

Hilton Lodge Limited

Hilton Lodge

Inspection report

29-31 Hilton Avenue
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London
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17 August 2022

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Ratings

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

Summary of findings

Overall summary

About the service

Hilton Lodge is a care home providing accommodation and personal care for up to 13 people with a disability. Most of the people were over 65. At the time of the inspection there were 12 people permanently living there and one person who was in the process of having their placement made permanent. The service was based in converted houses in a residential street.

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

People and their relatives told us the staff were kind, caring and they felt safe at the service. We found the service provided a homely atmosphere and staff treated people with dignity and respect.

Care plans were person centred and risk assessments were in place. Staff understood people's needs and preferences.

Staff were safely recruited and there were enough staff to meet people's needs. Staff received suitable training and supervision to be effective in their role.

Medicines were stored and managed safely.

There were systems in place to ensure people were protected from infection through effective cleaning processes and the safe storage of food.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager was very involved in the management of the service, and worked there most days. Their day to day involvement ensured the quality of care was good, and audits took place in key areas to evidence this. COVID-19 had impacted on the service, but the registered manager was updating outstanding documents at the time of the inspection, and any areas identified at the time of the inspection as being outstanding were immediately addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was last inspected in November 2018 and rated good (published 28 December 2018).

Why we inspected

We carried out a focused inspection of this service on 17 August 2022.

This was a planned inspection based on the previous rating. This report only covers our findings in relation

to the Key Questions Safe, Effective and Well Led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hilton Lodge

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

Inspection team

The inspection was carried out by one inspector who visited the service, and an Expert-by-Experience, who made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hilton Lodge 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they

plan to make. However, we used our own intelligence gathered over the last 18 months to inform the inspection visit.

During the inspection

We spoke with three people who lived there and a visiting relative. We talked with the registered manager and two members of staff.

We reviewed a range of records. This included three people's care records, two staff recruitment files and building maintenance documentation, including that relating to fire-fighting equipment.

We reviewed how accidents and incidents were recorded and acted on. We checked stocks against records for medicines, and we viewed supervision records.

After the inspection

We sought clarification from the management team in other areas including training documentation. We also received feedback from five family members and three health and social care professionals.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and enjoyed living at the service. Comments included "Yes I feel very safe – 100%" and "The staff are kind and caring. Yes, I feel safe."
- Staff were trained in safeguarding adults and the service had a safeguarding policy. Referrals had been made appropriately to CQC and the local authority when there were concerns.

Assessing risk, safety monitoring and management

- Risks assessments were up to date and varied, covering a broad range of risks including financial management, personal care, mental health and going out safely in the community. We found two risk assessments which would benefit from additional detailed information. This was added following the inspection visit.
- Building maintenance records showed that utility services were checked and considered safe. The service fire risk assessment was due for renewal. By the time of writing this inspection report, this had been completed and a fire drill had been undertaken.

Staffing and recruitment

- Staff were recruited safely. All the necessary checks including ID checks, full employment history and Disclosure and Barring Service (DBS) background checks took place prior to staff starting work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs and the registered manager used bank staff in the event of an emergency. One relative told us, "The owner takes a lot of care, I have been going in since beginning of COVID-19. They have a very good bank of staff." Another relative said, "They seem to have enough staff to cover. I have never been in there when they have not had enough and if so, the manager comes out and helps."

Using medicines safely

- People medicines were safely managed. Most medicines were dispensed in blister packs. There were few boxed medicines. Following the inspection, the registered manager reviewed the methods for capturing stocks of boxed medicines to show more easily all were accounted for.
- PRN, as needed medicine protocols, were in place, and there were no gaps on medicine administration records.
- Staff received training in the giving of medicines and had their competency assessed following training. Yearly checks were not always taking place for all staff, but following the inspection, the registered manager completed these in line with best practice.

Preventing and controlling infection

- The care home was kept clean, food was stored safely and hygienically, and there was an effective infection control system in place. One relative told us, "No smells and it is clean, it is one of the reasons we chose it, the cleaner is always there."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager told us relatives could visit when they wished, and this was confirmed by family members and people living at the service. Visitors were expected to wear masks and were asked questions to confirm they did not have symptoms of COVID-19.

Learning lessons when things go wrong

- The registered manager input all incidents and accidents onto a database. Actions taken and learning shared were recorded on this database.
- Staff took appropriate action where further medical advice or support was needed after an accident or incident.

