Lovett Care Limited

Hilton House

Inspection report

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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

About the service: Hilton House is a nursing home that was providing personal and nursing care to 48 people at the time of the inspection.

People's experience of using this service:

People felt safe and risks to their safety were managed. People received safe and effective care from staff who were well trained and supported to meet their needs.

People were supported by staff that were kind and compassionate who understood their preferences. People' could make choices and were encouraged to be independent and their privacy and dignity was respected.

People were encouraged to take part in activities and were involved in the planning and review of their care.

People were involved in their care and gave their views about the service. Complaints were listened and responded to.

Systems to monitor the quality of care were effective, and picked up on any areas for improvement.

The registered manager encouraged a positive culture and learning was promoted within the service.

The service met the characteristics of Good in all areas;

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

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 4 January 2018).

Why we inspected: This was a scheduled inspection based on previous rating.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Hilton House

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

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

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to

make.

We reviewed other information we held about the service such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with seven people who used the service and one relative. We did this to gain people's views about the care and to check that standards of care were being met. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three members of staff, two senior care staff, two assistant managers and the registered manager.

We looked at the care records of six people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included two staff recruitment files, training records, incident reports, medicine administration records and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes:

• At out last inspection in August 2017 improvements were required because systems and processes were not operated effectively to investigate allegations and prevent abuse. At this inspection we found the provider had made the required improvements.
People told us they felt safe. One person said, "I feel safe and have no real worries and I can always talk to the staff about any concerns that I have."
• Staff understood how to recognise the signs of abuse and could describe how they reported and recorded any concerns. One staff member said, "We have online training, if there are any situations we record what happened and report it and then this will be reported to the local authority."
• The registered manager understood their responsibilities and had systems and processes in place to protect people from abuse and we saw these worked effectively.

Assessing risk, safety monitoring and management;

• At our last inspection in August 2017, improvements were required because risks of harm were not always minimised when people displayed behaviour that challenged or had risks of choking. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• At this inspection we found improvements had been made and the provider was no longer in breach of regulations.
• People and relatives told us staff knew how to support people to stay safe and manage risks to their safety. One relative said, "The staff are very astute and observant."
• People's risks were assessed, monitored and managed. Risks were monitored and where needed other professionals were involved. We saw reviews of the risk assessments and plans took place monthly and staff were aware of the risks and plans to manage them.
• One person displayed behaviours that challenged. A plan was in place to guide staff on how to support the person and reduce risks which included things which may trigger the behaviour and how to distract the person and help them calm down. Records of incidents were in place and these were reviewed and shared with other health professionals.
• We found some people were at risk of choking. Assessments had been carried out by the Speech and Language Therapy (SALT) team. Guidance had been included in a care plan and staff were aware of this.

Using medicines safely:

• People told us they received their medicines as prescribed and records confirmed this. One person said, "I get my medication promptly and if I need any painkillers I can ask for them and they will be given to me."

• Needs had been assessed and guidance was in place for staff. The home had introduced a electronic recording and medicines management system. This meant guidance for staff was held within the system and staff used a hand-held device to ensure people had the correct medicines.
• We observed staff use the system and ensure people had their medicines as prescribed. The guidance helped staff to know where to apply topical medicines and where people had medicines which needed to be taken on an 'as required' basis for pain or anxiety management.
• Medicines were stored safely and the system checked the stock levels and placed orders when needed to ensure people had an adequate supply of their medicines.

Staffing levels:

• There were enough, safely recruited staff to meet people's needs. One person told us, "There is always help when you need it. There seems to be enough staff and they all work hard. It is the same at night time too."
• However, some people felt more staff were needed. One person said, "There is one thing though, they could do with more staff during the day."
• Staff we spoke with felt there was enough of them to meet people's needs. People did not have to wait for their support. We saw buzzers were answered promptly and people had support with their personal care, mobility and meals without having to wait.
• The registered manager had a system in place to review people's dependency needs and adjusted staffing to ensure there were enough to support people.
• The registered manager said they arranged for additional staff when required and the provider was supportive of this and would check to ensure people were not waiting for long.

Preventing and controlling infection:

• The home and equipment were clean and staff followed infection control procedures to keep people safe from the spread of infection.
• Staff were observed following safe practices such as using personal protective equipment (PPE) when required and the home was cleaned during the inspection in line with agreed cleaning schedules.

