Hilton House (Essex) Limited

Hilton House

Inspection report

175 Shrub End Road
Colchester
Essex
CO3 4RG

Tel: 01206763361
Website: www.hiltonhouse.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 March 2017 and was announced.

At our last inspection we found breaches of Regulations 9, 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements in how medicines were managed, the content of care records, supporting people with choice and the systems for ensuring the safety and quality of the service. At this inspection we found that appropriate action had been taken to address these issues.

The service is registered to provide care and support for up to 10 people of all ages who have learning disabilities and mental health needs. On the day of our inspection there were seven people living in the service.

The service had a registered manager who was also the provider. 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.

Staff had been trained in safeguarding people from abuse. They demonstrated that they understood the signs of abuse and how to safeguard the people. Staff said they felt confident that the registered manager would take appropriate action to adequately protect people.

There were sufficient numbers of staff to meet people's needs. Staffing levels were determined by looking at people's needs and activities including appointments. Risks to people were assessed and managed appropriately to ensure that people's health and well-being were promoted. Action plans to manage risks were in place and staff followed them.

People received their medicines safely and medicines were managed in line with procedures. Medicines were administered to people appropriately, clear records were maintained and medicines were stored safely.

People's choices and decisions were respected. People made decisions about their day-to-day care and support and were actively involved in their care planning. The service understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff understood people's needs and treated them with respect, kindness and dignity. Staff communicated with people in the way they understood. People's individual care needs had been assessed and their support planned and delivered in accordance to their wishes. People's needs and progress were reviewed regularly with the person to ensure it continued to meet their needs.

People were encouraged to follow their interests and develop skills. People participated in a variety of activities within the service and the wider community. These included attending college and other social activities.

The service held regular meetings with people and staff to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service. There were systems in place to monitor and assess the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected by staff who knew how to recognise and report abuse.

Risks were identified and effectively managed.

People received their medicines as prescribed. Medicines were managed and stored safely.

There were sufficient staff to meet the needs of people living at the service.

Is the service effective?

Good

The service was effective.

People received support staff that were trained and supported. Staff received supervision and had training to enable them to perform their role.

Staff upheld people's rights under the Mental Capacity Act 2005 and complied with the requirements of the Deprivation of Liberty Safeguards.

People's choices and decisions were respected.

People had access to health care services they needed.

People had enough to eat and drink and had diets provided in line with their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion and kindness; and respected their dignity and privacy.

People and their relatives were actively involved in planning their support and care.

Staff knew people's likes and dislikes and their life history. People received support to maintain relationships with their friends and family.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and support plans were person centred and had details for staff to follow on how to deliver people's care and support.

People took part in activities they enjoyed. They were supported to access the community and maintain active lives.

The service had a complaints procedure in place and sought the views of people on the care and support provided.

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture at the service. People, relatives and staff described the management team as friendly and approachable.

Staff were supported and felt able to discuss any issues with the registered manager.

The registered manager carried out checks on the quality of the service and made improvements if necessary. Issues were identified and resolved following monitoring checks conducted.

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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.

This inspection took place on 7 March 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who were often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

Before our inspection we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with three people who used the service, although not everybody was able to contribute their views on the service. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection. We spoke with the registered manager and three members of care staff. We also spoke with a visiting relative.

To help us assess how people's care and support needs were being met we reviewed four people's care records and other information, for example their risk assessments and medicine administration records. We looked at four staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

Our inspection of 31 January 2016 found a breach of Regulation 12 of the Health and Social Care Act. This was because people's medicines were not managed safely and risks associated with the environment were not effectively managed. At this inspection we found that improvements had been made.

Support plans included a range of relevant risk assessments. These covered areas such as personal hygiene, slipping or falling, medicines administration and health and safety risks. One person who had had an operation which affected their mobility enthusiastically demonstrated to us how they managed the stairs and showed us the hand rails that had been put in place in their bathroom to support their independence. They told us that when they had first returned to the service after the operation they had used a down stairs bedroom but that they preferred their room which was upstairs as it was lighter and larger. Records showed that the occupational therapist (OT) had been involved in observing the person on numerous occasions to ensure that they were safe to access their bedroom upstairs and the hand rails in the bathroom had been purchased as recommended by the OT. This allowed the person to remain at the service in their preferred bedroom and mitigated the risks to the person. People's risk assessments were kept under review and updated as new risks were identified or the level of risk changed.

