

Mr & Mrs J R Buirds

# Hilton Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place on 16 January 2018.

Hilton Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 21 people. At the time of the visit there were 17 people who received support with personal care. There is no nursing care at this service.

The service was managed by a registered manager. 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 May 2017, we found shortfalls in a number of areas. This included shortfalls in the effective management of risks to receiving care and a failure to implement systems and processes for seeking consent and mental capacity assessments. We also found shortfalls in staff training, supervision and appraisals and lack of evidence to demonstrate the oversight provided to the registered manager to ensure compliance. These were breaches of Regulation 11, 12, 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we took enforcement action and issued the provider with a warning notice for the failure to maintain good governance. We also met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key question(s), 'Is the service safe, Is the service effective, Is the service responsive and is the service well-led?' to at least good.

During this inspection we reviewed actions the provider told us they had taken to gain compliance against the warning notice and breaches in regulations identified in May 2017. We found necessary improvements had been made in relation to the management of risks to receiving care, the safe recruitment of staff, staff training and supervision and seeking consent. We also found improvements had been made in relation to good governance and the provision of oversight at the service. However, we found further improvements were required in relation to the system for responding and rectifying faults and repairs within the premises.

During this inspection we found a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that repairs and faults to the premises were rectified and addressed promptly. We have also made recommendations regarding the provision of activities, and staffing levels can see what action we told the registered provider to take at the back of the full version of the report.

This is the second consecutive time this service has been rated Requires Improvement.

Feedback from people and their relatives regarding the care quality was positive. Visiting professionals we spoke with gave positive feedback about the service. People who lived at the home told us that they felt safe. There was mixed feedback about the staffing levels in the home. We made a recommendation about monitoring and maintaining safe staffing levels in line with people's needs. Visitors and people who lived at the home spoke highly of the registered manager and the care staff.

We found there had been improvements to the quality of care provided since our last inspection. The registered manager, the provider and their staff had made necessary improvements to address the shortfalls we found at found in May 2017 to ensure the service was compliant with regulations. Necessary improvements had been made to the management of risks to receiving care. Risk assessments had been developed and reviewed to minimise the potential risk of harm to people who lived at the home.

People told us they received their medicines as prescribed and staff had been trained in the safe management of medicines. Improvements had been made to the management of topical creams and people were supported to manage their own medicines independently.

The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible. Staff and registered manager had knowledge and understanding of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's consent to various aspects of their care was considered and where required some DoLS authorisations had been sought from the local authority. This was a noted improvement since our last inspection.

Staff had received safeguarding training and knew how to report concerns to safeguarding professionals. Accident and incidents had been recorded and staff had sought medical advice where necessary. There were improvements in the safe recruitment of staff and checks were carried out to ensure suitable people were employed to work at the home.

Risks associated with fire had been managed and fire prevention equipment serviced in line with related regulations. Risks of infection had been managed. The environment was clean.

Care plans were in place detailing how people wished to be supported. People's independence was promoted. Shared bedrooms did not always have room dividers to provide privacy. The provider took immediate action to address this during the inspection.

The provider had sought people's opinions on the quality of care and treatment being provided. Relatives and residents meetings and surveys had been undertaken to seek people's opinions. However, feedback had not been provided to staff and people on the outcomes of the surveys.

We observed that regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. People's nutritional needs were met. Risks of malnutrition and dehydration had been assessed and monitored. Comments from people who lived at the home were all positive about the quality of meals provided. We found people had access to healthcare professionals and their healthcare needs were met. Relevant health care advice had been sought so that people could receive the treatment and support they needed.

We observed people being encouraged to participate in activities of their choice. However, feedback from people was mixed regarding the provision of activities. There was no evidence to show what activities people had been offered. We made a recommendation about the provision or stimulation and activities to

people.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaint's procedure was available and people said they were encouraged to raise concerns.

There were significant improvements in staff training supervision and induction. Staff had been provided with ongoing training and development.

Staff told us there was a positive culture within the service. Staff we spoke with told us they enjoyed their work and wanted to do their best to enhance the experience of people who lived at the home.