Learning lessons when things go wrong:

• At our last inspection accidents and incidents were not reviewed and action was not taken to minimise the risk of reoccurrence.
• At this inspection we found improvements had been made. Accidents and incidents were regularly analysed and action was taken to reduce risks when required.
• One person had a fall and a referral had been sent to a health professional to seek advice about further ways to minimise the risk of reoccurrence. The registered manager carried out analysis of falls to look for any patterns and trends.

Good

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

• People's needs were assessed, planned for and regularly reviewed to ensure they received support that met their changing needs.
• There had been a new electronic system in place for assessment, care planning and recording the care people had received since the last inspection. Staff told us this was better as it was accurate and up to date and helped them with prompts to ensure people had the care they needed.
• People and relatives were involved in assessments and care plans. We saw people's preferences were documented and consideration had been given to people's diverse needs including protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Staff skills, knowledge and experience:

• People were supported by staff who had the required skills and knowledge to help them effectively.
• One relative said, "The staff who I have witnessed show courtesy to residents and seem adequately trained to do the job."
• Staff told us they received an induction which included in house training and working towards the care certificate.
• Staff received regular updates to their training. One staff member said, "The most recent training I did was an update to fire training, we also have regular updates on line."
• Staff told us they were supported through regular supervision and appraisals and they had an opportunity to discuss their training needs with managers.

Supporting people to eat and drink enough with choice in a balanced diet:

• People were supported to eat and drink enough to maintain a healthy diet and staff maximised their choice and involvement.
• People enjoyed the food on offer. One person said, "That was really nice, I enjoyed that." This was when they were asked about their lunch. Another person told us, "I have had my cereal and toast for breakfast and I can have whatever I want but that is what I like."
• When people needed encouragement to eat their meal staff were patient and persisted to ensure people had the support to maintain their diet.
• Some people had specific dietary requirements and to help staff ensure they provided the correct support meals were presented on different colour plates. Staff were aware of what this meant and it helped ensure people had the support they needed to eat safely.

• Staff monitored people's food and fluid intake where this was required and specialist advice was sought when needed. We found staff followed this advice consistently.

Staff working with other agencies to provide consistent, effective, timely care:

• Staff worked with other professionals to provide effective care to people and worked well as a team.
• Staff had regular updates and could read on the hand-held device about peoples care needs and any changes. This meant people received consistent support.

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

• The environment met people's needs and suitable adaptation had been made for people. People had access to adapted bathroom and toilets.
• There was clear signage in place for people which included pictures to assist people with finding their way around the building.
• People had the opportunity to personalise their bedrooms as they wished and they had access to communal areas.
• There was an accessible garden which people could access when they wanted.

Supporting people to live healthier lives, access healthcare services and support:

• People were supported to manage health conditions and had prompt referrals to health professionals when they needed it. One person said, "We have regular visits from the chiropodist and you just ask if you want to see a doctor."
• Staff told understood people's health needs and could describe how they supported people. we saw referrals to health professionals took place promptly and the advice was followed by staff.
Ensuring consent to care and treatment in line with law and guidance:

• At our last inspection in August 2017 we found the principles of the Mental Capacity Act 2005 (MCA) were not always being followed. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• At this inspection we found improvements had been made and the provider was no longer in breach of regulations.
• 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
• Staff understood their responsibilities under the MCA and followed the principles of the MCA.
• When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

• People told us staff were kind and were caring when they provided support. One person told us, "The staff are kind and caring. I have never encountered any rudeness or attempts to rush people."
• A relative told us, "[Person's name] very much likes the staff and names who is on duty each day and they have become like friends to [person's name], they have become quite attached to them. They enjoy the chat and the banter."
• We saw interactions between people and staff were caring. Staff were continually checking how people were and having a chat with people. We saw there were lively periods in the day when there was a lot going on and people were engaged with staff.
We saw other times things were calmer and people were relaxed. Staff were observed ensuing people had the care they needed and were happy during the day.

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

• People told us they could make their own decisions. One person said, "You can go to your room if you want to and I get up when I want to which is usually 7.15a.m. I also have a shower when I want to."
• Staff were observed encouraging people to maintain their independence including supporting people with their mobility. Staff told us about people that enjoyed taking part in things like doing the dishes and helping with the tables.
• We saw people received support to ensure they were able to access drinks and meals independently where they were able. People were observed making choices throughout the day. For example, plates of meals were shown to people at the table so they could choose what they wanted.
• People had their communication needs assessed and plans put in place to meet them. Staff could describe how they supported people to communicate effectively, and we observed staff following plans. One person used images and phrases to let staff know what they needed, this was documented and all staff were aware.

