us at its new location on 11 September 2016. The provider was given 48 hours' notice of the inspection as they needed to be available during the inspection.

The inspection was carried out by one inspector and an expert by experience. The expert-by-experience had a background in social care settings, and on the day of the inspection made telephone calls to people who used the service.

We reviewed the information we held about the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we spoke with the Chief Executive Officer of the company, one of the directors, the registered manager, the quality improvement lead, the learning and development and employee engagement lead, the head of systems and communications, the lead occupational therapist, one of the clinical team leaders, four of the assessors, one of the coordinators and five health care assistants. The

expert by experience spoke with seven people who were using the service and three relatives of people that were using the service. We contacted five commissioning bodies by email to ask them about their views of the service.

We looked at the provider's records and reviewed a range of documents. These included people's care records and ten staff recruitment files. We also looked at records relating to the management of the service, such as staff induction and training programmes; staffing allocations and completed incident forms; compliments and complaints. We sampled the policies and procedures for the service.

Is the service safe?

Our findings

People who used services told us that they felt safe with the staff that supported them and had no cause for concern regarding their safety, or the manner in which they were treated by staff. People told us, "I see 4 or 5 people (staff) and they come between 8.00am and 10.00am, they are very reliable", "Yes, they come on time, they are very reliable", "I do see different ones (staff), they will come for a few days then change, they wear a uniform so I know it is them", and "I don't think I would be safe if they were not here, they are reliable they come between certain times, I know they are coming, so I can save up anything I am unable to do for when they come",

Relatives told us, "A lady came to the hospital and took notes on what was needed to keep him safe in his home, a chair, a shower seat ect", "Yes, they come at the same time most days and we usually know who is coming", and "They both arrive together, they are very reliable and always on time".

Management seeks ways to continually improve, puts changes into practice and sustains them. Staff received enhanced training about safeguarding. The Social Care Institute of Excellence (SCIE) was commissioned to deliver a training day on safeguarding to all frontline managers. The provider had a clear and accurate policy for safeguarding adults from harm and abuse. The policy outlined the practice and procedures to be adopted by all staff, in order to minimise the risk of abuse and neglect of people that staff came into contact with. The policy for safeguarding adults reflected the local authority safeguarding protocols, which was available to staff to make sure they followed the correct procedure, if they needed to raise any concerns.

People were confident that staff had the knowledge to recognise and report any actual or suspected abuse. Staff we spoke with were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. They understood the different types of abuse and how to recognise the potential signs. Staff were knowledgeable and confident as to when to raise concerns. Staff training in protecting people from abuse was part of the induction programme and there was on-going refresher training. Staff knew about their right to blow the whistle on poor practice in confidence to agencies outside the organisation. The registered manager and management team understood their responsibilities and all safeguarding alerts or concerns were reviewed monthly by the management team. The registered manager told us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding of adults team and referrals made when necessary. The registered manager, who was the safeguarding lead, notifies CQC of all safeguarding alerts the service raises. This meant that people were protected from the risks of harm and abuse.

Staff show empathy and have an enabling attitude that encourages people to challenge themselves, while recognising and respecting their lifestyle choices. Skilled assessors from the service complete a 'Meet and Greet' visit to all potential users of the service, either in the hospital setting or in the person's own home within a contractual timeframe of four hours, once a referral has been received. Dependent on the needs of the person the assessors attending the 'Meet and Greet' visit may be working on a social care level, or they may be a registered nurse who would support and advise in relation to health care needs. In addition,

management have recruited a small team of Occupational Therapists that cover services delivered in East Kent. They often complete joint visits with the health care assistants to support people's mobility problems to ensure they are safe. The lead occupational therapist told us that an occupational therapist always attends the 'Meet and Greet' assessment visit if the person requires the use of a hoist to assist with moving and handling. Equipment once in place is used to support the delivery of high quality care and independence. This is personalised so the equipment used is the most suitable for the individual. People are able to do more things independently or carry out existing tasks more comfortably, easily or quickly.