The registered manager and registered provider used a variety of methods to assess and monitor the quality of care at the home. Governance and management systems in the home had improved and the provider had sought external support to monitor the quality of the service. There were checks in various areas such as medicine, care plans, health and safety.

The quality checking systems were effective in identifying faults and areas of improvement. However, we found faults and repairs to the premises had not always been acted on in a timely manner. Improvements had been made to ensure policies and procedures were up to date and further improvements had been identified and the provider had taken appropriate action to address this.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

This service was not consistently safe.

The premises and adaptations had not been adapted and repaired in a timely manner to meet the individual needs of people to protect their privacy and safety.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risk had been put in place.

People's medicines were safely managed.

Relatives felt their family members were safe. Feedback was positive.

Staff knew how to protect people from abuse and some had received safeguarding training. Risks of fire had been managed.

### Is the service effective?

**Good** 

This service was effective.

The rights of people who did not have capacity to consent to their care were protected in line with the MCA principles.

Staff had received training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely.

People were supported with their nutritional needs. People's health needs were met and specialist professionals were involved appropriately.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that

protected their privacy. Improvements were required to ensure people privacy was respected where they shared bedrooms.

Staff knew people and spoke respectfully of people they supported.

### Is the service responsive?

Good ●

The service responsive.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve.

Information was provided in an accessible manner to people with sensory impairment.

Some people told us they were not always provided with appropriate meaningful day time activities and stimulation to keep them occupied.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment. Complaints had been dealt with in line with policies and procedures.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Policies for assessing and monitoring the quality of the service were in place and identified areas of improvement. A systematic approach to monitoring the overall quality and safety of the service had been established. However, the shortfalls to the premises had not been rectified in a timely manner.

There was a registered manager in post and people gave positive feedback about the manager and the staff.

Management oversight had been provided to care staff and the overall running of the service.

Systems for assessing and monitoring the quality of the service and for seeking people's views and opinions about the running of the service had been implemented however feedback on the outcomes of the surveys had not been shared with people.

# Hilton Residential Home

## 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 visit took place on 16 January 2018 and was unannounced.

The inspection team consisted of one adult social care inspector, who is the lead inspector for the service and an expert by experience, who had experience of caring for older adults and those living with dementia.

Prior to the inspection we had received information of concern and other safeguarding concerns about the service. The concerns had been reported to the local safeguarding authority who were undertaking investigations. We also explored how safeguarding concerns were managed in the service as part of this inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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.

Before the inspection we reviewed the information we held about the service. This included safeguarding alerts and statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events, which the provider is required to send us by law. We also contacted health and social care professionals who worked alongside the service. We also reviewed the information we held about the service and the provider.

We spoke with a range of people about the home including eight people who lived at the home, four visitors and three staff. In addition, we also spoke with, the chef, the deputy manager, registered manager and the nominated individual who is also the owner.

We looked at the care records of four people who lived at the home, training records and three recruitment records of staff members and records relating to the management of the service.



# Is the service safe?

## Our findings

At our last comprehensive inspection of Hilton Residential Home in May 2017, we found there was a failure to assess the risks to the health and safety of service users of receiving the care or treatment. There was also failure to undertake robust safe staff recruitment practices. These were breaches of Regulation 12 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a report on how they were going to improve the service in relation to the breaches. We met with the provider and they also sent us a report telling us what actions they were going to take to meet the requirements of regulations.

During this inspection, we reviewed the actions that the provider told us they had taken to gain compliance against the breaches in regulation. We found necessary improvements had been made in order to meet the regulations in relation to risk management and safe recruitment of staff. However there were shortfalls to the systems for responding to repairs and adaptations at the service.

We looked at how the provider was ensuring that the premises were suitable for the purpose for which they were being used. We found safety checks equipment such as the firefighting equipment, passenger lift, lifting equipment and kitchen equipment had been undertaken. We looked at the health and safety checks carried out in the home and found shortfalls had been identified by the checks. These included the need for repairs to the conservatory which was reported to be leaking. We also noted concerns had been identified with high water temperatures in two bedrooms and wall paper peeling off from the kitchen ceiling.

