

# Lovett Care Limited

# Hilton House

## Inspection report

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### Ratings

<b>Overall rating for this service</b>	<b>Requires Improvement</b> 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

### Overall summary

We inspected this service on 27 January 2015. The inspection was unannounced. The service provides accommodation and personal care for up to 40 people. There were 34 people living in the home on the day of our inspection.

There was a registered manager in post. 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.

At the last inspection in March 2014 we asked the provider to take action to make improvements relating to the management and assessment of risks to people, how they planned people's care, medicines management and record keeping. Following this inspection we asked the provider to complete an action plan detailing when the improvements would be made. The provider completed the action plan and returned it to us within the timescale we requested. At this inspection we found that improvements were still required for the assessment and management of people's risks. We also found the provider was not assessing people's dependency levels

# Summary of findings

accurately as there were insufficient staff to meet people's needs promptly and there were no management arrangements in place to ensure their records accurately reflected changes to their care.

When people had been identified to be at risk of falls there were no referrals to specialist services to support people with a history of falls.

The management of medicines had improved. People told us they received their medicines as prescribed.

Staff received support from their manager. The staff were encouraged to access training to provide them with the skills they needed to provide care to people.

People were given the opportunity to consent to the care they received.

People told us staff supported them to maintain their independence. We observed that staff were kind, caring and compassionate. People received care which maintained their privacy and dignity.

People received care in the way they wanted because staff understood their preferences.

People were given the opportunity to spend their time as they preferred. There was support for people to take part in their hobbies and social events if they wanted to.

People were happy with the care they received but knew how to raise concerns if necessary.

We found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 consistently safe.

People's risk of falls was not reviewed to accurately reflect changes in their mobility. There were insufficient staff to meet people's personal needs in a timely manner. The arrangements to manage the medicines in the home ensured people received medicine that had been stored, administered and recorded correctly. There was a suitable recruitment process to ensure staff were appropriate to work within a care environment.

Requires Improvement



### Is the service effective?

The service was effective.

Staff received training which provided them with the skills they needed to support people. Staff we spoke with understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were offered a choice of nutritious food. Staff ensured that, when necessary, people received dietary supplements to support their food and fluid intake.

Good



### Is the service caring?

The service was caring.

People told us the staff were kind and polite to them. We observed caring and appropriate communication between staff and the people who used the service. We saw staff protecting people's dignity whilst providing care.

Good



### Is the service responsive?

The service was responsive.

People were supported to participate in their hobbies or take part in activities which interested them. People felt empowered to speak to the providers, registered manager or staff if they had any complaints or concerns.

Good



### Is the service well-led?

The provider was not consistently well-led.

There was no management system in place to ensure people's records accurately reflecting the care they received. The provider was monitoring the quality of the service they provided but did not use the information to improve care for people who used the service. People and staff we spoke with told the registered manager and the providers were visible and approachable

Requires Improvement



# Hilton House

## 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

This inspection took place on 27 January 2015 and was unannounced.

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 service. Our expert had experience of receiving services or caring for an older person.

We reviewed information we held about the service. We also looked at the notifications that the provider had sent us. A notification is a document the provider must send us about incidents which have occurred in the home. We had not asked the provider to complete a Provider Information Return (PIR) before our inspection. 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.

We spoke with 14 people who lived at the home, seven visitors, six care staff, the registered manager and the three providers.

We looked at six care plans, three recruitment files and other documents associated with the management of the home.

# Is the service safe?

## Our findings

At our last inspection on 20 March 2014 we saw that people were not protected from the risk of falling as care management plans were not followed or reviewed. The provider sent us an action plan with information about how they would improve their risk management processes. The provider told us they had implemented all of the improvements within their action plan.

At this inspection we saw people's risk of harm had been assessed. The care plans we looked at had risk assessments in place for people who were identified to be at risk of falling however the risk management plans did not reflect the care being provided because they had not been updated when a change in circumstance occurred.

