Hilton Lodge Limited

Hilton Lodge

Inspection report

29-31 Hilton Avenue
North Finchley
London
N12 9HB

Tel: 02084457291

Date of inspection visit:
22 February 2016

Date of publication:
22 March 2016

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

We inspected this service on 22 February 2016. The inspection was unannounced. Hilton Lodge is a care home registered for a maximum of 13 people some of whom have had long term mental health needs.

At the time of our inspection there were 13 people living at the service. The service is located in two adjoining terraced houses with access to a back garden. We previously inspected the service on 15 November 2013 and the service was found to be meeting the regulations inspected.

Hilton Lodge had a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a warm and friendly atmosphere at the service. Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were caring, kind and compassionate and treated people with dignity and respect. People using the service informed us that they were happy with the care and services provided.

We saw staff were aware of people's needs, their likes and dislikes and their needs were carefully documented within detailed care plans. We saw from records that staff responded quickly to people's change in needs if they were physically or mentally unwell.

Care records were individualised, contained people's personal histories and reflected their choices, and arrangements were in place to ensure that these were responded to. Care plans provided detailed information on people's health needs which were closely monitored. Risk assessments had been carried out and updated regularly. These contained guidance for staff on protecting people.

People were supported to maintain good health through regular access to healthcare professionals, such as GPs and the local general hospital. People spoke highly of the food, and we saw there was a plentiful and varied range of food available. People's cultural and religious needs were facilitated by staff.

People had their medicines managed safely and received their medicines as prescribed. Medicines were stored in a locked cupboard and the documentation was accurate and checked daily by the registered manager.

Staff had been carefully recruited and there were enough staff to meet people's needs. Staff felt supported and there was evidence of regular supervision taking place in the last 12 months. Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

We found the premises were clean and tidy, and measures were in place for infection control. The communal areas had been recently decorated and there was a record of essential services being checked. There was clear documentation relating to complaints and incidents.

The registered manager was visible within the home, and we could tell from staff meeting records and from talking with staff and people living at the service that he was passionate about providing good quality care to people within his care.

There was a lift to access upstairs and there was an accessible bathing facility for people with mobility problems. The garden which people looked out onto from the lounge and dining area was well kept, and in the good weather was well used by people who lived at the 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?

Good

The service was safe. Risk assessments were comprehensive and gave staff guidance as to what action to take to prevent or minimise harm to people using the service.

People received their medicine safely and on time.

Appropriate checks and references were taken prior to staff starting work to ensure they were considered safe to work with vulnerable people.

Is the service effective?

Good

The service was effective. There was evidence of people accessing health care including optician and dentistry services.

The manager and staff had a good understanding of consent and the Deprivation of Liberty Safeguards were in place for those who needed them.

Regular supervision took place with staff and suitable training was provided and planned.

People were supported to eat a healthy diet and there was a good choice of food available.

Is the service caring?

Good

The service was caring. Staff we spoke with were able to tell us about the people they cared for, their likes and dislikes. We saw staff were caring in their interactions with people and this was confirmed by people using the service, relatives and friends.

Care documents noted people's cultural and religious needs and how these should be met.

People were involved in the planning and giving of care at the service.

Is the service responsive?

Good

The service was responsive. Care plans were individualised and

updated regularly.

Reviews regularly took place, and staff were able to tell us about people's personal histories and likes/dislikes.

Complaints were dealt with appropriately in line with procedures.

Is the service well-led?

Good

The service was well led. The registered manager had a clear vision for the service. Quality assurance audits were carried out to ensure the quality of the service was good.

The building was well maintained and the standard of care was good.

There were good community links and a culture of openness at the service.

Hilton Lodge

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 February and was unannounced. It was undertaken by two inspectors for adult social care 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.

Before the inspection we reviewed information we held about the service. This included information provided by the service, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with two people who lived at the service, two friends who were visiting people living at the service and four members of staff including the registered manager and a member of the kitchen staff. We also spoke with a health and social care professional who was visiting the home at the time of the inspection. After the inspection we spoke with two relatives and had a response from one other health and social care professional.

We also looked at four care records related to people's individual care needs, four staff recruitment files including supervision and staff training records. We look at the records associated with the management of medicines.

We reviewed documentation related to essential services and documents relating to the management of money.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises including the garden area.

Good

Is the service safe?

Our findings

People living at the service told us they both felt safe, "yes quite safe. "[It's a] good place to be" and "Yes. [The] people are very nice". A friends visiting told us "Yes. [She's} been here a few years and never said she doesn't [feel safe]."

Staff had received training in safeguarding people. Those whom we spoke with were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One care worker said "we need to protect the residents all the time, watching out for anything which might harm them physically or emotionally." They were able to tell us what the process of reporting was and how they would report something of concern to the manager or the senior care worker on duty. Staff understood how to whistle blow and told us, "I would not hesitate to raise something, and I would make sure it was taken seriously."