Where people became anxious or upset, plans were in place to support the person to recognise how to manage their behaviour and to provide guidance to staff, for example, 'Divert any negative thoughts' and 'use relaxation techniques'. People were involved in writing the actions that they would take for example, 'I will learn to lower my voice.'

There was an emergency crisis plan on display which instructed staff what to do in case of an emergency and staff were aware of its contents. People had been involved in discussion and training with regard to environment risks. For example when staff had received training on fire safety people who lived at the service, who were able, had also been included in the training. When asked about this training one person told us, "I have a smoke detector in my room."

People received their medicines safely and as prescribed. One person said, "I get my medication on time." People's care records contained easy read leaflets about the medicines they were taking to support them to understand the medicines they were taking. Where medicines were prescribed to be taken as required (PRN) protocols were in place which clearly described when the medicine should be given. This ensured that it was given consistently.

The registered manager told us that since our last inspection the service had changed their medicines supplier and now received support from the supplier with training and auditing. Medicines records supported the safe administration of medicines. Care staff who administered medicines had completed specific medicines management training. Records relating to the receipt, administration and disposal of medicines were accurate and complete. Medicines were stored securely and safely. The temperature of the medicines cabinet was monitored to ensure medicines were stored at an appropriate temperature.

There were sufficient staff to meet people's needs. People were supported to take part in activities and to enjoy their daily routine with the support of staff without waiting unduly to go out or have their meals or be supported with personal care. The registered manager told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. One staff member said, "We are always overstaffed. There are plenty of people to support with activities."

Staff records demonstrated that appropriate checks had been carried out before people were employed. Pre-employment checks included Disclosure and Barring Service (DBS) checks and obtaining two references. The DBS restrict people from working with vulnerable groups where they may present a risk and also provide employers with criminal history information. This meant that the manager ensured the risks of employing unsuitable people were reduced.

Good

Is the service effective?

Our findings

Our inspection of 31 January 2016 found that the service was not complying with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). The service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. People's care plans did not reflect their capacity to make their own decisions and it appeared that restraint may have been being used. Cupboards containing people's food and clothing were locked with no explanation. At this inspection we found that improvements had been made.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

Care plans contained capacity assessments covering day to day decisions, financial capacity and medicines. Staff understood the MCA. One staff member said, "It is about if someone does not have the capacity to make a decision, the best decision for their care is made so it is in their best interests for their well-being." The decisions making process was clear throughout care plans. One person's plan said, "I like to make decisions and choices for myself." Another said, "When supporting me with my mobility gain consent and provide me with options." People had ticked to agree that they were happy with their care plans and agreed with the contents.

When visiting one person's bedroom we saw that they had padlocks on their wardrobe doors. The padlocks were not locked and were a variety of different colours. We asked the person why they had locks on their wardrobe. They explained to us the historic reasons, relevant to their past behaviour that had necessitated the locks being put in place. However, they went on to explain that they no longer engaged in that behaviour but had requested that the padlocks remain on their wardrobe doors. They explained how they liked to lock the wardrobe at night and asked staff to look after the key. This person's care plan contained appropriate information relevant to their capacity to choose to lock their cupboard and recorded their decision to do so.

Our previous inspection had also found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's care records did not provide guidance on how people should be supported to eat safely. Care plans we looked at during this inspection contained clear guidance for staff on food people could eat safely. One person had a nutritional assessment which described their particular nutritional needs. There was nutritional advice on the wall of the dining room and pictorial meals including foods which were low in fat and sugar.

People told us they enjoyed the food. One person said, "The food is good. We get asked what we want. I love

spicy chicken but I can choose whatever I want." Another person had written in their photo diary, "I always eat what I prefer to eat." We observed the evening meal, people were enjoying the food which looked appetising and were excitedly cheering about having omelettes. One person was helping staff in the kitchen mix the eggs.