We saw one person fall onto the floor in the lounge after tripping over another person's walking frame. This person had been assessed to be at 'medium' risk despite a history of falls. There had been a reassessment a month before our inspection increasing the risk to 'high'. Staff had recorded that the person had fallen on four occasions following the latest assessment. The emergency services were called on each occasion as injuries had been sustained. No further assessment had been undertaken, no chair sensors had been put in place and no referral had been made to a specialised falls service in relation to their risk.

We saw that another person had fallen in the lounge a few days before our inspection and sustained a serious injury requiring hospitalisation. Staff we spoke with told us bed sensors had been installed. The sensors alert staff when people are getting out of bed. No one sitting in the lounge area was using a chair sensor to alert staff they were trying to move off the chair. This meant people's risk of falling had only been partially addressed. A person we spoke with told us, "People are always falling in here. I've seen four falls in the past two weeks".

The provider told us they reviewed people's dependency levels to determine the number of staff required. However there had been no changes in response to people's risk of falling. This meant the provider had not made changes to the number of staff available to protect people from harm.

Some people sitting in the lounge could not access their walking frames because they were stored out of reach. There were large coffee tables positioned in the middle of

groups of chairs and we saw people struggling to manoeuvre around them. One person told us, "The tables get in the way. They're so heavy you get out of breath trying to move them".

There were 34 people living in the home on the day of our inspection and four care staff, supported by the registered manager. We saw there was a member of staff in the main lounge for large parts of the day but they were involved in tasks, for example, sweeping the floor and cleaning tables. We saw that a number of people who were unsteady on their feet tried to get out of their chairs unaided and unobserved in the main lounge area. We saw a member of staff administering medicines calling care staff into the main lounge to assist people who needed help to mobilise, including one person who had tried, unsupported to walk to the toilet with their frame. This person became breathless and needed to be transferred to a wheelchair.

There weren't any staff in the hobby room which was also used as a quiet lounge. One person sitting in this room asked staff, when they went into the room to collect equipment, for assistance to go to the bathroom. We returned to the person 20 minutes later and found they were still waiting and we had to ask the provider for assistance on their behalf. People we spoke with told us they often had to wait for assistance from staff. One person said, "The staff are overworked. Response to the call bells is slow". Another person said, "There are not enough staff. Sometimes they take 20 minutes to come to you. Sometimes it's sooner but usually just to say they'll be back because they're busy". One person told us, "I fell yesterday. I'd been told I must wait for staff but when I buzzed they said they'd come back. I waited for ten minutes but I was desperate to go to the bathroom so I got up and fell".

These are breaches of Regulation 9 and Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulations 9 and Regulation 18 of the health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection on 20 March 2014 we found that the provider did not have suitable systems in place to monitor medicine stock, record medicines administered to people or offer guidance to staff about medicines used on an 'as and when required' basis. At this inspection we found the provider had improved the processes for the management of medicines. A person told us, "I get all my regular tablets on time". We saw that medicines were kept safely, at the

## Is the service safe?

correct temperature and stored securely. We heard people received an explanation about the medicines they were being given. They were offered a drink and the member of staff ensured they had swallowed their medicine before recording it had been taken. This meant the record was only completed when staff were certain the medicine had been taken.

Staff told us there was guidance in place to inform staff when to give 'as and when required' medicines such as pain relief. A person we spoke with told us, "They [the staff] always ask me if I need any pain killers". We checked three people's medication charts which indicated they could have one or two tablets depending on their level of pain. We saw staff had not recorded the number of tablets administered each time which meant people might receive more than the safe level.

All the staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They understood the responsibility they had for reporting any concerns and who to report these to. One member of staff told us, "I'd tell the manager straight away

if I was worried about anyone". People told us they felt safe living at Hilton House. One person said, "I am very independent but know I could not manage at home even with help as my condition varies". Another person said, "I feel safe knowing if I am not well, the staff here know what to do "

We looked at three staff records and saw there was a suitable recruitment process in place. Staff told us they had been asked to provide references and evidence of their identity prior to starting work. Staff also said they had completed information for the Disclosure and Barring Service (DBS) prior to working with people in the home. The DBS provides employers with information if staff have a criminal record.