Respecting and promoting people's privacy, dignity and independence:

• People told us their privacy and dignity were respected by staff. One person said, "The staff will listen and they always treat me with respect and dignity."
• People could have time alone in their rooms if they wished and staff were observe ensuring they respected people's privacy. Doors were knocked and staff understood how to ensure people were treated with dignity.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met; Personalised care:

• People received support from staff that understood their needs and preferences. One person told us, "Staff seem to know me now."
• Peoples individual preferences were considered as part of the initial assessment and care plan. We saw this information was used by staff when they offered support. A relative told us, "There is a care plan."
• Staff could tell us about people's preferences. For example, staff could explain how people's needs relating to their protected characteristics were met. For example, one person had support to follow their religious beliefs.
• People had access to activities they enjoyed. One person said, "I do my own exercises in my room to keep busy and I knit and read to pass the time." Another person told us, "I am going into town tomorrow with the staff."
• Some people told us they chose not to participate and others told us they were unaware of the activities on offer. The registered manager explained there was a new activities program in place and there was now a coordinator to ensure people were invited to get involved in things they enjoyed.
• The care plans identified people's individual interests and there was a matching process which identified where other people using the service shared the same interest. This meant staff could encourage people to form relationships and get involved in activities together.
• The registered manager told us this was the next phase of work to be undertaken by the newly appointed activities staff.

Improving care quality in response to complaints or concerns:

• People and relatives understood how to make a complaint. A relative told us, "I haven't needed to raise any issues but if I needed to then I feel I could talk to them and they would listen."
• Staff understood how to respond to complaints and there was information on display about how people should raise any concerns.
• Complaints were investigated and responded to in line with the procedure in place and lessons were learned following investigations.

End of life care and support:

• When needed people had specific plans in place to consider their needs when they were at the end of their life.
• We saw care plans were developed which considered peoples future wishes and the support they needed.
• Staff were aware of the support people needed and care records confirmed the persons wishes were being

followed.
• Other professionals were involved in planning and delivering people's care when this was appropriate.

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

• The registered manager understood their responsibilities for duty of candour. Relatives confirmed they were notified when incidents occurred. We saw records which confirmed this.
• In the PIR the provider told us lessons learned and visions for the future were shared with staff. Staff could share their ideas on how the service could improve.
• Staff confirmed the registered manager encouraged an open environment and they could approach the management team.

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

• At our last inspection in August 2017 systems and process were not established or operated effectively to ensure that people received a good quality and safe service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• At this inspection we found the systems were effective at keeping people safe and the provider was meeting the regulations.
• The registered manager told us the introduction of a new electronic care planning systems meant staff could update any care plans and risk assessments.
• There were reminders in place to ensure people received their care and the assistant managers had an alert if the care had not been documented. This meant the registered manager could be assured people would receive the care they needed.
• The registered manager told us they had a system in place to review any incidents and accidents. The electronic system helped to identify any patterns or trends and ensure all incidents were fully documented in accordance with the procedures.
• In the PIR the provider told us audits of provision of care and environment are completed and reviewed by the directors. The documents we saw confirmed this.
• Applications for DoLS were in place and the registered manager had a system in place to check and ensure new applications were completed as required.

Engaging and involving people using the service, the public and staff:

• People and relatives confirmed they had opportunities to speak to the registered manager and were

involved in the service. One person said, "The registered manager is [managers name] you care raise any issues with them." A relative told us. "The registered manager is approachable. There are no relative's meetings but we have had questionnaires."
• We saw there were opportunities for people and relatives to share their feedback about the service. We found the registered manager responded and displayed information about what had happened with people's suggestions.
Staff confirmed they were able to make suggestions about changes to the home and felt they were listened to. We saw regular opportunities for staff to discuss things with the management team were in place.

Continuous learning and improving care

• In the PIR the provider told us they were involved in local and national organisations to share best practice. We saw there were a range of champions in the home where staff had become an expert in an area of practice.
• One staff member was the equality champion, this meant they could advise other staff on how to support someone with their preferences relating to their protected characteristics.
• Another staff member was a moving and handling champion. This meant they had received additional training and could support staff with any queries they had with safe manual handling. We found this had been effective in ensuring staff were following safe practice and individual risk assessments.

Working in partnership with others:

• The registered manager told us they had relationships in place with health professionals and sought their advice as needed. We confirmed this with staff, people, relatives and individual records.
• We saw staff worked with other organisations to offer people support. For example, work had been done to engage with local places of worship, schools and the local community with the home.
• Relatives had been approached to become volunteers within the home and help support people with shared interests. This was a new idea and work was underway to approach relatives with specific skills of interests they would be willing to share.