

Hilton Community Services Limited

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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 Community Services Ltd provides personal care and support to adults with learning and physical disabilities in their own supported living schemes across a variety of locations. Each home is purpose built, and leased by the people who use the service. However, Hilton Community Services Ltd provides 24-hour care to people based within each of these homes. For this report when we refer to people living in their own homes; these are shared schemes that accommodate a small number of people across the Essex, Suffolk and Norfolk areas. At the time of our inspection, the service was providing care and support to 72 people.

People's experience of using this service

People told us that they were very happy living at the schemes because they felt safe and all their needs were met by kind and caring staff. Relatives were pleased with the service provided to their family members and staff enjoyed working at the service.

Relatives praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager. The provider employed enough staff to make sure people's needs were met in a timely way.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained detailed information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

People continued to receive a service that was responsive to their individual needs and preferences. Most people had complex needs and staff involved other professionals, to ensure they gained a full understanding of the factors influencing each person and further developed an individualised approach to their care. They had access to a range of activities and were encouraged to participate in events in the local community.

The managers of the service actively sought the views of people and their relatives about the running of the schemes and they dealt promptly with any concerns that people raised.

The provider had a number of systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 13 September 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Hilton Community Services Limited

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector and two experts by experience carried out the inspection. 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 Community Services Ltd is registered to provide domiciliary care and a supported living service. The service provides supported living services including personal care and support to people with a learning disability, autistic spectrum disorder or a mental health condition. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We carried out the inspection visit on 27 February 2019. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home service that the provider is required by law to let us know about. On 21 February 2018 the provider had sent us a completed provider information return (PIR). The PIR 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.

During our inspection we spoke with the director of quality, the registered manager, a senior team leader, a transition and support service manager and the HR manager. We looked at three people's care records and four staff files as well as other records relating to the management of the home.

After the inspection we spoke to two care support staff, ten people who used the service and nine relatives.

We contacted three health care professionals but we did not receive a response from them.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt people were safe at the service. Comments from relatives included "I think (family member) is very safe living there, she is very happy and settled. It is very secure there and she has no fears at all" and "Yes, he is safe there, the staff are very good and look after him very well. It is a secure place and there is nothing to scare him at all."
- A member of staff told us "The safety of the person is a priority. It's all about protecting the service user and making sure they are not put in harm's way. For example many of them have no road sense so we make sure two staff are always with them."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life. People had comprehensive risk assessments which included step by step guidelines for staff to follow for every activity which had a level of risk involved.
- Staff could tell us of potential triggers when people had challenging behaviour and described to us what they would do to support the individual and how they would diffuse the situation effectively with a positive outcome.
- Maintenance checks took place at the house and the registered manager had a good relationship with the landlords and told us that maintenance issues were dealt with in a timely way.

Staffing and recruitment

- The registered manager recruited staff safely, so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as a Disclosure and Barring Service criminal checks and took up references.
- There were enough staff to meet people's needs and keep people safe.

Using medicines safely

- People were happy with the way staff gave them their medicines.
- Staff had undertaken training so that they could give people their medicines safely and as they had been prescribed.
- Staff managed medicines well. The provider had supplied appropriate secure storage, at the correct temperature, for medicines.
- We checked a random sample of Medicine Administration Records and found no gaps which meant

medicines had been administered as prescribed.

- A person using the service told us "I'm well looked after, staff help me with my meds, they watch me take it out the blister pack. I remember myself but if not, staff remind me"

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

Is the service effective?

Our findings

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

Good: 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 confirmed that they had their needs assessed before they offered them a place at the service.
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The registered manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Some staff were working towards achieving nationally recognised qualifications in care.
- Staff felt very well supported. They had supervisions and appraisals and told us "we are really well supported here and we have a voice here."
- Staff received regular supervision. We saw a plan was in place to ensure supervision was provided on a regular basis.

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

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to maintain independence and prepare their own meals.

Comments from relatives and people included "she needs her food pureed. She is very happy with the food there" and "I do my own cooking – I do chicken sandwiches – I'm a diabetic. I do my own shopping. I buy rice and chicken"

- People's weight was monitored on a regular basis and people were supported to take action if they had significant weight loss or gain.

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

- Staff worked closely with other agencies such as social workers, GPs and psychiatrists to make sure that people's needs were met.

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

- Staff contacted optician, dentist or chiropodist to support people to maintain their health. All these were documented in the care plan.
- A relative told us "Yes they take him to the dentist. They have taken him to hospital several times for

check-ups and stayed with him each time."

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

- The staff worked hard to make sure that they decorated and furnished the scheme to meet people's needs. They involved people living at the home in decisions about changes to the environment.
- Comments from people and relatives included "My bungalow is lovely – I've chosen a creamy lounge, red kitchen, pink bedroom" and "I am happy in my own flat. It is green in the front room and blue red in the bedroom. I've got a big shelf for all my stuff."

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'Community' DoLS'. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a Community' DoLS.
- Staff continued to have a good understanding of the MCA and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent
- A relative told us "They do say what they are doing, all the time."

Is the service caring?