The records we checked during our inspection in May 2017 showed that the conservatory had been leaking at that time and also that water temperatures were exceeding safety levels set out in the home. At that time the nominated individual informed us they were waiting for quotations for the repairs. During this inspection in January 2018, we noted that the conservatory was still leaking and the other concerns had continued to be picked by the health and safety audits and had been reported to the nominated individual by the registered manager. We checked to see if the electrical systems in the home had been inspected for safety however, there was no record of an inspection certificate to demonstrate that an inspection had been undertaken and the installation was safe.

We spoke to the nominated individual who is also the owner about the matters relating to electrical inspection, repairs and water temperatures. They informed us that they had been waiting for new quotations for the repairs to the conservatory and that they had started to address the concerns around the high water temperatures and had completed repairs in some rooms. They informed us the delays were due to the electrician they had contracted to resolve the issue. They informed us they could not locate the electrical installations inspection certificate and would seek to undertake a new inspection. Following the inspection, the provider arranged an electrical installation inspection and sent us a certificate to demonstrate this had been completed. They also informed us that repairs had been undertaken on the conservatory and water temperature valves. Although the provider had rectified the faults, we would have expected the work to have been completed before the inspection visit and without our intervention.

There was a failure to carry out repairs or faults in a timely manner.

The provider had failed to ensure the property was properly maintained, and that some areas were fit for use. They had failed to ensure that shortfalls identified by their health and safety risk assessments of the premises and equipment were acted on without delay if improvements were required. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed how the service protected people from abuse, neglect and discrimination. People who lived at the home told us they felt safe living at Hilton Residential Home and with the way staff supported them. Comments from people who lived at the home included, "They don't do anything to make me feel unsafe", "It's quite protected, nothing's left open at night", I don't feel anybody's going to harm me." Comments from relatives were also positive.

Before this inspection we received notifications relating to concerns. The concerns had been reported to the local safeguarding team. The service took action in line with their own safeguarding and disciplinary policies to investigate the concerns and take appropriate action. One of the concerns had not been substantiated and another was still under consideration by the local safeguarding team at the time of our inspection.

Staff had received safeguarding training at the beginning of their employment and undertook refresher training. We found safeguarding procedures took into consideration the wishes and feelings of people and their relatives. Staff we spoke with knew how to report safeguarding concerns and were confident their concerns would be taken seriously.

Before the inspection we had also received a number of notifications on incidents including falls and medicine errors. We reviewed the records relating to these concerns and action taken with the provider. We found appropriate action had been taken and lessons had been learnt from these events.

Risks to people were assessed and their safety was monitored and managed so they could stay safe and their freedom respected. We found accidents and incidents had been recorded and support had been sought from emergency services and health professionals where this was required. Accident and incidents had been analysed to identify patterns and trends. Staff had recorded the support they had provided to people after the incidents. This included records such as post-falls observations. Staff had also reported significant injuries and incidents to the local safeguarding authority in line with local and national guidance. This meant staff had awareness of their responsibilities in the safeguarding of people. This meant people could be assured the registered provider and the staff would raise safeguarding concerns to allow independent investigations by relevant authorities.

Risk assessments had been undertaken in key areas of people's care such as, falls, nutrition, skin integrity and moving and handling as well as behaviours that could pose a risk to self and others. The registered manager had reviewed risk assessments and took appropriate action when people's needs or risks had increased. For example we found they had reviewed one person when bed rails were assessed to be unsafe for use. There was a review and update in their care plan to demonstrate the change in risk and changes to the measures that were required to minimise the risks to this person's personal safety.

We looked at the arrangements in place for managing people's medicines. There had been a significant improvement to the safe management of medicines. At the last inspection we found people whose medicines such as topical creams had not been safely managed because medicines had not always been signed for. Improvements had been made to the management of topical creams. There were clear records to show how topical medicines were managed. These included body maps. Errors had been identified in a timely way through medicines audits and the correct actions had been taken to reduce risks of reoccurrences. People

and their relatives were satisfied with the way medicines were managed. Staff designated to administer medicines had completed a safe handling of medicines training and had been competence tested. This meant that the provider had checked that staff had achieved the right level of competence to manage medicines safely following their training.