There were comprehensive risk assessments on each of the care records we looked at. These covered a broad range of areas including nutrition, falls, skin integrity and manual handling. These assessments were specific to the individual. For example, where a person was at risk of falling, there was clear guidance for staff about how to support the person in the least restrictive way, for example it was noted on one risk assessment "remind to walk slowly, clear obstacles". A care worker we spoke with demonstrated a clear understanding of the content of peoples risk assessments and could tell us how they followed them in order to keep people safe.

We looked at the previous four week staff rota and saw there were adequate staff on duty during the day and night. One care worker told us, "I never feel rushed and we are not expected to set limits on the amount of time it takes to support a person." The registered manager told us, "I have not had to use agency staff, it is something I avoid because I don't want our residents having strangers caring for them." He also told us "my staff work very hard to cover any sickness or holiday because they do not like our residents having to get used to new faces."

The provider had safe systems in place and thorough recruitment checks were carried out before staff started working at the home. We looked at personnel files and saw completed application forms which included references to their previous health and social care experience, their qualifications, their employment history and explanations for any breaks in employment. Records had in-date Disclosure and Barring Service (DBS) certificates, two employment references, and proof of identification. In addition, records contained evidence of the right to work in the UK. Staff we spoke with told us they were not allowed to work until their DBS had come through. This meant staff were considered safe to work with people who used the service.

The home was clean and was maintained by a cleaner throughout the day. Infection control measures were in place and we saw staff using gloves and protective clothing (Personal Protection Equipment PPE) appropriately. A care worker told us, "there is always plenty of PPE around." We saw how open food was labelled and stored appropriately in the fridge. The temperatures of the fridge and freezer were recorded

daily and were within safe ranges. The Food Standards Agency had given the highest rating (five stars) to the service in 2013.

We saw there was a Personal Evacuation Egress Plan (PEEP) on one person's record who required support in the event of a fire. However, the instructions for their safe evacuation were not specific to their needs and did not give adequate guidance to staff. The manager said they would speak with the local fire officer for advice on this matter.

We looked at accident and incident logs. There had been five incidents in the last 12 months, and these had been recorded in detail. Whilst the registered manager could tell us what action he had taken as a result of the incidents, this was not recorded on the log. He undertook to keep more extensive records of actions taken in the future.

We looked at records and stocks of medicines. Medicines and medicine administration records were kept in a trolley in a locked cupboard. Specific staff were trained to give medicines. All records were kept up to date and on checking stocks these tallied for both blister packs and boxed medicines. The registered manager showed us he audited the medicines every day to ensure they were accounted for.

The registered manager looked after the day to day money for two people for whom the local authority held appointeeship. He also held the money for one person who had mental capacity to manage her own money, but who asked him to look after her money. Whilst the money held tallied with records, the system for reconciling receipts was not orderly and the registered manager took some time to find specific receipts we asked for. He undertook to review the administration of the paperwork and said he would take advice from support staff within the local authority.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken induction training. They were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The manager told us how he was committed to replacing the CIS with the Care Certificate Standards for all future new recruits.

We spoke with the registered manager who told us that mandatory training included Safeguarding Adults, Mental Capacity Act 2005, Manual Handling and First Aid. Some staff were due to complete the safeguarding refresher course. The registered manager had booked them onto a course in June 2016. The training matrix indicated staff had undertaken extensive training in additional areas such as working with people with dementia, fire safety and infection control. Only four people had undertaken training in equality and diversity. The registered manager had a plan in place for the remainder of the staff team to undertake the course in the coming six months.

The Mental Capacity Act 2005 (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 (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 were being met. There were nine applications for DoLS in place at Hilton Lodge. Only two assessments had currently taken place and were granted. We discussed the locked front door with the registered manager as not all the people living there were subject to a DoLS. He explained they could leave the building if they chose, but undertook to get their consent to the door being locked to ensure he was not depriving them of their liberty.

Staff we spoke with were familiar with the MCA, and the need to obtain consent from those who used the service. One care worker told us, "I give people choices in every interaction I have with them, including personal care, activities and food." We heard care workers offering choices to people throughout the day, and gave them time to respond. The registered manager understood the complexity of consent. This was evidenced by one care record in which the person was deprived of their liberty in relation to going outside unaccompanied, but despite their limited capacity, staff were advised they should respect her wishes if she decided not to have treatment or an intervention.

We saw evidence on care records of regular input from associated health professionals including the dentist, chiropodist, physiotherapist and optician. One person living at the service had regular input from the district

nursing service as his needs were now at the level of requiring nursing care. The input from district nurses was evidenced on his records.