We saw that the provider was monitoring the safety of the environment and equipment through regular checks. We observed staff taking part in a fire safety exercise and saw them being shown all of the emergency points in the home. The provider had personal emergency evacuation plans in place which detailed the level of support people would need if they had to evacuate the building in an emergency.

# Is the service effective?

## Our findings

People we spoke with told us they were happy with the way staff supported them. Another person said, “The girls [staff] are all very pleasant and very nice. They know what I like and what I need help with. They are very caring”.

Staff told us they received training which provided them with the skills they needed to care for people. One member of staff told us about the training they had received about caring for people who were living with dementia and said, “It was interesting to find out what’s behind it. It’s helped me understand why people do and say some things”. Other staff told us they received support to undertake nationally recognised training in care and care management. One member of staff said, “The managers are really good at helping us improve our knowledge”. Staff confirmed they had regular supervision meetings which gave them the opportunity to discuss their personal development on a one-to-one basis. One member of staff said, “We get regular supervision. We can discuss what we want and get feedback on our own work”.

There were arrangements in place to support staff when they first started at the home. Staff told us they shadowed experienced staff during their induction which gave them the opportunity to get to know people before working alone. A member of staff said, “I work with new staff and monitor them during their induction. We have a member of staff who is responsible for planning and managing the induction of new staff”. This meant people were protected because new staff received adequate information and support before working with them.

Discussions with staff confirmed they understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Standards (DoLS) which set out the legal requirements for people who do not have the capacity to make decisions for themselves. We saw that staff regularly assessed people’s ability to make decisions and choices about their health, safety and well-being. One member of staff we spoke with said they recognised some people were better at making decisions at different times of the day and said, “I know [the person who used the service] can think about things differently at certain times of the day”. Another member of staff told us, “If people

don’t have capacity we try different ways to help them make choices, like pictures”. This meant staff supported people with their decision making in a way that was appropriate to them.

We saw staff asking people for their consent before providing care and heard a member of staff say, “Is it alright to move you to the table? We’re going to have lunch soon”. A person we spoke with said, “In the morning they always ask if I’m ready to get up. If I want the curtains opened and what I’d like to wear that day”.

People told us they were offered a choice of meals. Staff told us people were asked for their choice in advance however people were also given the opportunity to change their mind when the food was served. At lunchtime there was a choice of two meals both of which looked and smelt appetising. Meals were served individually and the cook told us that portion sizes were adjusted to people’s requirements. When people did need support we saw staff helping them by cutting up their food. Everyone we spoke with praised the food. One person said, “The meals here are always very good. There’s a good variety and always a choice. I often have seconds”. A relative told us, “My [the person] is very fussy but always says the cook is good and the food is nice”. We saw that relatives could choose to eat with their loved one by giving the home 24 hours’ notice. One relative said, “We can have a meal if we want one”.

We saw that staff monitored people’s weight regularly. Whenever concerns were identified that people might not be receiving adequate nutrition, a daily record was kept documenting their food and fluid intake. Several people’s nutrition was being supported by the use of dietary supplements. A relative told us, “My [the person] hasn’t been too well and didn’t want to eat much. Staff have been monitoring them and encouraging them to eat and have plenty of drinks”, which meant the staff had ensured the person received adequate nutrition.

People we spoke with told us the home arranged for them to see their GP when they needed to. One person said, “They get the GP for me if I have any problems”. A relative told us, “I can’t fault the home; I’d give them 100%. My [the person who used the service] had a problem and they got the district nurse in straight away”. People told us the home kept their relatives fully informed of any changes in their

## Is the service effective?

needs or condition. One person said, “They always let my family know if I’m unwell or need anything”. A relative said, “The staff ring me if there’s a problem or if they [the person] needs to see the GP”.

# Is the service caring?

## Our findings

People we spoke with made many positive comments about the care provided at Hilton House. Words used to describe the carers included 'caring', 'friendly', 'patient', 'understanding', respectful and 'polite'.