There is a transparent and open culture that encourages creative thinking in relation to people's safety. Management seeks out current best practice and uses learning from this to drive improvement for all people, including those with particular protected equality characteristics. Staff talked knowledgeably about safety and risk management. Before any support package commences assessments of the person's home, and for the support and health needs of the person concerned are carried out. One person said, "They came and did an assessment in hospital to see what I needed at home, and it was all in place when I got home". Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, were there smoke alarms in the home; were there any pets. It also included checks of gas and electrical appliances, and if there was any oxygen in the home. People's individual risk assessments included information about action staff were required to take to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people. All risk assessments were reviewed throughout the delivery of the service to make sure they continued to be relevant and suitable to meet people's needs. One person said, "They did do another assessment this morning, she (staff person) typed it up on her laptop, so I assume the care plan will be updated".

Management proactively engages with people and other organisations to assess and minimise risks. The assessor returns to visit the person on day three and completes a further assessment, information is then forwarded to social services and the person may be referred if appropriate on to another service whereby further short term support is provided. This showed there was a thorough approach to planning and coordinating people's move to other services, which is done at the earliest possible stage. Arrangements fully reflect individual circumstances and preferences. One assessor told us, "It is a very necessary service. It gives continuity of care and I have seen massive changes how it impacts on the people discharged from hospital, as people thrive having a familiar face going in to support them to become as independent as possible". People are enabled to take positive risks to maximise their control over their care and support. They are also actively involved in managing their own risks along with their relatives, friends and other carers.

People were given information about the service in the form of a 'Hilton Nursing Partners Welcome to our services information for people and carers', at the time of the initial assessment. Information in the folder stated that the service provided 'Integrated health and social care to deliver innovative services that enable people to continue to live independently. Our success is measured by our ability to get people out of hospital and minimise their on-going social care needs'. The information provided to people also included important information such as a Patient Guide, Patient Feedback form and how to make a complaint and who to contact if a complaint was not resolved to their satisfaction.

Where the service is responsible for medicines, staff work creatively with people to closely involve them in the management and administration of their medicines, including medicines that are not prescribed for example paracetamol. Staff look for new ways to promote independence and work closely with other agencies and relatives of people. People were supported to manage their medicines safely and at the time

they needed them. One person told us, "They check that I have taken my tablets". The registered manager told us that the medicines process had been reviewed and a medicines tool kit for managers had been introduced that was being completed with all new staff. It included a policy test and several practical scenarios. Staff are required to pass a test and demonstrate their competency before being able to support administration of medicines. Medication training had also been updated to include a day within the induction programme dedicated to medicines and a further advanced medicine training session within the first 12 weeks of employment. Management had also produced a 'Warfarin' guide as staff had fed back that this would be helpful, as they did not assist with the administration of this medicine on a regular basis. This demonstrates that management listen and respond to requests made by staff. The guide along with all policies and procedures were available to staff on their company mobile phone and tablet. This ensures staff only have access to the most up to date versions of these documents.

Checks were carried out to ensure that medicines were stored appropriately, and staff signed to confirm when they had supported and assisted people with the administration of medicines. Each person had an assessment of the support they would need to manage their medicines themselves. This varied from people who were able to manage the whole process independently to those who required assistance. Staff had been trained to administer medicines to people safely. Staff had regular competency assessments to ensure their continued ability to administer people's medicines safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed that people received the medicines they needed at the correct time and as prescribed by their GP.

There was more protection for people because the management had implemented a safer staffing policy that was designed to ensure there were always sufficient staff on duty with the right skills to support people's assessed needs. This included a clear process for staff to follow, with monitoring and reviewing regularly undertaken. Staff work 12 hour shifts, on a four days on and four days off rota. Health care assistants work in pairs, but would split up when necessary. This allows for staff to stay with the person if there is an emergency and allows for the other health care assistant to continue to support the people they are allocated. There are no set timings for the length of the visit as this also allows for staff to spend longer if required or put in an additional visit if needed. There were sufficient numbers of staff to cover all visits and meet people's needs. People knew who was coming to support them as staff usually worked with the person for the period when support was provided. The working shift pattern allows for continuity of staff to people. This consistent level of support was important to people so they could get to know their staff. One person said, "I was having them 3 times a day, now I only need then once a day".

