Arcare (West Midlands) Limited

Hilton House

Inspection report

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Tel: 01902820069

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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

We inspected this home on 9 August 2016. This was an unannounced Inspection. The home was registered to provide personal care and accommodation for up to three people who may have a learning disability or mental health support needs. At the time of our inspection three people were living at the home. The service was last inspected in November 2013 and was meeting all the regulations.

The registered manager was present during our inspection. 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.

People told us that they were safe living at the home. Staff understood their responsibilities to protect people from harm. Risks to people had been assessed and managed appropriately to ensure care and support was provided safely and in the least restrictive way. Staff had been recruited appropriately, but actions taken during pre-employment checks had not always been recorded. People received their medicines as prescribed.

Staff told us that they were given the opportunity to develop their knowledge and skills in order to carry out their roles effectively. Staff received a planned induction and felt supported when they started to work at the home. Staff understood the principles of The Mental Capacity Act 2005 and how best to support people who were subject to restrictions. People told us that they had enough to eat and drink. People and their relatives told us that they were involved in accessing health care professionals to maintain their well-being.

We observed positive and caring relationships between people who lived at the home and staff. People told us that they were treated kindly. People were involved in making decisions in all aspects of their lives. People were communicated with different methods that met their individual needs. People and relatives told us that they were supported with dignity and respect. Staff described examples of how they promoted independence and maintained confidentiality when supporting people.

People's care and support was planned around their individual preferences. People were supported by staff who knew them well and supported them to make decisions and to live as full as life as possible. People were supported to participate in activities that interested them whilst respecting their independence. A complaints procedure was in place and people felt confident to raise any concerns.

People, relatives and staff were happy with how the service was managed. People and their relatives had the opportunity to express their opinions on the service that was provided. The home had developed a positive culture that enabled staff to deliver person centred care that people wanted. Staff told us they felt valued and well-supported by the registered manager. There were effective systems in place to monitor the quality of the care and support provided to people.

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.

Risks to people had been assessed and measures put in place to keep people safe and respect their independence.

People were supported by sufficient numbers of staff who understood how to protect people from potential harm.

People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

The needs of people were met by staff who had the right knowledge and skills.

Staff received regular supervision and felt well supported. Staff received an induction which gave them the confidence to undertake their roles effectively.

Staff asked people to give their consent before they provided any care and support. People were supported in a way that minimised restrictions.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring and treated them with dignity and respect.

People received care and support from staff who knew them and respected their individual preferences.

Staff supported people to express their own wishes to how they wanted their care and support provided.

Is the service responsive?

Good

The service was responsive.

We saw that people received consistent, individualised care and support. People were empowered to contribute to all planning of their care.

People told us that they participated in activities which they enjoyed.

There was a complaints procedure in place which was accessible to all people.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke positively about how the home was managed and expressed their confidence in the registered manager.

The registered manager encouraged feedback to drive improvement.

There were effective quality assurance systems in place to monitor and improve the quality of the service.

Hilton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
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This inspection took place on 9 August 2016 and was unannounced. The visit was undertaken by one inspector.

We looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. As part of the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it. We also spoke with service commissioners (who purchase care and support from this service on behalf of some people who use the service) to obtain their views. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with all of the people who lived at the home. We also spent time observing day to day life and the support people were offered. We spoke with two relatives of people and two health care professionals during the inspection to get their views. In addition we spoke at length with the registered manager and four care staff

We sampled some records including three people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the provider's recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

We spoke with people who told us that they felt safe living at the home. One person told us, "I'm nice and safe here." Another person told us, "Staff never shout, they are lovely." We saw that people looked relaxed in the company of the staff and observed people receiving support to keep them safe whilst respecting their choice and independence. Care plans we reviewed showed activities that people enjoyed doing; they identified what the risks to the activity were and how the risk could be minimised so the person could undertake the activity safely.

Staff understood how to protect people they were supporting from potential harm and abuse. We spoke with staff about what actions they would take if they had any suspicions someone was being harmed. Staff were consistent and confident with their responses and were aware of the factors which may make someone vulnerable to abuse. A member of staff told us, "There is a poster on the notice board with a number to ring if we are worried about anything." The registered manager understood their responsibility to safeguard people and described what actions they would take following any incidents of potential abuse or neglect.

People were protected by staff from the risks associated with their care and support. We reviewed support plans for people which demonstrated that people's needs had been assessed and risks identified. Measures were put into practice to reduce the risk for the person whenever possible. Risk management plans were in place to guide staff to support people with managing behaviours that may challenge to reduce unnecessary anxiety in their daily lives. Staff we spoke with were knowledgeable about potential risks to people and described how they keep people safe in the least restrictive way.

People were kept safe in emergencies. Staff described what they would do in the event of a fire and were consistent with their responses. Staff shared with us how they report and record accidents so these could be managed effectively. The registered manager advised us that they use hospital passports which contained relevant information about people should they have to go to hospital. This would ensure other health professionals were aware of how to meet people's individual needs and keep them safe.