People we spoke with told us staff encouraged and supported them to maintain their independence. One person told us, "Although I need a bit of help in the mornings to wash and dress and need supervising in the bath, I try and staff encourage me, to do what I can for myself". A relative told us, "My [the person] likes to be independent so staff let them wash themselves. They stay and oversee to make sure they're safe".

People said they felt staff supported them to maintain their dignity. One person said, "When I shower they let me wash where I can and just help with the bits I can't reach". We observed a member of staff checking people's rooms. We saw the member of staff knocking on each door and they said, "I like to give a little knock even when I know there's nobody in there". A person told us, "They always knock whenever they come to my room, all the staff not just the carers and they are all very polite and friendly."

We saw that there was good communication between staff and the people who used the service. Staff were kind and polite when providing support to people and took the time to talk to them as they supported them. One person told us, "The staff are kind with everyone".

The staff we spoke with told us they were happy working at the home. One member of staff said, "It's a fantastic place to work". They were able to tell us some of the likes and dislikes of people who used the service. They told us about one person who liked to go to bed late and sometimes didn't get up until late morning. On those occasions the person combined their breakfast and lunch into a brunch. A relative told us, "The staff know everyone individually and are interested in them as people".

Relatives told us that they were always made to feel welcome at the home. A relative told us, "They offer us a drink when we come or we can make one for ourselves anytime. They [the staff] always ask how we are". We saw that there was information about a meal planned for Mothering Sunday displayed for relatives to see. A relative told us that the manager and staff had been very helpful by providing information about dementia and had signposted them to the Alzheimer's Society for further support.

# Is the service responsive?

## Our findings

We had received information that people were being woken early in the morning so that staff could get as many people up as possible up. We arrived for our inspection at 06.00 hours and saw there were six people sitting in the lounge. Staff told us they didn't wake people but if they were awake and wanted to get up they would support them to do so. We spoke with the people and they told us they had asked to get up as they preferred to be up early. One person said, 'I've always been an early riser'. Another person said, 'I always wake up around five in the morning and I like to get up'.

People we spoke with told us they were happy with their care and the support they received. One person said, 'I told the staff I was cold despite the heating being on so they fixed a small heater to the wall straight away, which was kind of them'. We saw that staff knew people well. One person told us, 'The staff know what I like and what I need help with'. Another person said, 'Staff encourage me to use my walking frame and walk with me because they know I don't like the wheelchair'.

People told us they had been asked about their individual likes, dislikes and preferences and these were recorded in their care plans. One person said, 'They [the staff] asked me what I liked to be called when I first came here and they always stick to that'. People were asked if they preferred a male or female member of staff to support them with their personal care. One person said, 'I was asked if I wanted a male or female carer but it's not a problem for me. They're both very good and caring'.

People told us they could spend their time as they preferred. Some people said they liked to spend time in their bedrooms. One person said, 'I choose to spend my time in my room, reading, doing crosswords or watching television'. Another person said, 'We have quizzes and bingo. Things like that. Sometimes I join in'. We saw people being encouraged to join in with tasks. One person was helping a member of staff with the 'tuck shop' trolley selling sweets. Staff told us they did this every week. A relative told us, 'The staff really encourage my [the person]. They help the handyman who is really good with them'.

We saw that people or their representatives had signed their care plans to confirm their agreement to the care and support they received. People's physical and social needs were assessed prior to coming to live in the home to ensure the staff would be able to meet their individual requirements.. Information about people's needs were displayed on a laminated card in their bedrooms. The front of the card was a picture and information detailing the support the person needed listed on the reverse which meant staff could use this as a reminder about people needs, if required.

People were offered the opportunity to attend meetings in the home to speak about the way the service was provided and voice their opinions about any improvements they'd like to see. We looked at the minutes for residents meetings and saw people discussed various topics including requests for specific meals and entertainment from an external singer. The cook told us they had started practising some of the meal suggestions to ensure they met the standards expected. The registered manager told us they intended to trial the entertainment suggestions in the next month.