We observed staff administering medicines during the inspection. They were kind and patient with all of the people they administered medicines to. Staff took time to explain to the people what the medicines were for and waited whilst they took them. They administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine. We saw people's ability to self-manage their medicines had been considered and secure lockable units had been provided if people wished to store and manage their own medicines.

Records were kept for medicines that were awaiting disposal and medicines for disposal were kept securely. Arrangements had been put in place to ensure unwanted medicines were disposed of on a monthly basis. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard or secure safe, access to them was restricted and the keys held securely. Staff had monitored the temperatures in the medicines storage rooms and fridges and kept records of these checks. The effective monitoring of temperatures would ensure that temperatures in medicine storage areas are kept at the recommended levels to prevent medicines from being compromised.

There were policies and procedures which defined and described the service's responsibilities in relation to medicines. People's care records contained comprehensive information about the medicines they took, their benefits and side effects.

We looked at the risk assessments in place concerning fire safety and how people would be supported in the event of an emergency. Each person had a personal emergency evacuation plan (PEEPS). This provided staff with guidance on how to evacuate people in the event of an emergency. We saw the service had contingency plans in place and a building evacuation plan. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. Records showed that staff had regularly tested fire fighting equipment.

Maintenance records showed safety checks and servicing in the home including the emergency equipment, fire alarm, call bells and electrical systems testing had been undertaken. These measures helped to make sure people were cared for in a safe and well maintained environment.

We found there were plans in place to respond to any emergencies that might arise and staff understood these. The provider had devised a continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power, accommodation or severe weather.

We received mixed responses regarding the staffing levels at the service. People we spoke with and their relatives told us they felt that there were adequate staff numbers during the day and at night.

Comments about staffing included; "I think they could do with more on nights, they're run off their feet and I feel for them" "They could do with more at teatime, it's the early evening but I don't have to wait," "I have to wait for my meals, they're always behind." And, "The staff don't have time to talk to us." And, "There's always somebody you can turn to, it's a very secure feeling. There's always somebody coming to you." All visitors we spoke with told us there was always staff about when they visited. However, we noted that one person had missed a hospital appointment that had been arranged 10 weeks in advance. We saw the reason written for

the cancellation of the appointment was that there was no one to accompany the person to hospital. We spoke to the registered manager about the feedback on staffing levels and the cancelled appointment. They informed us that they had communicated with relatives to assist however, they informed them they could not assist with three left before the appointment. They informed us that they had no authorisation to use agency staff to provide emergency cover such as these circumstances.

We found the registered manager had access to a system for assessing people's dependency and staffing levels to ensure sufficient staff were available to provide the support people needed. However the system had not been implemented when there had been an increase in the number of people living in the home. We found this needed to be reviewed in line with the needs of the people in the home as the numbers of people and their needs increased.

We recommend the registered manager and the provider to consider best practice and guidance in determining staff dependency levels and update their practices accordingly.

At our last inspection the provider had failed to undertake robust recruitment checks before staff were employed at the service. During this inspection in January 2018, we found improvements had been made to the recruitment policies and procedures to help ensure safety in the recruitment of staff. We reviewed the recruitment records of three staff members and found that safe recruitment procedures had been followed. We saw the required reference and character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

During our last inspection in May 2017, we found shortfalls in relation to the infection prevention practices in the service. We referred the service to the local authority infection prevention and control department who carried out an audit and made recommendations. During this inspection we found improvements had been made to the cleanliness of the building and the environment. Risks of infections had been managed and regular infection control audits had been undertaken.

# Is the service effective?

## Our findings

At our previous inspection of Hilton Residential Home in May 2017, we found there were shortfalls in the provision of staff training, supervision and competence checks. The provider had failed to provide staff with guidance on how to seek consent and protect the needs of people who lacked mental capacity. This was because people's consent to the use of surveillance cameras in the service had not been considered. These were breaches of Regulation 11 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in January 2018, we reviewed whether actions had been taken to address the shortfalls. We found that significant improvements had been made in respect of training of care staff and seeking people's consent and the service was no longer in breach of the two regulations.

People who lived at the home and their relatives told us they felt their needs were effectively met. Comments included, "Yes staff are pleasant and will listen to you", "I think they are competent, they're quite a nice lot", and, "Yes I'm happy they ask me before doing anything."