Management had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. The recruitment policy is aimed to attract and maintain a workforce that is representative of the community of which it is part. We looked at ten staff files, which were all in a standard record keeping format and showed that all checks required by regulation had been carried out. The checks carried out included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or had been barred from working with children or vulnerable people. Written maths and English tests were also required to be completed by people applying to work for the service. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of the staff handbook. New staff were required to complete a two week induction programme, and complete a six month probation period, so that they understood their role and were trained to care for people safely. The registered manager informed us they believed the use of this system and approach to the recruitment of new staff ensured the continued effectiveness and safety of the service being provided to people.

Staff involved people in identifying and managing risks relating to infection and hygiene, and promotes awareness and independence in doing so. Management had a robust reporting policy and procedure in relation to infection control. The policy on infection control and practice followed the Department of Health guidelines and helped minimise risk from infection. Infection control reports are submitted monthly to management for review. The Head of Health Quality and Clinical Governance previously led the infection control service in an NHS organisation and was therefore able to advise managers as required. Infection control champions had been introduced and staff had a thorough understanding of infection control practice. They described the measures that were taken to ensure that people were protected from the risk of infection. Guidance for staff on effective hand washing was continually reinforced. Staff washed their hands, used hand sanitizers and encouraged people to wash their hands after using the toilet and before meals. Protective Personal Equipment (PPE) such as gloves and aprons were readily available and staff wore PPE when appropriate. As the staff took necessary precautions, people's risk of acquiring an infection were reduced.

Management had a genuinely open culture in which all safety concerns raised are highly valued as integral to learning and improvement. Staff knew how to inform the registered manager of any accidents or incidents. All accidents or incidents were assessed by the Head of Health, Quality and Clinical Governance. Following an investigation of an accident or incident an action plan was produced. The registered manager told us that lessons learnt were also shared in training and with the teams to improve learning. The Head of Health, Quality and Clinical Governance had undertaken a 2 day training course on Root Cause Analysis in relation to serious incidents (RCA is a systematic process for identifying 'root causes' of problems or events and an approach for responding to them'). This training had then been cascaded to all frontline managers who carried out investigations. The registered manager told us that to date no serious incidents had been reported.

The registered manager planned in advance to ensure people's care could be consistently delivered. There were policies and procedures in place protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time.

Is the service effective?

Our findings

The outcomes for people are consistent and demonstrated that the service delivers a successful service to people and to the commissioners of their service. We also saw that feedback from people who used the service was consistently high, for example in November 2017 it was 98.5%.

People told us staff were well-trained and attentive to their needs. Everyone that we spoke with said that staff were well trained and were competent in their work. People felt safe and comfortable with the level of skill and experience the staff had. Several people told us that staff went over and above their duties to make sure people were well looked after. People told us, "They will ask what I want done today what I need help with, they help to set me up for the day", "They have given me so much confidence they will say, do you need me to do or can you manage", "They will bring in the bowl of water and ask me if I need them to stay in the room whilst I wash, if not they will carry on with other tasks, I can do so much more now than when they first came", and "When they are helping with my wash they will encourage me to do what I can and each day I am finding I can do a bit more for myself". One relative told us, "He is a lot better he is getting more confident daily".

The service has its own in-house learning and development department. A training needs analysis is completed annually and a training plan produced. All staff received up to date training on induction and again annually. The training is constantly being reviewed and any feedback is taken on board at the review. Equality and diversity to the staff as learners, is demonstrated by the approach to delivery, content and organisation of training sessions. The training team uphold the culture of inclusion by offering an adaptable, flexible training programme delivered by a team skilled in their understanding of equality and diversity. Training sessions can be delivered in a variety of settings, at different times and if required on a 1:1 basis. Training ground rules for both trainers and staff have been developed and include respect for the diversity that may exist within a group. The training sessions incorporate differentiation to ensure that learners are supported with activities suited to individual learning needs. Teaching resources are available in a variety of styles, such as different colour paper and additional support provided as needed. For example, assisting a person who has dyslexia through the induction process. One staff member told us that having undertaken dementia training, it had provided them with ways of being able to calm a person and how to diffuse situations that may arise for example behaviours that challenge.