Staff had the knowledge and skills required to meet the needs of people who used the service. A visitor expressed their confidence in the ability of staff to support their relative giving us examples of what staff had supported their relative to achieve.

A member staff member told us that they had an induction which involved being introduced to people, what their role was and that they had enrolled on the Care Certificate. We saw records confirming that staff had completed an induction when they started working at the service and that they were receiving regular supervision and an annual appraisal of their work performance. The registered manager told us that new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix which showed that staff were up to date with training that the provider considered mandatory. This training included manual handling, food hygiene, equality and diversity, the administration of medicines, fire prevention, infection control, health and safety, safeguarding adults and the Mental Capacity Act 2005 (MCA). Staff had also completed training specific to the needs of the people using the service, for example medication competency, food safety, dysphagia and epilepsy. This ensured that staff had the knowledge and skills required to meet the individual needs of people who used the service.

People were supported to maintain good health and had access to healthcare services. One person told us that the occupational therapist had visited them in the service and worked with them to improve their mobility. Another person's care plan showed that the service had obtained input from a dietician and that they were encouraged to have a low fat diet and increase their vegetable intake. The person had signed to say that they agreed with the advice. Another had written next to a photograph in their diary, "I have achieved a good weight which is helping me with my walking." Records showed that people were supported with appointments with healthcare professionals when required, for example, visits to the optician and GP.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person said, "I like living here. I like all the staff and people that I live with. I have good relationships with them. They are very good carers. My keyworker is the best thing about living here. I get on well with them." A person's relative said, "The staff are all very good."

We observed staff interacting with people in a positive manner and communicating in ways people understood. They shared jokes and laughed. We also observed a staff member providing support to people as they engaged in individual activities that they enjoyed, for example, one person was knitting a blanket. Staff we spoke with knew people well and had a detailed knowledge of peoples histories and how they liked to be supported.

Staff respected people's choices as to what they wanted to do and how they wanted it done. One person had written in their photo diary, "I make my own choice with everything." Another person said, "There is nothing bad about living here. Nothing I would change as everything is OK." Each person had a key worker who regularly discussed their care plan with them.

People and their relatives had been fully involved in their care planning. This was demonstrated by the fact that much of people's care plan had been handwritten by the person. A relative said, "I am involved in the care plan and they chat to me about what is going on. [Person] has come on really well since [person] has been here. They are eating well and their health has improved. [Person] always gets a choice." One person recognised their care plan pointing at the folder their care plan was in and saying, "That's mine it's in the pink folder."

People's care plans contained very detailed information about what was important to them as an individual. They included a history and how the person would like to be supported. People had written new year's resolutions which included things like, "I would like to enrol at college and do needlework." We spoke with the person who had made that resolution and they showed us the prospectus for the college they were considering attending.

Staff respected people's privacy and dignity and promoted confidentiality. Staff ensured people had their personal spaces and were able to enjoy quiet time as they wished. One person said, "Staff do respect my privacy. They respect all of the service users, every single one of us". All records made by staff were respectfully written. Behaviour support plans reflected the person and their choices. They covered what to do after a difficult event including providing reassurance to the person. One person had written in their achievements folder, "I am very independent and always do what I want to do."

People could have visitors when they wanted. One person said, "My family visit me." One person had a relative visit on the day of our inspection. The visitor and the registered manager had a good rapport and the relative clearly felt comfortable and welcomed.

People's personal records were kept secured in the office and meetings about people were conducted in

private rooms to maintain confidentiality.

Good

Is the service responsive?

Our findings

Our inspection of 31 January 2016 had found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care records were contradictory and did not provide guidance for staff in how people's needs should be met. Since that inspection the service had completely revised the care plans. Care plans we looked at during this inspection demonstrated a strong ethos of person centred care and were individual to the person. For example one care plan recorded, 'Make sure I don't miss my favourite TV programmes.'