At our last inspection we found significant shortfalls in staff training development. Staff had not always received supervision and competence checks to ensure they had the right competences to carry out their roles safely. At this inspection in January 2018, we found staff had received up to date training in various areas that the provider had deemed necessary for the roles staff were employed to perform. They had also been provided with supervision and appraisals where this was due. Staff who required competence checks had also been checked to ensure they had achieved the required level of skill to deliver care safely. We saw the registered manager and the provider had developed tools to monitor when staff training was due for renewal. This meant that the provider had established effective systems for ensuring that staff updated their training which would help to ensure their practice and knowledge remained up to date.

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 make 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.

When we undertook our inspection visit a significant number of DoLS authorisation requests had been submitted to the local authority. None of the requests had been authorised however the registered manager was regularly checking progress of the other applications. We saw evidence that people's consent in various areas been sought in all care files we looked at. This included consent to the use of photography, application of bed rails and medicines management. Mental capacity assessments had been completed to

support people in their decisions making processes.

We also noted significant improvements in relation to the use of surveillance cameras in the service. At our last inspection we found the provider had not established policies and followed procedures required to ensure that the use of closed circuit television (CCTV) in some parts of the home met regulations and guidance. At this inspection we found the provider and the registered manager had consulted people, the staff and relatives about the use of CCTV cameras in the service. All relevant documentation and guidance required by the law had been kept. This meant that the provider had acted in line with regulations to ensure the lawful use of CCTV cameras to protect people's privacy.

We observed that people's needs and choices were considered during the delivery of care. For example we saw people being asked what they wanted to eat and where they wanted to sit. People told us they could get up anytime they wanted and chose to spend time in their bedrooms if they wanted to. One person told us, "I get up when I want to, its lovely free and easy."

There were processes in place to ensure there was no discrimination, including in relation to protected characteristics. For example, the provider offered their staff training in equality and diversity. There was a policy to protect people against discrimination and harassment. Information on how to report concerns was readily available in prominent places within the home. There was a notice board dedicated to sharing information on protecting people. We also noted that there was a safeguarding champion who was nominated to attend external meetings with other agencies to share good practice around safeguarding and protecting people from harm and discrimination.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We saw some people had brought their own personal items that helped personalise their bedrooms and made it homely for them. We have reported further on adaptations in the question 'is the service safe'.

We observed staff supported people to eat their meals. The atmosphere was calm and caring and people were able to eat their meals at their own pace. All people appeared to have enjoyed their meal and had eaten very well. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer.

Comments about the food were positive. One person who lived at the home said, "The food is good, I like my food and I get plenty of it. You get the menus the day before and the kitchen staff are always willing to oblige with alternatives", "It's getting better, you get a choice now." And, "I don't like spaghetti or beans or burgers, but they change the menu quite often." We spoke to the kitchen staff who informed us people had two choices of hot meal at lunch time and in the evening. The kitchen staff showed a good knowledge of people's dietary needs, preferences and special requirements.

The care records we reviewed had a section that noted any special dietary requirements such as the need for a soft diet. Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly. We found staff assessed people against the risks of malnutrition and made referrals to dieticians and Speech and language therapists (SALT) where appropriate.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support. Care records we looked at contained information about other healthcare services that people who lived at the home had access to. However, we found staff had not always supported individuals

to attend appointments. We noted that people had received visits from for example, GPs and district nurses and practice nurse. Documentation was updated to reflect the outcomes of professional health visits. We spoke to one visiting professional who informed us the staff were proactive in involving specialist professionals and that they would seek advice if ever they were unsure about people's conditions. This meant that people could be assured they would have access to specialist professionals if they needed them.

## Is the service caring?

### Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We observed interactions between people and staff and we also spoke to people. Comments included, "I think they are, they're quite a nice lot" "Very well, you can ask anybody and they'll find out for you" "The staff are very patient" "They are absolutely brilliant, they treat me with a lot of respect and a lot of care" and, "It's very nice, they are very good to me." And, "They'll talk to you whilst they're looking after you, but they don't have time to sit and chat."

