

# Lovett Care Limited

# Hilton House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hilton House is a residential care home providing personal care to 44 people at the time of the inspection. The service can support up to 55 people. Hilton House accommodates people over two floors, each which have their own adapted facilities.

### People's experience of using this service and what we found

Medicines were not always managed in a safe way. Risks were managed safely, however, at the time of the inspection some care planning documentation did not contain the most up-to-date information about people's care needs to ensure staff were able to support people safely.

The management were in the process of updating and improving the quality assurances processes to ensure shortfalls were identified in a timely way and to ensure actions were addressed and lessons learned when things went wrong.

Staff were well trained and knew how to care for people to ensure they were protected from the risk of harm and abuse. There were enough safely-recruited staff to safely meet people's needs.

There were processes in place to protect people from the risk of the spread of infection and additional measures had been put in place to mitigate the risks associated with COVID-19.

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

People and their relatives were consulted about the day to day running of the service and staff felt valued and appreciated. Staff were optimistic about the changes implemented across the service.

The regional support manager was in the process of completing their application to become the registered manager of the service.

### Rating at last inspection

The last rating for this service was good (published 21 February 2019).

### Why we inspected

We received concerns in relation to the management of medicines and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. The regional support manager had begun to take actions to remedy the shortfalls we identified and put measures in place to further mitigate risk.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hilton House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### 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 a 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 did not have 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. There had been a recent change of management at the service and the regional support manager was in the process of applying to the CQC to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the regional support manager, the operations director, the governance and quality manager, a unit manager, a senior care worker and care workers.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always stored and recorded in a safe way.
- The Electronic Medication Administration Records (EMAR) and the Electronic Medication Delivery Device (MDD) were completed when people received their medication. However, there were some discrepancies in the amounts of medication in stock and the details on the EMAR and the MDD. Therefore, we could not be assured people always received their medication as prescribed or that medication stock was accounted for.
- Room temperature and refrigeration monitoring and recording was inconsistent. This meant staff could not reliably assess whether medicines were suitable for continued use. Despite this, we did not find evidence to suggest people had come to any harm and the regional support manager was in the process of reviewing the electronic systems as well as the processes in place to mitigate the risk of future errors.
- People received their medication on time. One person said, "There are no problems with the medication and they [staff] always come on time."
- Staff had received medication training. One staff member said, "I get medication training online every year." Following our inspection feedback, the regional support manager had evidenced they were introducing new safety measures and refreshing training for staff to ensure people received their medications in a safe way.

### Assessing risk, safety monitoring and management;

- Some people who had specific health conditions such as diabetes did not always have detailed records available to support staff to effectively manage their health condition, however staff we spoke with were able to tell us what actions they would take to ensure people's needs were safely met. We brought this to the attention of the regional support manager who, in conjunction with a senior care worker, reviewed people's diabetic care plans to ensure they contained enough information to assist staff to support people in the most effective way.
- Other records we viewed evidenced people's risks has been assessed and reviewed and there was clear and detailed guidance for staff to follow to mitigate people' risks.
- Environmental risk assessments had been completed to ensure the safety of the premises were maintained.

### Learning lessons when things go wrong

- The regional support manager had systems in place to review accidents and incidents when things went wrong. However, some these processes did not always identify the shortfalls we identified on inspection such as the discrepancies with care planning records and medication. The regional support manager

showed us the work they were undertaking to improve these processes to reduce the risk of repeat occurrences.

- The regional support manager held flash meetings and safety huddles daily to try and capture information about people as it had happened and to mitigate the risk of the same incidences reoccurring.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received safeguarding training and knew how to keep people safe from the risk of harm and abuse. People told us they felt safe.
- Staff understood their responsibilities to recognise and respond to signs of abuse. One staff member said, "I am always looking out for signs; I would report any concerns to the manager, or I would report any concerns to the safeguarding team or the Care Quality Commission."
- Safeguarding concerns had been reported in line with policy and procedure and the regional support manager had been proactive in investigating any concerns.

Staffing and recruitment

- There were sufficient numbers of staff to support people living at Hilton House.
- People and their relatives told us they felt staffing levels were appropriate to ensure people received the right level of care, although some relatives told us this had become more difficult to assess following the effect of the pandemic on visiting restrictions. One relative said, "I see a lot of staff during the day, and [relative] has never complained about staff not being around."
- Staff were recruited in a safe way.
- Staff were subject to pre-employment checks before commencing work at the service such as the Disclosure and Barring Service (DBS) check. The DBS helps support employers to make safer recruitment choices. Staff were also required to complete an induction programme before being able to care and support people independently.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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.

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated to requires improvement. This meant the provider's quality assurance processes needed improving and strengthening.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The quality and safety assurance processes were not always effective in identifying and addressing risk. For example, medication audits did not always highlight the inconsistencies of recording treatment room and refrigeration temperatures. Where this had been identified, there was nothing in place to address the shortfall. This meant no actions had been put in place to mitigate the risk of a reoccurrence.
- Care plan documentation did not always reflect people's current needs, and this had not been identified by systems in place. For example, some people who were diabetic did not always have enough information in their care plans about their specific health condition. This meant people were at risk of receiving ineffective care and support.
- We informed the regional support manager about our findings. Following the inspection, we received assurances from the regional support manager to evidence on-going changes which had been made to improve the quality and safety of care for people.
- There had been a recent change of management within the service and the regional support manager had recognised the need to improve some practices across the service. There was an action plan in place which identified actions for change.
- The regional support manager had sent to us notifications about key events at the service, such as deaths, as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The regional support manager was committed to making positive changes across the service. The provider had developed a new mission statement and a set of values to set standards across the home which had been shared with people and staff. The regional support manager said, "We are building new boundaries which will help us identify where we need to be and will promote a sense of development amongst staff. The feedback we have received from families and staff is that the home culture and positivity has changed and there is more respect for one another."
- Staff we spoke with felt positive about the changes which were being made. Comments we received included, "I love it now; I feel very supported" and "There has been a big change within the management. They are changing things like the systems and procedures and gradually making changes. The new managers are approachable and easy to talk with."

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- On the whole, most relatives told us they were satisfied with the feedback and communication from management at the home. Some relatives spoke of receiving and completing surveys and felt they were kept informed about their relative's welfare and wellbeing, particularly through the pandemic.
- A new newsletter had been developed to keep people and relatives informed about changes and on-going developments within the service.
- Staff received support through supervisions and annual appraisals. One staff member said, "I had a recent supervision with my manager, and these generally will be every three months. If someone does not do things right, we can have a supervision as a coaching and learning exercise. Appraisals are annual and sooner if needs be."
- There were new systems in place for staff to be recognised and rewarded for their work through initiatives such as employee of the month and most improved staff member.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The regional support manager understood their obligations under the duty of candour. They said, "We have a duty of candour file in place to record any accidents and incidents. It is not about blame; it is about being open and transparent when something goes wrong. We always send a letter to people and their relatives even if there is not a requirement to do so. There is nothing wrong with saying sorry and showing we are always learning."

#### Working in partnership with others

- The regional support manager had positive professional relationships with other agencies and stakeholders to improve the care people received.
- There were plans in place to develop links within the local community such as places of worship and local schools to benefit people living at Hilton House.