People's needs were assessed, planned and care was delivered in a way that met their individual requirements. Care and support records included a one page personal profile which included sections entitled what people like about me, what's important to me and how best to support me. Care needs assessments were carried out which covered people's physical, mental health and personal care needs.

Care and support plans clearly set out how people's individual needs would be met, how their goals would be achieved and the key people involved to ensure this happened. People were involved in different activities both as part of the service community and those individual to them. On the day of our inspection two people went out for a walk, this was clearly part of their usual routine. One person was knitting and another was playing an organ. Another person said, "I like doing gardening". They showed us pictures of them doing some gardening and growing vegetables. A member of staff said, "People do activities every day and they really enjoy being active. Most people do college courses and we are always supporting people to look for new opportunities." One to one activities were logged including the support provided and feedback from the person.

People contributed to their care and support plans as much as they were able. Much of people's care plans had been hand written by them with the support of staff. People demonstrated a familiarity with the care and support plans with one person pointing their out plan to us on the shelf, recognising it by the colour of the folder. Support plans were reviewed regularly with the person and reflected people's changing needs. Staff told us that reviewing care and support plans with people was part of regular one to one time between the person and their key worker. This meant that care and support delivered met their personal requirements and needs.

People maintained photo diaries. These were personal and contained photographs clearly evidencing what they enjoyed and who was important to them. Some information in the diaries had been recorded under the different CQC domains and it was clear that these had been discussed with people. Under Responsive one person had recorded, "Since living at Hilton House I have the confidence to go to college." Another person said, "When I came to Hilton House I used a wheelchair and now I can walk." A third person said, "Staff respond to my emotional needs and comfort and reassure me."

Prospective new people had a trial period visiting and living in the service to determine if they would be compatible to live in the service. The registered manager told us that only people who fitted in with the people currently living in the service would be accepted on a permanent basis.

The registered manager had recently carried out a survey of the people living in the service to check how they felt about the quality of care they received. They were in the process of analysing the results. The questions had been presented in a format people could understand and people had been supported to answer them. The survey had a picture of the people who lived in the service on the front which stimulated people's interest and encouraged them to participate.

The service complaints policy was displayed in the service. Contact details for CQC were also displayed. One person had the complaints policy on the notice board in their room.

Good

Is the service well-led?

Our findings

Our inspection of 31 January 2016 had found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have robust systems in place to monitor the safety and quality of the service provided. At this inspection we found the provider had addressed their quality assurance and record keeping methods and made substantial improvements.

The registered manager, who was also the provider, was a visible presence within the service and clearly knew people well. One person said, "I can speak to any of the staff if I have a problem. If I wasn't happy, I would go to [registered manager] and talk to them." A relative said, "I have no problem speaking to [registered manager]." A member of care staff said, "The manager is very friendly, generous and lovely to work for."

Staff told us that the registered manager was open to suggestions and feedback and was supportive to them. Staff were clear about the management structure and told us they had the leadership and direction they needed to be effective in their roles. The registered manager regularly held meetings with the staff team to discuss issues regarding people and other concerns. Staff told us that they were able to discuss matters freely with the registered manager. One member of staff said, "The manager is approachable and helpful." All the staff we spoke with demonstrated they understood their roles and responsibilities and the aims and objectives of the service. They talked enthusiastically about their roles in ensuring people were supported to improve their health, well-being and maintain an active life.

There were systems in place to regularly assess and monitor the quality of service provided. The registered manager conducted a number of checks on the service to identify areas that needed improvement and took action to rectify any failings. This included seeking support from other healthcare professionals when required. For example, our previous inspection had found problems with the administration of medicines within the service. The registered manager had approached a local pharmacy and was working with them to ensure medicines were managed safely.

Policies and procedures had recently been updated and there were plans in place to develop and improve how the service provided care and support as well as the fabric of the service. We saw that improvements were taking place for example painting of the building. The registered manager was pro-active in keeping up to date with changes in the care industry. For example they had signed up for e mail updates from Skills for Care and displayed a good knowledge of the recent CQC report on standards in the care sector.