Staff told us they had supervision with the manager every two months, "it is really very useful to be able to discuss my work." They also told us, "the manager is always around, so it is like having on-going supervision because he always wants to share good practice with us." We saw evidence of regular supervision on staff records. Supervision notes were documented, and the member of staff signed and dated them. The date of the next supervision was also recorded.

There was a menu board displayed in the dining room, with the meals on offer for that day written up. The chef told us how people or their relatives made suggestions during the resident meetings and these were included on the menu. This was in evidence from the notes from the meetings. Individuals' requirements were routinely met. People living at the service told us when asked about the food "It's alright" and "Yes, [I am] quite happy." Friends visiting told us "Every time they have tea they have a biscuit" and a person living at the service told us "you can get a drink or a snack at 8am, 10am, 2pm, 5pm and a later one". One relative told us she thought the food was of high quality, another said although generally happy with the food there were some foods she thought her husband found hard to digest so she planned to talk with the registered manager regarding this.

We saw there was a plentiful supply of fresh and frozen food, including fruit, vegetables and dry stores. We saw food was presented in an attractive and appealing way, and various options were available for lunch. The manager told us, "I believe in good food because it leads to good health." There was a sign on the wall stating 'snacks available anytime day or night and we saw that residents were constantly offered drinks and snacks and jugs of juice was left on the side if they needed it.

We could see from records that people accessed health care as they needed it. District nurses routinely visited one person whose health needs were such that they now remained in bed for much of the day, and received the majority of their care in bed. The provider had an appropriate mattress and equipment to enable safe transfers. His relative told us the good care of the staff meant he had no pressure areas and she had no doubt of the staff's ability to manage his increased needs. She and the family had specifically asked for him to remain at the home as long as possible and the registered manager was committed to doing so for as long as he was able to safely manage his care.

We also saw from records people's mental health needs were well managed. For example, one care record reminded staff not to challenge a person's deluded thoughts as this was detrimental to their well-being.

The building had a lift to access the upper floors and there were accessible bathing facilities. As the service occupied two terraced houses there were narrow corridors for people to move along, but given the constraints of the building it was still suitable for the needs of the people living there.

Good

Is the service caring?

Our findings

We asked the people who lived at the service if the staff were caring. We were told "yes, they give me my tablets and serve me my meals". Another person told us "Yes, very caring. [They are] very interested in trying to find out things." A friend who visited regularly, in response to our question told us "very much so". She also said "When they are rushing around they are always having fun and games. The love and care they have given her is amazing you couldn't pay a million pounds for care like that". Relatives we spoke with also emphasised the caring nature of the staff. One person told us "I think it's a wonderful home. It's like a big family." Another told us the staff "are brilliant."

We were told by a friend that one person living at the service was enabled to have a reunion last summer with relatives she hadn't seen for forty years at the premises. The registered manager ensured a cake was bought for the occasion and visitors came to the service.

We saw a sign in the dining area that said you can always ask for a snack which helped the service feel homely. We asked people if they felt they were treated with dignity and respect. They told us "'yes". One person said they always knocked before entering their room. Another person told us it's "way they talk to you" that was very positive.

We witnessed very kind and caring interactions between staff and people living at the service on the day of the inspection. We saw staff kneeling down and making good eye contact with people when asking them what they wanted for lunch. All the conversations between staff and people living at the service were face to face, quiet and calm. For example, one of the people living at the service became slightly anxious about her medicines during the inspection and wanted to talk with us about it. We asked a staff member to come and talk with the person whilst we were there. The staff member took her time and explained in a calm unrushed manner the discussions they had had recently with the GP. The staff member then stretched out her hand and said "do you agree with what I have said and when we can reduce your medications further with the doctor we will". The person then shook her hand said thank you and was immediately calmer and reassured.

We saw from the minutes of the staff meetings that the registered manager asked staff not to use their mobile phones when on duty or not to be late for their shift. The minutes explained that it was disrespectful to people living at the service, and that lateness impacted negatively on them as they had to wait longer for tasks to be undertaken. We found through discussion with the registered manager that he was very focused on the people living at the service and ensured they were his priority. This was confirmed by discussions we had with people living there, relatives and friends who visited the service.

We could see from care records that people were involved in their care planning as well as review meetings. Skype facilities were available to facilitate contact with family and friends who wished to use this method of communication with people living at the service.

We saw from the records of the monthly residents' meetings that food was always discussed and people's

individual requirements were noted and catered for. For example, only one person at the service liked seafood, so prawns were bought specifically for her to have. We saw that one person wanted to drink beer and although it was not possible for them to have alcohol due to their medication, the service bought non-alcoholic beer that the person could enjoy. People also discussed activities they wanted to do at the meeting.

Some people living at the service attended church weekly and religious personnel visited the scheme as required. There was not anyone who required a Halal diet at the time of the inspection, but the person who cooked for the service told us she was able to provide for a range of dietary requirements.