Comments from visitors included, "They're very good, and most people know [relative] from before he came in."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. We had previously received concerns from visiting relatives regarding one person being unkempt. However, we found all people were well groomed and presentable. The registered manager informed us that they were regularly auditing and checking how people present and whether they had received personal care.

Staff had a good understanding of protecting and respecting people's human rights. One member of staff had been appointed as a dignity champion. They had signed a dignity pledge. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. These champions attended meetings with other organisations and shared best practice with other staff in the home.

Some staff had received training that included guidance in equality and diversity. However, we noted that five of the six shared bedrooms did not have privacy screens or room dividers to provide people with privacy. These adaptations are meant to provide people with privacy where they share sleeping space. We brought this to the attention of the nominated individual, the staff and the registered manager. They took immediate action during the inspection and purchased the room dividers. This would ensure that people's human rights and dignity are maintained.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. For example, we observed people eating independently and we noted three people were independently managing some of their medicines. Staff explained how they promoted independence, by enabling people to do things for themselves.

Staff also addressed people by their preferred names. Care records that we saw had been written in a respectful manner. Staff we spoke with described how they ensured people's dignity was maintained when they assisted them with their personal care tasks. They maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering.



Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives with care and respect. For example, they had a friendly approach and one relative said, "They always make you feel welcome."

We saw people were supported to express their views on matters that were important to them and were also involved in making decisions about their care as far as possible. We found records did not always demonstrate how people had been involved in the review of their care records. The registered provider had information details that could be provided to people and their families if advocacy was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People who lived at Hilton Residential Home gave us positive comments about the staff team and the care and support they received at the service. However, we received mixed responses regarding life in the home and how people were provided with meaningful day time activities to pass their time.

Comments from people included, "I spend my time doing whatever I can, I move around a lot, I'm not bored", "My friends will visit, sometimes I join in the activities, but they're not quite my taste, I watch TV.", "The television is going all the time, it drives me mad. It's sitting all the time that gets me." And, "I sit here bored stiff, I've been used to doing things and now I'm sitting here like cheese at four pence. I'm bored stiff, I find television boring."

Comments from visiting relatives included; "He doesn't do much, he doesn't read or watch television. There never seems to be anything going on. He'd like to walk, and there's nowhere for him to walk, he gets bored."

We checked to see whether people had access to activities to occupy their time. We found there was a well presented display with various activities that had been planned including quiz, bingo, puzzles and visits by the hairdresser. On the day of the inspection we noted a staff member playing dominos with people and supporting them with their nail care. We observed them engaging with people in a positive and inclusive manner taking consideration of their choice and abilities. However, people informed us that the activities had not always been offered.

We checked to see the arrangements for supporting people with activities. There was no dedicated activities co-ordinator to assist with activities. Care staff took in turns to assist with activities and there was a lead staff member for activities. The records for staffing and dependency that we reviewed during the inspection showed that staff had not been provided with time to support people with activities.

We recommend that the registered provider seek best practice and guidance on supporting people with social stimulation and social activities relevant to their interests and needs.

We checked how the provider ensured that people received personalised care that was responsive to their needs. We found significant improvements had been made to care records we reviewed. At our last inspection records were not consistently accurate. However, during this inspection we saw records were audited for accuracy and action taken where quality needed to be improved. The care records we reviewed showed that people received personalised care that was responsive to their needs. The care plans were well written, comprehensive and person centred. We also noted that the home had arrangements to ensure that the pet dog kept in the home did not pose risks to other people in the home. This was an improvement and demonstrated good practice.

The care records had been developed, where possible, with contributions from each person and their family. They identified what support they required. People and their relatives told us they had been consulted about support that was provided before using the service. We also noted improvements in relation to

records of assessments undertaken before people moved into the home. At our last inspection people's records did not always show how their needs had been considered before they moved into the service. At this inspection records we reviewed showed that people's needs had been assessed before they started living at Hilton Residential Home. This was to ensure that the home and staff were able to meet people's needs before they decided to admit them into the home.

