

# Hilton House (Essex) Limited

# Hilton House

## Inspection report

175 Shrub End Road  
Colchester  
Essex  
CO3 4RG

Tel: 01206763361

Website: [www.hiltonhouse.co.uk](http://www.hiltonhouse.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Hilton House is a care home registered to provide care and support for up to 10 people of all ages who have learning disabilities and mental health needs. The home is set out over two floors with a large outdoor area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

We have made a recommendation about exploring end of life care with people in more detail.

People felt safe living in the home and there were processes in place to protect people and their belongings. Staff knew how to protect people from abuse and where to escalate concerns if they needed to. There were systems in place to assess risks to people's health and wellbeing which staff were aware of for each person. People's medicines were managed safely.

Staff received training and development to be able to support people safely. Staff said that they had also been encouraged to undertake qualifications to develop them further in their roles. Staff had received training specific to some of the conditions relevant to people who lived in the home and some staff had gone on to do more advanced courses. People received support to maintain a balanced diet and dieticians were asked for guidance when needed.

There was a calm atmosphere in the home and staff responded to people in a kind and caring manner. Staff knew people well and were able to communicate with people individually based on their abilities. People were involved in making decisions about their care and support and felt listened to. People had their privacy and dignity protected and their choices respected.

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 told us that they like the Registered Manager and found them approachable. People and staff said they felt listened to and felt involved in the service. Systems were in place to monitor the quality of the service and drive improvement. The registered manager worked with other healthcare organisations to keep up to date with best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
The last rating for this service was Good (published 11 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

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 Safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including two care workers and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance were reviewed.

After the inspection –

We looked at training data and additional management information such as business continuity plans and improvement plans.

# 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 remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse.
- People told us they felt safe and protected in the home.
- Staff had been provided with training and were able to describe the process for identifying signs of abuse and reporting concerns in line with policies and processes.
- Staff knew about whistleblowing and confidently spoke about the process.

Assessing risk, safety monitoring and management

- Each person had risk assessments specific to their individual needs such as weight fluctuation, oral hygiene and managing menstruation. They were put together balancing the need to keep people safe whilst also encouraging positive risk taking.
- Staff received training in how to mobilise and support people safely and we observed staff using correct techniques. Where people had previously had mobility issues, there was clear guidance from other healthcare professionals about how to support people safely.
- There were behaviour management plans in place for people who were sometimes at risk of harming themselves or others when they became distressed. These had been put together with other healthcare professionals using their expertise and guidance. These were regularly monitored to ensure they were still effective for reducing the risks to people living in the home.

Staffing and recruitment

- People told us that they thought there was a good staff team that were stable and had been at the service for a long time.
- There were enough staff available to meet people's needs and be flexible with activities and trips in the community if people changed their plans.
- Robust recruitment checks were carried out before staff began working at the service. These checks included checks of their identity, qualifications and previous employment history and all staff had received a full criminal record check.

Using medicines safely

- Processes were in place to keep medicines securely and ensure that they were ordered and available when needed and administered in line with the prescribed guidelines.
- Staff received training in the administration of medicines and had their competencies checked on a

regular basis to make sure they were able to safely administer medicines to people when they needed them.

- There was clear guidance in place for the use of 'as required' medicines which included in what circumstances they should be administered, the dosage and what side effects to look out for.

#### Preventing and controlling infection

- People were protected from the risk of infection. There were cleaning plans in place and staff were provided with training on the prevention of infections.
- There was personal protective equipment available which staff were seen using when they carried out personal care or were preparing food.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and understood the importance of doing so.
- The registered manager had a system for reviewing incidents and looking for patterns and trends. Actions were put in place to prevent incidents from occurring again and keep people safe.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and monitored, and care plans were put together in conjunction with advice from other healthcare professionals. This ensured staff following appropriate guidance for people's individual needs for example from mental health professionals and dieticians.
- People were supported to develop their independence including support to attend to college courses This had a positive impact on people's self-esteem and wellbeing and would support potential employment in the future.
- Staff knew people's needs well and delivered care as detailed in their care plans. Staff spoke about people individually and how they were supported giving examples of people's needs and preferences.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included shadowing existing staff and getting to know people. Staff said that they were able to ask for additional support during that period if they needed to and were given enough training to carry out their roles when they began.
- Staff received regular training and supervision with the registered manager to ensure that their skills were up to date.
- Staff were given opportunities to gain qualifications and develop their roles. Some staff had completed additional training in areas which included conditions which affected people who used the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that they were able to access food and drink when they wanted to. They said that they were asked for their views on the menus and had other choices available if they didn't like the main option.
- Menus were available in a pictorial format for people who had difficulty reading menus. People were able to choose from a healthy choice of meals which included fresh fruit and vegetables.
- People's favourite meals were recorded in their care plans and we saw that these were incorporated into the menus.
- People told us they enjoyed the food and thought staff were good cooks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff attended healthcare appointments with people when they were unwell. Staff supported people to communicate with other healthcare professionals when they attended appointments.

- People had access to other healthcare professionals based on their individual needs such as community nurses, community psychiatric nurses and speech and dieticians. Each person was registered with a GP.
- People had regular health checks with dentists and opticians to maintain their health.