We could see from records and from discussing it with staff that they knew the people who lived at the home well. One person was from a well known local sporting family and the staff could tell us all about this. He had also worked as a security guard at night. His behaviours at night were understood in the context of his past personal history.

Staff were also able to tell us about another person living at the service. She walked around with a makeup bag and was constantly reapplying her makeup and asking if she had too much blusher on. Staff complimented her. She was up dancing and singing. Staff found music on the ipad for her to sing along to. Staff were dancing the cha cha cha with her and she was twirling them around and you got a glimpse of her former life as a dancer.

Good

Is the service responsive?

Our findings

The service was able to respond to people's changing needs. We saw that one person's needs had changed substantially from the time of admission so he now required nursing care. However, the family wanted their relative to remain in their home for as long as possible. We could see from a compliment to the service that another person had been cared for at the home until they passed away. The continuity of care was very valued by the family. We were told by a local GP they were happy with the care at the home.

We saw that care plans and reviews took place regularly and were updated as people's needs changed. The service operated a key worker system to ensure staff knew about people's needs and there was continuity of care provided.

On the day of the inspection we saw staff playing ball games with people living at the service. They encouraged people to use their feet as well as their hands to move the balloon so this made for a lively game. We saw people playing board games. The residents enjoyed each other's company and had a real sense of community with each other.

A musician came to the service once monthly to play music so people could sing along or dance. The registered manager had also commissioned a massage therapist who visited to provide this service at a reduced cost for people living at the service. The garden was a well used resource in the summer and provided a pleasant view for people sitting in the lounge area. One lady was knitting whilst we were there and another clearly enjoyed dancing with staff.

We discussed activities out of the home with the registered manager. He told us they had gone to Kenwood House in the summer as some people found the trip to the seaside too far. He also told us that he and other staff took individuals out to go shopping, eat out or buy clothes. Family members and friends also visited and took people out for activities. People we spoke with told us they would like the opportunity to go out more and the manager undertook to plan for this in the better weather. The service kept a log of activities undertaken to ensure there was enough stimulation for people living there, this was mostly up to date. The registered manager undertook to keep a full record of opportunities for people to go out so he could plan better going forward.

We asked people living at the service if they knew how to make a complaint. We were told "I don't make any complaints" and "Yes of course". When asked if this person had ever complained they told us "No" but they would "Go and tell them" if they needed to. We saw that complaints were dealt with effectively and efficiently in line with procedures. The registered manager told us he would immediately discuss the issue with the staff or people living there if an issue arose. Relatives told us that the registered manager was very responsive to issues raised and so "it was very reassuring."

Good

Is the service well-led?

Our findings

All the people who live at the service, relatives and friends told us how the registered manager had a strong presence at the home. One relative told us "he is always there" and he "always answers his phone" which she found very reassuring. People living at the service were aware of the manager, and found him accessible. When asked if the home was well run, one person told us "Yes everything is perfect. Everything is well run".

The registered manager told us his vision for the service was to provide a good quality of life for people living at the service. He felt it was important for people not to feel abandoned when they got older and for people to feel they belonged and this was their home.

The registered manager knew staff and people living at the service well, and felt it was important to involve them all in the running of the service. We saw from records that regular staff meetings took place every two months, and meetings for people living there took place every month. A relative was being invited to each meeting for people living at the service to ensure their views were integrated into the discussions. Meetings covered a range of practical topics and training or practice issues for staff. We saw there was a communication book at the front door. There were eleven comments in the book. All were complimentary and were from health and social care staff as well as relatives.

We saw there were comprehensive policies in place which covered a wide range of relevant topics including safeguarding, whistleblowing, dealing with incidents and infection control. All of the essential equipment, for example, gas and electrical installations and fire equipment, were serviced in the last twelve months, or within timescales recommended to ensure the building was well maintained. Weekly fire systems checks took place. The building was well furnished.

Audits were carried out regularly to ensure the standard of service was good and covered areas such as infection control, the environment and maintenance, fire safety, medicines and care records.

We could tell from talking with the registered manager, the staff, people living at the service and relatives that there was a culture of openness at the service. The registered manager was also keen to develop links within the community that would help improve the service. The local authority advocacy services were invited to meet with people living at the home to ensure people had an opportunity to talk with, and give their views to people outside of the service. The provider had enabled staff from a renowned university to visit so people in the service could be involved in research on dementia recently. A student on a health and social care course from a local college had recently undertaken her placement at the service. There were links with local churches and at Christmas local school children came in to sing to the people living there.

There was a stable staff team in place who covered sickness and annual leave within their group to minimise the use of agency staff.

We asked people living at the service, friends and relatives if they would recommend the home to other people. People told us "I would tell people to come" and "yes". Friends and relatives were also unanimous in

their agreement that they would recommend the home to other people.