Staff completed a range of assessments to check people's abilities and review their support levels. They checked individual's needs in relation to mobility, mental and physical health and medicines. Specific requirements for each individual had been identified. For example, people who required assistance with moving, soft diet, people who were at risk of falling and people who were at risk due to their vulnerability. Assessments and all associated documentation were personalised to each individual who stayed at the home. Care plans and risk assessments had been reviewed and dated. This would ensure a person centred approach to care reviews. There was a record to monitor when people's risk assessments were due for review.

Staff were aware of the need to support people who may wish to manage their medicines and they had provided them with lockable cupboards. This ensured people could continue to exercise their independence and their rights.

The provider had used technology to support people to receive timely care and support. For example they had signed up to telemedicine services. 'Telemedicine' is the use of telecommunication and information technology to provide clinical health care from a distance. It has been used to overcome distance barriers and to improve access to medical services that would often not be consistently available in distant rural communities or out of hours. Staff had been provided with advice by the medical professionals. There was also a working broadband and a telephone system that was easy to use and accessible to staff and people who lived in the home.

We found staff had sought accessible ways to communicate with people when their protected characteristics made this necessary to reduce or remove barriers. For example we found various pictorial messages and signage in the home to help people with sight and cognitive impairment to ensure they could communicate effectively. People were supported to maintain local connections and important relationships. There were also signs in the service to show people where hazards were.

People we spoke with knew how to make a complaint or raise concerns and felt comfortable to do so if needed. We saw people were encouraged to do so by information that had been posted in the home in the service guide provided to them when they first arrived. People were confident to speak up.

The service had a complaints' procedure that was made available to people on their admission to the service. A copy of the complaints' policy was on display in the service and had been written in a format that enabled people who used the service to understand the procedures. The procedures were clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

Records we reviewed showed two complaints had been received since the last inspection. Evidence we saw showed that these had been dealt with appropriately in line with the organisation's policies. We saw the complaints' process in place. It guided staff to ensure that concerns and complaints were used as an opportunity to learn and drive continuous improvement. For example, the welfare audit had been introduced by the registered manager following a complaint about people's person hygiene.

Records we saw demonstrated that the provider and the staff had considered people's preferences and choices for their end of life care. For example, a significant number of staff had received training in supporting people toward the end of their life, there was a policy that asked staff to record where people wished to die, including in relation to their protected equality characteristics, spiritual and cultural needs. There was also guidance on communicating with families and professionals to support people towards the end of their life. Records of care we checked had records of whether people wished to discuss their end of life care or not. This showed that there were plans to ensure that people were supported at the end of their life to have a comfortable, dignified and pain free death.

## Is the service well-led?

### Our findings

The service was led by a manager who is registered with the Care Quality Commission. 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, we found the provider had failed to operate effective governance and quality assurance systems to monitor and improve the quality of the care and treatment provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we took enforcement action against the provider and issued them a warning notice which stated when we expected them to be compliant with regulations. At this inspection we found a significant amount of work had been undertaken to improve the quality of the care provided and the governance systems in the home. Necessary improvements had been made and the provider had met the requirements of the regulations associated with the breaches of regulation we found in May 2017.

During our last inspection there were four breaches of regulation. At this inspection we identified all of the breaches of regulations had been addressed. We also noted and concluded that there had been an improvement in the governance systems at the service and that the provider had committed to make the necessary improvements required for the care and safety of people living at the home. However, we found shortfalls in relation to the maintenance of the premises which led to a breach of regulation related to the maintenance of premises. This demonstrated that the governance systems at Hilton Care Home required further improvements and needed to be fully embedded. This would enable the registered provider to adequately monitor and timely respond to shortfalls to the quality of the service and ensure compliance with regulations.

We looked at how the registered provider demonstrated how they continuously learnt, improved, innovated and ensured sustainability in the service. The registered manager and registered provider had established a formal auditing system to assess quality assurance and the maintenance of people's wellbeing. We saw that audits had been undertaken in various areas such as medicines, health and, staff files and care files.

Following our last inspection in May 2017, the provider had introduced a care consultant to audit the quality of the care people received and governance systems in the service. We saw that the external consultant had made a visit to the home to undertake a health and safety audit. They offered additional support to the provider and the registered manager. This included, checking recruitment, that staff training was up to date, updating policies, and governance training among other things.