People and their relatives told us that there were sufficient numbers of staff on duty. One person told us, "There are lots of staff." Relatives confirmed this. One relative said, "There is always staff on duty to help people." Staff we spoke with all told us that they were happy with the staffing arrangements. One staff member told us, "Always enough staff on duty with plenty of time to support people individually." The registered manager had processes in place to ensure that people were consistently supported by staff that knew them well and said, "Any absences are covered by staff employed by the service. We don't use agency staff as people need continuity." On the day of the inspection we observed enough staff were on duty to meet people's individual needs.

Staff told us that before they started work all employment checks were made. One member of staff told us, "I had to provide references and have a police check." Records we reviewed confirmed these checks had been undertaken. We looked at the processes in place for staff recruitment. We found that the provider's

recruitment processes included obtaining Disclosure and Barring Service (DBS) checks prior to staff supporting people to ensure staff were suitable to work with people. We found that where recruitment checks had identified risks the registered manager had taken suitable action to manage these although on one staff recruitment file the process had not been fully recorded. We saw evidence to support the actions taken. The registered manager advised us that all processes would be recorded for future recruitment.

We saw that the registered provider had systems in place to ensure that medicines were managed appropriately. People we asked told us that staff gave them their medicines and that they were happy with that. One person told us, "[name of staff] puts my eye drops in for me." We observed a member of staff supporting a person with their medicines. The person was supported with patience and understanding and encouraged to be involved in the process.

We looked at the medicine administration record (MAR) for two people who lived at the home. We found balances for peoples' medicines were accurate with the record of what medicines had been administered. The registered manager ensured that staff who were responsible for administering medicines were provided with regular training and medicine competency assessments were undertaken for new staff. The registered manager advised us that records for medicine competency assessments were currently being developed for existing staff. We concluded that there were effective systems in place to store, administer and dispose of medicines to ensure people were safe from the risks associated with them.

Good

Is the service effective?

Our findings

We observed that staff had received the appropriate training and had the skills and knowledge they required in order to meet people's individual needs. Where specialist training was needed we saw bespoke training had been developed to ensure effective support was provided to people. One member of staff we spoke with told us, "We are always training to improve our knowledge. We had some really good Autism training recently which improved our practice." We spoke with a relative who told us, "Staff are very professional and have the right knowledge to meet [name of relative] needs." We saw that staff were encouraged and enabled to obtain nationally recognised qualifications relevant to the health and social care sector. Discussions with the registered manager identified that they observed all new staff interacting with people in the workplace and completed observational competency assessments to ensure that the knowledge and skills gained by the staff were being put into practice and continually developed. One member of staff told us, "I was observed by the registered manager during my induction." The registered manager advised us that there were plans in place to formally monitor existing staff.

Staff told us and records confirmed that staff received induction training when they first started to work at the home. A member of staff said, "I had the opportunity to shadow more experienced staff before I worked on my own. My manager observed me working with people. I'm currently completing the Care Certificate [a nationally recognised set of standards used for induction training of new staff] and I've had excellent support from my manager."

All the staff we spoke with confirmed that they received regular formal and informal supervision from the registered manager. Staff described their supervision sessions as 'having the opportunity to talk about our performance'. We observed that staff communicated well with each other and all described the importance of team work.

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. All the staff we spoke with had a good understanding of the key requirements of the Mental Capacity Act 2005 and what it meant for people living at the home. We observed staff asking people for their consent prior to offering care and support. For example, staff asked people if they were ready for their medicines and if they were ready to eat. Staff confidently described the principles of making decisions in people's best interests. A member of staff told us, "The MCA empowers people to know they can make decisions and choices about their lives."

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 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. We found that applications had been made to the local supervisory body for DoLS as required and in line

with the legislation. Staff could describe which people were subject to a DoLS and explained how they supported people in the least restrictive way. One staff member told us, "[name of person] can't go out without staff supporting them, so we make sure we support [name of person] as much as possible in the community, this way they will not feel restricted." Records we reviewed demonstrated that least restrictive practices had been identified and embedded throughout people's individual care plans and where appropriate people's relative's had been informed. One relative we spoke with told us, "[name of relative] has a DoLS in place to keep them safe and protected. Staff always put [name of relative] best interest first. We are all aware of the restrictions in place and constantly review them together." People could be confident that their human and legal rights were respected.

People were supported to have enough to eat and drink to maintain a well-balanced diet. A person living at the home told us, "I like my meals." The registered manager advised us that menus were not planned and said, "People living here just chose what they fancy to eat on the day." People were assessed and monitored by staff if they had risks associated with their eating and drinking. We saw people helping themselves to snacks and drinks. One person told us, "I like going to [the local supermarket] to choose my foods." We observed that preparation of meals and mealtimes were a pleasant experience and a time for socialising. We saw that the interactions between staff and the people they were supporting were positive with lots of chatter and laughter.