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 remained the same. 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

- A pre-admission assessment was completed which looked at the person's care needs, preferences, cultural needs and specific equipment that may be required. People's needs and choices were assessed in line with current standards and best practice guidance. People's cultural, religious and issues of sexuality were addressed in line with the Equality Act.
- People's needs were reviewed regularly to ensure they were met by the service.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- People were supported to access healthcare as necessary, and to live healthy lives.
- Care records highlighted people's health conditions, and provided details for staff on how to manage them. For one person who remained mostly in bed, turning charts were in place to minimise skin breakdown.
- Care records showed people's health appointments took place and mental health professionals were consulted where necessary.
- People and their relatives told us, "Yes, they help me with everything" and "Yes they picked up on the fact that she [person] was depressed and took action to help her. From what I have seen they handle her condition very well."

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

- People had access to good quality food to maintain a balanced diet.
- People told us they enjoyed the food. One person told us "I don't like spicy food. [Registered manager] asks me every day, what do you want to eat?" Another person told us they had enjoyed trying out a broader range of foods since living at the service.
- One relative said, "My mother doesn't eat much, but they are finding out what she likes. She even had seconds last week of some food!" Another relative said, "When I am there, the staff bring her food all the time."

Staff support: induction, training, skills and experience

- Staff were trained and supported to provide good quality care to people.
- People were consistent in their praise for staff and said they were caring, kind and patient. Comments included, "I don't need a lot of help, but it's nice here and the staff help me" and "They look after me well."

- A relative told us, "Yes they [staff] do work well to support her [person]. They let me know when she got COVID-19 as soon as possible."
- Staff were trained in key areas and new staff undertook the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals should adopt in their daily working life. Staff also undertook other nationally recognised courses in care, and the service encouraged them to do so. Supervision took place regularly.
- Staff told us the registered manager was always available, including out of hours to provide guidance and support. They told us they enjoyed working at the service and one staff member commented, "There is good teamwork."

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. We found appropriate legal authorisations were in place when needed to deprive a person of their liberty, and any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA. There was a system to prompt renewals.
- People without restriction were able to leave the service freely, and the staff understood the importance of seeking consent from people before providing care and support.
- Staff had completed training in the MCA.

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

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

- The registered manager understood their role including the need for good quality care and meeting regulatory requirements.
- The registered manager provided a hands-on role at the service. We saw them assisting at mealtimes and supporting both the staff and people who lived at the service.
- The COVID-19 pandemic had posed challenges for the service, and the registered manager and staff had worked to overcome these. They told us they were still catching up with some paperwork and processes, following this difficult period.
- We could see there were quality audits to check medicines, hygiene and cleanliness, the environment and fire safety. All care records were up to date.
- The registered manager was working with the staff team to develop their skills, knowledge and experience, and provided training, support and supervision to them.
- We had no concerns regarding the transparency of the service as staff were open with relatives and health professionals if any issues occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service promoted person-centred care which achieved good outcomes for people.
- The registered manager and staff team were praised by staff and relatives for their kind, caring and person-centred care. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- People told us, "Staff do treat me with dignity and respect" and another person said, "I can get up and go to bed when I want."
- Family members were welcomed at the service. Relatives said, "[Registered manager] is responsive, he is helpful and I can visit when I want." Relatives spoke well of the of the service, and in particular of the registered manager. Comments included, "[Registered manager] is very good, if I contact him over anything, he is very good at situations that need to be dealt with" and "I haven't had to make a complaint, if I raise any concerns then [registered manager] is on it straight away and sorts it out."
- Regular resident's and staff meetings took place, so people and staff were able to contribute to the way the service ran, and their views were valued. Relatives gave very positive feedback on the service. Comments

included, "It is because she [person] lives a life like at home and has regular meals, has her hair cut and everything. She is very happy to live there. She watches the TV, watches films and sits outside. I would recommend the service to anyone."

Working in partnership with others; Continuous learning and improving care

- Close working relationships with health and social care professionals meant people were supported to maintain good health outcomes and to live active lives. Health and social care professionals spoke highly of the management of the service.
- Records showed involvement of other health and social care professionals. Advice was taken in managing people's conditions, and we could see that following any incidents, a de-brief enabled staff to understand what had happened and share any learning.
- We found the registered manager immediately addressed any issues raised at this inspection.
- The registered manager carried out surveys with health professionals and other key people to get their view of the service provided and to ensure there was continuous learning and improvements in care
- The registered manager attended the local authority provider forum and, through their registration as a qualified nurse, they kept up to date with developments in care. They also worked closely with the local authority team who provided support to care homes.