People were supported by staff who had the training and support they needed to carry out their role. All new staff complete a two week face to face induction when they start in their role. The induction and refresher training included all the essential subjects, such as moving and handling, fire safety, safeguarding, first aid and infection control. The induction also included shadowing days and support and guidance from a mentor. This helped ensure that all staff were working to the expected standards and caring for people effectively. Staff told us, "The training is very good", and "I have had more training in the last six months than I ever had in my other job". Staff did not work alone until they had been assessed as competent to do so. Following the two week induction was a period of observation in practice under supervision to meet all competences of the Care Certificate (Skills of Care). The Care Certificate includes assessments of course work and observations to check staff meet the necessary standards to work safely unsupervised.

In addition, following a 'What you said, What we did', seen on the noticeboard, feedback from staff said there was not enough time allocated for electronic systems training and medicine training. Management reviewed this and the induction training programme has been extended by an additional day in order to allocate more time to medicines and electronic systems training.

A training programme was in place that included courses that were relevant to the needs of people who received a service. The registered manager and the learning and development and employee engagement lead ensured that staff continued to receive the necessary additional training and updates to be able to maintain the skills and experience required to complete their role well. One assessor told us that they had completed training and was a 'dementia champion'. They told us that this training and their previous work experience supported them when assessing whether people could go home or into a care environment.

The Learning and Development and Employee Engagement Lead informed us that a range of training methods were used to ensure that the different learning styles of staff were considered. These included face to face training by staff who were qualified trainers and employed by the service, e-learning, and staff attending external training courses. One member of staff was pleased to have been put forward for an external training which involved giving them a visual view of what people with dementia may be feeling. For example, if the flooring is coloured blue, the person may see it as the sea and would not want to walk across it.

The service had a well-equipped training area with equipment such as a bed and hoist to be able to train staff on a practical level in relation to moving and handling transfers. Staff told us their training was continuous. One member of staff said, "The training sessions are given to update our skills and keeps us up to date with best practice".

Staff were offered the opportunity to complete qualifications relevant to their role and supported by additional training from healthcare professionals when required developing best practice and working together for the best outcome for the person. Additional links were made with a number of different organisations to ensure and support the continuity of care that some people received from healthcare professionals and charities.

In addition, an innovative way forward for staff to acquire qualifications has been assessors training that has been designed by the learning and development manager and is delivered in house. This training has been accredited to the Royal College of Nursing and Continuing Professional Development. This is the first national course of its kind and it will be further enhanced in 2018 when working in collaboration with Canterbury Christchurch University to deliver a level 4 module called 'Assessment of care needs and supporting decision making'. Four assessors are starting on the pilot in February 2018.

There was a proactive support and appraisal system for staff, which recognises that continuing development of skills, competence and knowledge is integral to ensuring high quality care and support. Staff told us they were supported through individual supervision, and appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Clinical supervision was provided for the registered nurses, this supports nurses in their personal and professional development to enhance and support the best clinical skills and lead to improved outcomes for people.

Records seen confirmed this practice was consistent. Observational checks of staff performance were carried out in people's homes with their consent. People told us they thought it was good to see that the staff had regular checks, as this gave them confidence that staff were doing things properly. Checks were recorded and discussed, so that staff could identify development needs and receive encouragement and

feedback about their work. Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

All people referred to the service receive a comprehensive assessment of their needs. Whilst people are supported by the service they are assessed and as needed referred on to appropriate services including the voluntary sector. The teams had built up close links with community colleagues and worked collaboratively to support people to stay at home. These included care navigators, the voluntary sector and local hospices.

People's capacity was determined when the first assessment of their care needs was undertaken. Staff were trained in the requirements of the Mental Capacity Act 2005. People were supported to make their own decisions, using a range of different techniques to enable them to consent to their care. One member of staff told us, it depends on the person, it's about building up trust, using eye contact or writing a note for someone so that they could indicate their decisions. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensured people's human and legal rights were respected. One member of staff told us that if the person lacks capacity, a best interest meeting would be arranged and would involve family members as appropriate. Best interest decisions were always made in accordance with legislation and people's wishes. They said that they try to get as near to the person's wishes as possible. Staff had a clear understanding of people's rights in relation to entering their homes and should consent not be granted were aware of what action they should take. People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions where appropriate, their family and friends were involved.