People who used the service and their families we spoke with were aware how to raise concerns or complaints. One person told us, 'I'd speak to one of the carers and probably the manager but I've never had any concerns since I came here to live'. A relative told us, 'I've never felt the need to complain but any minor concerns are sorted out straightaway'. Another relative told us, 'I've no complaints about the staff and what they do'.

The provider told us they had not received any complaints since their last inspection in March 2014 however before our inspection we had been contacted by a relative who was unhappy about the way their complaint had been responded to. We discussed this with the provider during our inspection and were shown correspondence between them and the complainant. The provider said they had not included this in their complaints file as the information came to them via email and the person was no longer living in the home but would ensure they included all complaints and concerns raised with them in the future.

# Is the service well-led?

## Our findings

At our last inspection on 20 March 2014 we found the provider was not maintaining accurate records. The provider had introduced some changes to the way care was recorded in response to the concerns raised at our last inspection however further changes were still required. At this inspection we saw that the registered manager had implemented a new documentation system which included more information about people. Staff told us they were responsible for recording daily records about people and the care they received. At our last inspection we found the systems for communication were not effective. At this inspection we found that this had improved. However some of the staff we spoke with were unaware of changes to people's care and risks that affected their health and safety, for example we saw one person required daily blood pressure recordings. We saw that this had not been completed for three days before our inspection despite the last reading recorded was higher than previously. Another person required regular checks to monitor their chronic illness. This person's care plan stated the checks should take place twice a week but there was no record that this had been done for some weeks. There were no management processes in place to ensure the care provided accurately reflected the care people should receive. This meant the provider could not check people were receiving the correct care. The providers told us that they were changing the way in which care plans were reviewed to ensure they picked up inaccuracies.

There were arrangements in place to regularly monitor the quality of the service. Audits were completed for several aspects of care including care plan entries. The provider told us they had recently undergone a compliance analysis by an external company to check they were meeting our standards. The analysis had identified they needed to increase the variety of audits they were undertaking. In response to this the provider was making improvements to the way audits were carried out. One change had been to include senior members of staff in the recording of quality information. A member of staff told us, "We've been allocated two hours per week to spend implementing new audits which means we're keeping a closer eye on quality".

People and their relatives were aware who managed the home and also recognised the providers. All of the people we spoke with were happy with the service they received and the way the home was managed. People told us that both the manager and providers spent a lot of time on the 'shop-floor' and that they were readily accessible if they wish to speak to them. People told us they found the manager and the providers approachable. One person said, "The managers and owners pop in to see if you are alright or if you want anything". Staff told us, "The manager and one of the providers are in the home every day".

Relatives we spoke with confirmed there were arrangements in place for them to meet with the manager. One relative said, "We've got a meeting coming up soon". We saw that, at a previous relatives meeting there had been discussions about installing CCTV cameras in the corridors and communal rooms to give staff a greater overview of what was happening in the home. This had been greeted positively by relatives however the provider had put the plans on hold whilst they looked at the legislation requirements.

Staff we spoke with told us they felt the management arrangements were good. Staff told us there was always a member of the management team available for out of hours support during the week and at the weekend. One member of staff said, "The manager and providers are so supportive to us. They're great". Another member of staff said, "There's a nice atmosphere here. It's a good work environment".

Prior to our inspection we reviewed information we held about the provider and saw they submitted statutory notifications in accordance with our regulations. A statutory notification is information about important events which the provider is required to send us by law.

The provider told us of their vision for the future and their desire to provide a quality flexible service to people living at the home. The providers said they wanted to change the boundaries of care and provide different levels of accommodation to meet people's needs. Staff told us they felt included in the future plans for the home. Staff said there were regular meetings to keep them updated about changes taking place. One member of staff said, "They tell you quite a lot about plans for the future".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The registered person was not providing care and treatment which met their needs.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**The registered person was not ensuring there were sufficient numbers of suitably qualified and experienced persons to meet the requirements.**