However, we found shortfalls identified by health and safety audits had not always been rectified in a timely manner. For example, we found repairs that were identified by audits during our last inspection in May 2017, had not been completed at the time of this inspection in January 2018. This meant that the audit systems in

the service had not been effectively used to identify and rectify shortfalls, to ensure lessons were learnt and improvements were made to the quality and safety of the service.

We discussed the shortfalls with the nominated individual and the registered manager. Following the inspection they sent us evidence to demonstrate that they had started to take immediate action to ensure repairs were completed. The registered manager and the provider took immediate action to address some of the concerns.

We checked how people who used the service, the public and staff were engaged and involved in the running of the service. During our last inspection we found the provider had not sought people's opinions about the quality of the service. At this inspection, improvements had been made and the provider had introduced systems for seeking feedback from people, their relatives and staff.

Residents and relatives meetings, newsletters and relatives and residents surveys had been introduced and people had been invited to share their views. One person commented about meetings, "They've had one whilst I've been here but I don't think anything changed after it." "The meetings are every month, things get done, but I wouldn't wait for a meeting" and, "I go when they're on, personally I can't think of anything that changes. I don't know where the information goes from the meeting."

In addition, there were staff meetings and staff surveys. We saw the registered manager and the provider shared the visions, challenges and expectations with staff during the staff meetings.

We checked to see if the residents and staff surveys had been analysed and if feedback had been provided to people on the outcomes of the surveys. We noted that the nominated individual had signed the questionnaires to demonstrate they had seen them. However, there was no evidence to show the overall outcome of the survey and what the nominated individual intended to do in relation to the feedback provided by staff and people. This meant that the provider had not demonstrated how they had acted and responded to people's views and feedback about the quality of care and service provided.

Staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example, we only received positive comments from staff and people and they included, "The registered manager is around all the time, she's very good." Everyone we spoke with said the registered manager was approachable.

At our last inspection the provider had failed to provide oversight on the registered manager to check their performance and compliance with regulations. We found necessary improvements had been made to the governance systems in the home. Staff we spoke with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager was experienced and had an extensive health and social care background. They were familiar with the needs of the people they supported. Care staff had delegated roles including medicines ordering and catering and domestic duties. Each staff member took responsibility for their role and had been provided with oversight by the registered manager. In addition the nominated individual had formally monitored and provided oversight on staff and the registered manager to ensure they were compliant with regulations.

We noted that the provider had considered best practice guidance and some staff had been appointed as champions in various areas such as dementia, safeguarding, and dignity. We also noted that the staff and the registered manager had joined local initiatives with the local authority and local clinical commissioning groups to develop expertise in areas such as prevention of pressure sores, reducing risks of dehydration in

care homes. They had also been part of a pilot scheme with the local clinical commissioning group on the use of 'secure red bags' for sharing hospital transfer records also known as hospital passports. This was an initiative to improve the way services shared people's records and to reduce the risk of records going missing during a transfer between care homes and hospitals. Hospital transfer records are documents which promote communication between health professionals and people who cannot always communicate for themselves.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found handovers, were used to keep staff informed of people's daily needs and any changes to people's care. Information was clearly written in people's care plans records showing what care was provided and anything that needed to be done.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. Notifications had been submitted and the registered manager knew their regulatory responsibilities for submitting statutory notifications to the CQC. A notification is information about important events that the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered and to support care provision, service development and joined-up care. They worked with organisations such as local health care agencies and local commissioning group, local pharmacies, practice nurses and local GPs. The registered manager had a system to ensure the service shared appropriate information and assessments with other relevant agencies for the benefit of people who lived at Hilton Residential Home. Feedback from a professional showed the service had worked in an open and transparent manner. During the inspection we found the registered manager and staff open and transparent with the inspection and keen to address the shortfalls we identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure that All premises and equipment used by the service provider were suitable for the purpose for which they are being used, properly maintained, and be fit for purpose in line with statutory requirements. Faults and repairs had not been undertaken in a timely manner.- Regulation 15 (1) (a)(b)(c)(e) HSCA RA Regulations 2014 Premises and equipment</p>