The service embraces different cultural, religious and ethical issues around people's choice of food to make sure their wishes are respected. People were supported to maintain a balanced diet of their choice. One person said, "They always ask me what I would like, and give me the support I need". One member of staff said they involved the person in food preparation as much as possible in order to promote independence, to see what the person could do and point them in the right direction for future meal preparation. For another person we were told that staff arranged the commencement of delivery of ready meals to support the person to remain independent in their own home. Care records evidenced the care and support needs that people had for example, in relation to maintaining their health through eating and drinking.

People's care was planned and delivered to maintain their health and well-being. People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to their immediate manager or to the office, who would then if necessary contact the relevant GP, nurse, or other health professionals. Each person had details of their medical history in their care plan, and information about their health needs. Records showed that staff worked closely with health and social care professionals to ensure the needs of people were met.

We found that management were passionate and proactive at working in an integrated new model of care and are continuously looking for new ways of reducing the burden on health and social care whilst supporting people to return home from hospital. For example, a new service being piloted, 'Home to Decide' service in conjunction with Kent Social Services in the Wet Kent locality. The service is to bring people home from hospital that had been assessed as may benefit from a care home setting, but would like to go home. The new service has been designed to enable the individual to be discharged back to their home with an intensive support package. People are supported and assessed for a period of 14 days. This allows time for a thorough assessment to be undertaken, and the person to re-adjust to living independently in the

community.

All five people received an initial period of intensive 72 hour support which enabled them to settle back home and for staff to assess their needs within their own home. For one person other health care professionals contacted during the support time included, Stroke Association, Neuro rehab-team, local GP and social worker. The registered manager told us that feedback from family and next of kin members felt the intense 72 hour period was valuable and erased some of the anxiety around the family member coming home. Comments from people made to the service included, 'It was wonderful to have the security of a 24/7 service. Overall, brilliant. Many, many thanks', 'The person leading the team was very helpful and her team were very kind and considerate to my Mother', and 'All of them (staff) are a credit to your company'. This showed that management and staff are committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care and support to people.

To date the service has been piloted on five people, the outcome being that all five people have remained at home, with continuing support arranged with other agencies. For one person at the end of Hilton staff support, the person was able to make herself a cup of tea, go to the fridge and choose what she wanted for lunch and visit her relative, whenever she wanted to. The registered manager told us, that the outcome for people highlights that enabling people to return to their own home for a period of assessment can improve outcomes for people and may reduce the need for a costlier residential placement.

Two additional records seen written by staff that showed the impact on people who have received support from staff included, "X (person being supported) has continued from day 0 to make progress. Her confidence has gradually developed whilst being back at home and being a part of that is truly amazing. X has the confidence to wash herself, mobilise around her own home with a Zimmer frame and coming towards the end of the pathway is now going to the kitchen and making her own drinks. X being back in her own home, that her and husband designed was the best decision and outcome that I feel could have been made", and "We have a person (person being supported) that has been discharged to us with a history of mental health problems, this gentleman has trust issues and wasn't too keen on having our service. We are on day two now with the gentleman who is emotionally unstable self-neglected and refusing medication. Today, Mr X was sitting with us and telling us his history and finally cracking the outer shell to this gentleman to the point he trusts us and told myself and other staff member that we make a difference. We provide a fantastic service and he is starting to feel hope is there. We are very proud Hilton staff.

Is the service caring?

Our findings

People told us that they viewed staff positively. Everyone we spoke with told us they were treated with kindness and compassion by the staff who supported them and that positive relationships had developed. People made lots of positive comments about the staff. People said, "They chat away to me, they are all so kind and caring", "Yes I do feel involved with my care we talk about it and they listen to any concerns I have", "They are happy, kind and caring people, all of them", "They will look at the care plan and then ask me what I would like done today wash, shave it's up to me", "They get me to the sink and then I can manage my wash, but I know she (staff) is around if I need her", "It has helped me to gain my independence, I can try things when they are here as I know they are around", and "They have given me so much confidence, they say do you need me to do or can you manage".

Relatives told us, "His face lights up when he sees them". "They will close the curtains and have towels on the radiator ready to cover him where they can", "It has helped both of us, I am sure I would not have been able to manage him myself", "They cheer him up, he was very down this morning but by the time they left he was smiling again". It helps me as well because I know he is happy with them and I can get on and do some jobs whilst they are here".