Our findings

The service continues to involve people on many levels and treats people with true compassion, gentle, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity

- People enthused about how staff were consistently kind and caring. Comments included, "They are very kind, caring and loving people. They do their very best for the people living there", "Oh, 100% kind and caring people. You never see them raise their voice or lose their temper." And "The staff there are wonderful nothing is too much trouble for them."
- Staff knew people very well. Many people were from the local area and staff were mainly from the locality too. A relative told us that the staff were exceptional "They are all very kind people. they bring him home for visits as I am unable to go to him."
- Staff were chosen to work with people who had similar interest. For example, a staff member who was a semi-professional footballer was recruited to work with a person who liked football. This was an example of the service being extremely person centred.
- People who use the service were encouraged to sit on recruitment panels for new staff. Staff used aids, such as photographs of meals, to make sure they communicated with people who found it difficult to express themselves. There were detailed communication plans in place. For example, in one-person care plan it stated, "x requires staff to speak clearly and in short sentences" and another "I approach staff by taking their hand and leading them to what I would like."

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

- People and their representatives were regularly asked for their views on their care and their plans. One person told us, "Yes they always listen to us and take on board anything we have to say."
- Staff told us that they had time to sit and chat with people to make sure that each person had everything they needed. "you can see their faces light up when they see us, they are so happy to see us."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values.
- Prior to people moving into the scheme the manager encouraged them to meet staff and other people and to consider how they would fit into the service and live there.
- All staff had received training in 'values and beliefs' and Makaton (a sign language used for people with learning disabilities). had also enabled them to remain independent. People were happy about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and covering people during personal care. Staff offered personal care to people very discreetly.
- Staff encouraged people to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person retain their skills..
- People were encouraged to maintain good relationships with their family and staff had also developed

close ties with people's relatives. A relative told us "The staff would bring her to us [their home], if need be, but up to now we are able to go there to see her."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs
- People received personalised care and support specific to their needs and preferences. Each person was an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- People's specific interests, hobbies, and pursuits had been documented and recorded within their care records, and we saw that staff were passionate and committed to ensure people were able to engage in whatever activity they chose.
- The service also arranged for people to have regular accompanied visits to visit their family.
- Comments from people included "I have recently returned from Disneyland Paris – my choice – Star Wars Exhibition. Staff discuss and help me with problems. I have become more independent. I go out working three days, sheltered workshop and charity shop." And "I'm going to Ladies Day at Newmarket with staff. I've got a new dress and a fascinator."

Improving care quality in response to complaints or concerns

- We looked at the complaints records held at the head office and noted that the service had not received any recent complaints.
- Relatives told us that they had never had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly. . A relative told us "We have never needed to complain about anything but any minor issues are dealt with straight away."

End of life care and support

- People were supported to plan for and have a dignified pain free death. This was because staff had appropriate training and were skilled at having difficult conversations and promoting choice in how people came to the end of their lives. A relative told us "Yes she does have one. [Staff] came here and we discussed the details such as what will happen to his ashes and the hymns to play. We thought it was important to have one in place."
- Peoples wishes were appropriately recorded and families were involved as appropriate. These plans included details of where people wanted to be buried and where they wanted to spend their last days. We saw how one person who had a terminal illness was supported with his wish not to take treatment They

were also supported to visit local hospices.

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.

Good: 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

- People and relatives told us the at the managers at the service were visible and known to them and approachable. We saw them to be kind, caring and that they knew everyone extremely well including their relatives. Relatives told us "We know the manager and the assistant manager. They are both on the ball" and "Very well run. We are kept up to date with everything and never left wondering what is happening."
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service
- Staff consistently told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "it's very well run, very organised and the support is good and they always listen to us." Staff felt supported to gain qualifications and bring any matters to the attention of the registered manager. The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- The registered manager provided very strong leadership and everyone said "they liked and respected her."
- Staff were happy, and proud to be working at the service. One member of staff told us, "I really enjoy my job it's a pleasure to work for this company, everybody really cares about the clients."
- The registered manager understood their legal duties and submitted notifications to CQC as required.
- Regular audits were completed and covered areas such as medicines, peoples care records, safeguarding, risk assessments, health and safety and infection control. This was so any patterns or areas requiring improvement could be identified. Completed audits fed information into action plans.
- The managers made regular visits to the schemes to undertake spot checks to ensure that the service was providing high quality care.
- The provider clearly treated their staff well, they had 'champion scheme' in place to give staff lead roles to 'learn and develop' and staff were given awards for providing outstanding care

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve. A member of staff said, "We can always voice our opinions; I feel

listened to."

- The provider sent surveys to people, relatives and staff each year. A recent survey showed that people were very satisfied with all aspects of the service that staff were providing to their family member.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. They discussed any issues with staff and put action plans in place to monitor and drive improvement.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority learning disability teams to ensure that people received joined-up care.
- The provider ensured that they worked proactively with the various landlords and housing providers that people rented their home from. People held their own tenancy with these organisations and managed their own affairs relating to their housing needs. When required the provider supported them to ensure repairs were carried out and essential safety checks were undertaken.