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

- People's bedrooms, communal areas and corridors were spacious to allow enough space for any equipment such as walking aids to be used safely.
- People with mobility issues had bedrooms located on the ground floor to ensure that they had access to all communal areas of the home.
- People's bedrooms were personalise. People said that they had been asked how they would like them decorated.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood the requirements of the MCA and their responsibility to apply it within the home.
- Staff had received training and knew the principles of the MCA and how it applied to people in the home.
- Care plans were person centred and had taken account of people's ability to make decisions about their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Ensuring people are well treated and supported; respecting equality and diversity

- Staff communicated with people based on their individual needs in ways that they understood. Some people were unable to communicate verbally however staff knew what people were communicating by their body language or gestures. There was information in people's care records about how they communicated which we observed staff following such as by using simple words and gestures.
- People wrote their own care plans and they included personal information about them and what was important to them such as their religious beliefs. People had included things that they would like to achieve, and we saw that people were supported to reach their goals such as knitting a blanket. People who had expressed religious beliefs were supported to attend places of worship regularly to maintain their religious practice.
- We observed staff speaking kindly to people about things that they knew people responded well to and were important to them such as animals.
- Staff received training in equality and diversity to raise awareness of protected characteristics. Staff were aware of people's individuality and respected people's needs in relation to these.

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

- People were supported to be involved in decisions about their daily routines and activities they would like to take part in. One person told us they liked to play snooker and had arranged this for them.
- People were asked for their opinions on the service in meetings. People had said that they were happy at the home and gave ideas for new activities and holidays that they wanted to go on.
- People told us that they spoke with the manager and staff every day and felt involved in the service and they care they received.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's doors before entering and calling out to people to ask if it was ok to enter. Staff were discreet when supporting people with personal care. People told us they felt that staff showed them respect and were kind when supporting them.
- People were able to choose whether they were supported to receive personal care by a male or female carer. We saw that this was adhered to and people told us their choice was respected.
- People were able to choose where in the home that they spent their time. There were communal areas

that people could use as well as their own bedrooms when they wanted some time alone.

- People told us that they liked the pets at the home and were able to help look after them which made them feel important.

- People told us that staff were kind to them and listened to them when they said they wanted to be alone. Staff said that they respected people's wishes when they said they didn't want to socialise with other people in the home.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning their care and making choices about what they did each day.
- People evaluated their care and progress monthly which included things that had gone well that month and things that could be improved on. People said this gave them the chance to change how their care was delivered if they wanted to.
- Some people had behaviour support plans in place which were individual to them and identified what triggered people's distress. They included guidance for staff about how to reduce the risk of people being exposed to triggers and how to minimise their upset such as taking them to a quieter environment.
- People were encouraged to be independent which was reflected in risk assessments and care plans.
- People were supported to achieve goals that they had set for themselves and maintain as much control over their choices as possible. For example, one person wanted to be financially independent and measures had been put in place to support the person to manage their money and budget to be able to buy things that they wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who had communication needs had individual communication plans which contained detailed information about how they communicated and how to ensure they understood what was being communicated to them.
- Information in care plans and policies was available in different formats such as pictorial so that people could understand them.
- People were involved in writing their own care plans and for those who were unable to write, the manager included pictures and photos that people had chosen.
- People had communication passports in place that they could take with them when they needed to use other healthcare services to enable them to communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to frequently access the community for personalised activities. People told us they were

supported to socialise with their friends and were able to maintain their hobbies. People attended college courses and other activities such as playing snooker.

- People were supported to maintain personal relationships and to spend time alone with their partners and families as well as including them in activities and parties within the home.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns if they were not happy about something. They told us that they had not had to for a long time.

- There was a system in place for recording, responding to and monitoring complaints which followed organisational policies and procedures.

- People were encouraged to express their views as part of meetings, surveys and care reviews.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.

- Staff had only discussed people's preferences for the end of their life with one person and had said that other people had not wanted to talk about it.

- There was end of life care training planned in January which people who used the service would also be attending.

We recommend the service review best practice for supporting people living with learning disabilities and mental health problems to identify their end of life preferences and take the appropriate action.

# 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 as Good. At this inspection this key question has remained the same.

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

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

- People and staff told us they found the registered manager approachable and that there was an open culture throughout the home.
- The registered manager told us that one of the values of the home was that it was 'homely'. People and staff told us that they felt this was an accurate reflection of what it was like to live and work in the home.
- People were treated as individuals and received care based on their preferences and choices. People had daily conversations

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

- Staff were aware of whistleblowing and said that they would feel confident to raise concerns if they had any.
- The registered manager was aware of their responsibilities under duty of candour and had contacted people's families and other healthcare professionals when incidents had occurred and to put plans in place for preventing them happening again.
- The registered manager kept up to date with best practice guidance to drive improvement in the home. The registered manager shared knowledge and best practice with other registered managers at an away day every four months held by the provider.
- The provider supported the registered manager and carried out regular visits to assess the quality of the service and put action plans in place if shortfalls were identified.

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

- The registered manager carried out a survey with people who used the service, their relatives and healthcare professionals every year to gather their opinions on the quality of the service. The comments we viewed were very positive about the service.
- We received positive feedback from other healthcare professionals about the service.

Continuous learning and improving care

- Staff felt able to suggest ways to improve the service. Staff had suggested different activities for people to try and this had improved people's experiences of living at the home.
- The registered manager had a quality monitoring system in place to ensure that the quality and safety of the home was regularly reviewed, and improvements made where needed.

#### Working in partnership with others

- The home had taken part in a parliamentary review which had been published showcasing the achievements of the home in supporting people.
- The registered manager worked in partnership with other organisations and healthcare professionals to provide care to people following best practice guidelines and current legislation.
- Action was taken in partnership with other organisations in relation to incidents where people were considered a risk to themselves or others such as putting behaviour management plans in place to reduce the risk of harm.