Staff had developed positive relationships with people. The staff were organised to ensure that people received support from a small number of staff that provided their support. People said, "I have had the same staff that I have got on well with", and "They are very skilled at what they do". People told us that staff communicated with them and told us about staff chatting and talking to them, letting them know what was happening during care delivery. Staff listened to people and respected their wishes. One person said, "When they are helping me with my wash they will encourage me to do what I can and each day I am finding that I can do a bit more for myself". Staff told us that they respected the choices people made.

People and their families told us they were involved in making decisions about their care and staff took account of their individual needs as well as preferences. One member of staff told us that a person recently discharged from hospital following a fall, had all the equipment in place for moving and handling. The person declined the use of the equipment and said they wanted to try themselves with their walking frame. The two staff attending supported the person to use the walking frame and observed them taking steps forward and mobilising around the home. Families were often fully involved in people's lives, caring for them most of the time. People's care and support was continually reviewed during the period staff attended and any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person. People could change how they wanted their care to be delivered whenever they wanted. Staff did as people asked when they visited. One relative said, "They will say to him would you like me to do this or can you manage yourself, ok, we are here to help if you need it. He can now get his own shirt buttons done up". The staff responded appropriately to people's needs in a way they preferred and support was consistent with their plan of care. People were encouraged and enabled to become as independent as possible. During the visits staff identified changes to people's levels of independence and sought solutions to help people continue to do as much for themselves as possible. One person said, "I have got a walking frame and a commode, all that was here when I got back from hospital".

People's care plans showed that they were encouraged to be independent in their personal care. People we spoke with indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent.

There was an emphasis on people's abilities when planning the care they received within their home. People were keen to remain as independent as possible, only having help with the tasks that were necessary. Care plans reflected this, guiding staff to encourage and support people to do as much as they could themselves. Being respectful of people's dignity and privacy was a key element of the support plan, making sure staff thought carefully about their approach.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. The provider had a policy setting out their approach to dignity, equality, diversity and human rights. Staff received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people's own homes. One person who received a service said, "They are very respectful, always making sure I am covered when possible and keeping the door closed". Staff we spoke with understood their responsibilities for preserving privacy and dignity and could describe the steps they would take to do this. The registered manager told us that all members of staff are encouraged to sign up to become dignity champions, and that this is actively communicated in regular emails from the training team.

Evidence was found in each person's care plan as to how a person would like assistance with their medicines, including body positioning and either delivery or collection of medicine from pharmacies. This evidence was seen to establish that all people's medicine protocols were adhered to in a manner with which each person was comfortable, promoted independence and involved them.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

The registered manager and management team were motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with staff we spoke with. People described their staff as being 'supportive' and 'caring'. One person said, "I don't think I would have been allowed out of hospital if I hadn't of had this support set up".

People's care and support was planned proactively in partnership with them. There was evidence the service continued to involve people in making decisions about their lives and empowering them. Everyone that we spoke with, without exception said that when their care was being planned at the start of the service, the assessor spent time with them finding out about their preferences. What care they wanted/needed and how they wanted this care to be delivered. One relative said, "We were involved in the setup of his care plan it was all agreed and in his folder". From then forward the relationship between management and staff and each person was two way and only required a phone call to the office to change or adapt the care needed. One person said, "When I need to change times I just ask the carer and they sort it out, it is never a problem". People told us that the service was responsive in changing the times of their visits and accommodating last minute additional appointments when needed.

At the initial assessment people were asked about personal details, such as people's next of kin and health care professionals involved in their care were collected to ensure the information was available if needed. People were asked what their routine was and how they wanted their support to be carried out. Management and staff provided assistance and information to people and their families to enable them to access support, funding and equipment to make their lives easier. This was important information for the staff to be able to provide help and support in the way the person themselves wanted, and so ensured that people's welfare and safety was maintained after they had been discharged from hospital.

People received personalised care and support that was based on this assessment. People and those that mattered to them had been involved in identifying their needs and how these should be met. People's care and support was set out in a plan that described what staff needed to do to make sure personalised care was provided. People's plans were reviewed regularly during the period the service was provided. Staff recognised the importance of self-esteem for people and ensured this was taken into account when delivering care. For example, they supported them to dress in a way that reflected their personality and respected their right to privacy and independence. This had a positive effect on people.

Once support commenced, all people had a 'recommendation assessment' to see if they required any additional services. People who were identified as requiring on-going support were not signed off until the new service started. One person said, "We have had a chat about what happens after this and they told me that they will continue until they need to or until something else is set up". Staff told us they found the plans easy to follow. It was evident from information inspected that the person is placed at the heart of the care planning and care delivery process. Details of medical conditions were noted including how these conditions may impact on care/safety of people and their families and affect the delivery of care by staff.

The registered manager told us that the service has a range of communication tools to support people and staff. These resources included picture cards in a range of languages, easy read and large print leaflets and complaints leaflet and a sign language guide for staff. All resources are available to staff via their laptop or mobile phone and hard copies are available from the office. One example given by an assessor was of having a member of the person's family present at all visits from staff, in the role of an interpreter as the person did not speak any English.

Management had looked at innovative ways of communicating with staff who worked in the community to make sure they were informed of changes, knew about best practice and could share views and information. This led to the setting up of 'Hilton Heartbeat'. The registered manager told us the service operates a computer system called 'Hilton Heartbeat'. This enables all members of staff to access a live view of the current person's record on their secure work tablet or mobile phone. This increases safety and also ensures teams, co-ordinators, assessors and health care assistants have access to all necessary person data. People are protected from the potential of missed calls as 'Heartbeat' is set up to raise an alert if visits appear to be running late. This meant the service can react and reduce the risk of missed or late calls. The head of systems and communications told us that their primary role was to ensure the up and running computer systems were secure and all databases were current. They told us that staff are given a full induction into the system including how to use the tablet and mobile phone. A minimum score is required to be achieved by staff at the training session, and should this not be achieved then a 1:1 session will be arranged to further support the staff person.

The provider had a robust complaints policy and procedure. In addition, there was a complaints leaflet that was also available in large print and easy read. The complaints procedure was clearly detailed for people within the information given to people on introduction to the service. The complaints leaflet gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally. People and their relatives told us that they felt confident they would be listened to if they made a complaint. The registered manager confirmed to us that the service had supported 7,687 people over the last twelve months and had received and satisfactorily dealt with 14 formal complaints. People told us, "I have absolutely no complaints", "I have never had to speak to the office, but I do have numbers, I sort anything with the carers", and "I have everything in the folder, numbers if I need them but I haven't so far".

There had been many compliments received from people and their relatives about the care provided by staff, and often naming individual staff to praise. These included, 'We thank you for a professional and courteous service over the past five days. This has helped in my recovery'. 'Everything for my husband was dealt with kindness, care and great dignity, They were faultless. They took time to talk to me and listened to my worries, which were many. There was nothing too much trouble for them', 'Thank you so much for looking after me over the last seven weeks. I have had excellent care and enjoyed meeting you all', 'Treated with dignity at all times, caring and professional', and 'This was a brilliant service, very helpful and caring, just wish there was more like them'.

There was an emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring. People were invited to share their views about the service through quality assurance processes, which included phone calls, feedback forms and spot checks for the staff who supported people. The telephone calls to people were also an opportunity for a member of the management team to talk with people who used the service and gather their feedback.

Is the service well-led?

Our findings

People and their relatives were consistently positive about the service they received. People spoke highly of the management team. Relatives, when asked if they were happy with the service said, "They are happy, kind and caring people, all of them", and "They seem very experienced in what they do".

Recognition of the service in providing outstanding good practice was The Health Investor Award Community Provider of the year 2016, awarded to the CEO of the company and the company was a finalist of the Health Investor Award 2017 for the public/private partnership of the year. Other awards included Kent Care Awards 2017, winner of the Care Trainer award was the learning and development manager, and winner of the Good Nurse award was one of the clinical team leaders.

The leadership, governance and culture of the management team were used to drive and improve high quality person centred care. Management had developed and sustained a positive culture that was open, inclusive and empowering. Staff were motivated and told us that management was excellent. They told us they felt fully supported by the registered manager and management team. Staff told us, "It is a breath of fresh air, what I recognise is they listen and act on what you suggest, meetings are proactive, everything taken on board when suggestions are made. It makes you feel valued", "Good thing Hilton is here to help people when they come out of hospital", "Good company to work for always somebody there if you have a query everyone is really approachable", "Amazing company to work for", "I have always been happy with them (Hilton Nursing Partners), one of the best I have worked for". They provide the best training and they care for the people that work for them", and "I love working for Hilton the job you do is worthwhile and the job is rewarding at the end of it knowing that the person can stay at home and not in hospital".

Governance is well embedded into the running of the service. There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. All members of the Board were committed and invested to ensuring the service delivered a quality service to the people they supported. The Board met four weekly and received reports on Clinical Governance, Training, Operations and IT/Communications, to monitor the service that was provided. The senior management team all work full time and have a wealth of experience in Health and Social Care and are committed to providing a quality service, and making as difference to people's lives they have supported. It was seen from the report produced from a staff questionnaire completed by staff in November 2016, stated 'The staff survey has proved to be a positive step to engaging staff and re-enforcing our commitment to our partnership model'.

There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. The provider holds a Hilton Club for staff which meets quarterly and all partners are invited to attend. This gives staff the opportunity to feedback ideas and improvements. In addition all members of staff are given share options at 12 months service and at this time they become a 'Hilton partner'. There is an open culture within the service and at induction all staff meet the CEO and senior management team. All staff are encouraged to contact the senior management team and the CEO with ideas or concerns they may have. Local managers also hold team meetings each quarter for their staff

and have a set agenda to cover. The CEO sends out a newsletter quarterly to ensure staff are kept updated. The December 2017 newsletter told staff that following a request by some staff members, hi-vis vests had been ordered and had been delivered, so any staff wishing to have one for when out and about visiting people should collect one from the Ashford office or contact the team leader to arrange collection through them.

The service has invested in a dedicated Learning and Development department. Trainers support staff and managers and complete field training in addition to classroom and 1:1 training sessions. Skills for Care and the Royal College of Nursing resources are used to support the training department. All training is regularly reviewed to ensure it is up to date and relevant. A training needs analysis is undertaken and an annual training plan is developed. Currently all managers are completing skills for care 'Becoming a Manager', which is distance learning together with monthly sessions which are led by the Learning and Development Manager. The registered manager is undertaking the 'Well Led' skills for care leadership course in London.

There are champions within the service who actively support staff to make sure people experience good healthcare outcomes leading to an outstanding quality of life. Management have introduced champions for infection control, end of life care, and dementia, learning disability and mental health. Each team has one representative who attends specific training/meetings four times a year. The champions are also responsible for disseminating information within their team.

A new post of quality improvement lead was introduced in October 2017 and to date the quality improvement lead has been reviewing and supporting the new computer system, to ensure the quality is driven through and documentation standards remain high. Commencing in January 2018 the quality improvement lead said all areas will receive a quality assurance audit.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, appraisals and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service. This was also reinforced when we spoke to people who received a service. One person said, "The staff are skilled at what they do". The staff we spoke to understood their role and what was expected of them. Staff were aware of the expectations, and all expressed their own wish to provide a good service to people. This led to the promotion of good working practices within the service as staff were motivated and told us they were proud to work for the company.

Policies and procedures were available for staff. The registered managers system ensured that all staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people. The provider, registered manager and management team ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff knew they were accountable to the provider and registered manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meetings.

The registered manager and management team demonstrated an exceptional commitment to enabling people to return to living independently in the community. The registered manager had a clear vision and values that were person centred. These values were owned by people and staff and underpinned all practice. Staff consistently provided person centred care and support which was clearly evidenced in the care plans and feedback from people. The registered manager provided leadership and used systems

effectively to monitor the culture of the service. Observations of practice were used at regular intervals to monitor and ensure that high standards were maintained. These observations focused on how staff delivered the values of the organisation. For example, how staff responded to a person's distress, promoted people's independence and dignity and encouraged their self-identity and self-esteem.

There were effective systems in place to assess and monitor the quality and safety of service provision and any concerns were addressed promptly. Auditing systems had identified any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe. Accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by management on a regular basis.

The provider and registered manager had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff were encouraged to raise concerns outside of the organisation should they need to. Staff told us they were given information about whistleblowing and how to go about it. Staff said they felt they could speak with the registered manager if they had any concerns. Staff said they liked working for the service. Our discussions with people, their relatives, the registered manager, and staff showed us that there was an open and positive culture that focused on people. Staff told us there was good teamwork amongst staff.