The registered manager and staff told us how they helped people to maintain their health. We saw where people had particular health needs; staff had engaged with relevant health professionals to support the person to make decisions. One member of staff described a person's healthcare needs and said, "[name of person] has a medical condition which requires a healthy and balanced diet." A person we spoke with told us, "I go the gym a lot it keeps me healthy." One relative we spoke with said, "[name of relative is far healthier living here. He goes for walks and has a real buzz about him." We saw there was regular input from a range of health and social care professionals and people were involved in all aspects of their health care. A health professional we spoke with told us, "I visit every six weeks and staff respond to my guidance to maintain people's health needs. Communication is really effective here."

Good

Is the service caring?

Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of the staff supporting them and enjoyed chatting about the things that were important to them. A person we spoke with told us, "I really like the staff. They are kind. I like going out with them." Relatives we spoke with were complimentary about the staff working at the home. One relative told us, "Staff are lovely. They really love [name of relative] and have a great relationship with him. Staff are caring towards me as well and respect my feelings."

We saw photographs of a 'welcome party' organised by people living at the home and staff to welcome a new person into the home. This showed that staff had responded to the person's needs in a caring and compassionate way. All the staff we spoke with described people's individual preferences in a warm and positive manner. A member of staff we spoke with said, "[name of manager] works hard to make sure the right people are recruited. She puts so much effort into us and makes sure that staff have the right attitude and care and that we are right for people living here."

We saw that people were supported to express their views about their experiences at living at the home. People and their relatives told us that they were involved in making every decision about their daily lives. One person we spoke with told us, "I make my own choices. I stay in my room in a morning and then watch television in an afternoon in the lounge." We observed staff listening to people and respecting their views and opinions. Care plans we sampled contained important and personal information about people's life histories and preferences and we saw these wishes were carried out in practice by staff. For example, one person's care plan identified how the person wanted to be addressed and this was different to their first name. We observed staff respecting this. People were supported by staff to identify their own needs, personal goals and what they wanted in life. One person living at the home had expressed a wish of visiting a particular seaside town and we saw this had been arranged. We saw documents and information were available for people to access in a format that was inclusive and met individual's communication needs.

People were treated with dignity and had their privacy respected by staff. People told us and we saw staff knock on people's bedroom doors before entering. Staff told us and records confirmed that one person wished to have their door closed at all times. We saw this was respected. People could freely access their own rooms when and if they wished to. One person wanted to show us their bedroom which was personalised and organised in a way which reflected their individuality.

Everyone we spoke with told us that there were no restrictions to visiting. One relative told us, "I visit at all times during the day and night. Staff just respect that I'm a big part of [name of relative] life. I actually called them in the very early hours of the morning because it was thundering and I asked them to check if [name of relative] was okay and they did. Staff are very caring."

Staff we spoke with described the importance of ensuring that people's rights to confidentiality were maintained. One staff member told us, "We don't leave people's individual care plans out for everyone to see." We saw that confidential information was kept secure.

People and their relatives told us that they promoted people's independence. One person told us, "I go out every day with my friend and sometimes I will catch the bus and go to town on my own." A relative of a person living at the home told us, "They [the staff] encourage [name of relative] to do as much things independently as they can."

Good

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to their needs. One relative told us, "If [name of person] wants to do something different, staff will always find a way." We saw people were supported by a small consistent staff team which provided them with continuity of care.

We spoke with people and their relatives who told us that they were involved in developing their care and support needs. A person who lived at the home told us, "I have meetings with [name of manager]. One relative we spoke with said, "I am very much involved in [name of person] care planning. We work together to make decisions in [name of person] bests interests." We saw that care planning reflected people's choices and wishes and focussed on the person's life and aspirations. People were given control and owned their care plans. For example in care plans we saw information about what the person wanted 'I go to the disco on Tuesday and Thursday and I travel their independently.' and 'my future goal is to keep my independence and try new things.' In another care plan we saw, 'I like to shave independently and make my own packed lunch.' We saw that people's individual needs had been regularly reviewed to ensure the care and support provided continued to meet people's needs. We saw that people chose who they wanted to be involved in the reviewing of their care plans.

We saw where people were not able to fully contribute to planning of their care, they were still empowered to make decisions that they were able to. For example, in one care plan we saw the person had been assessed as lacking capacity but the care plan still identified the decisions they could make, this included, 'I can make cold drinks independently' and ' I can decide when I go to bed'. This meant that people's daily routines were individualised as possible and people were given the choice and control to make decisions.

We saw that staff knew people well and were focussed on providing person centred care and support. A member of staff we spoke with told us, "Most people prefer their showers in a morning but [name of person] prefers theirs' early evening." The provider stated in the provider information return (PIR) that risk assessments and person centred personal needs care plans were in place which provided details of what people liked and disliked. All the staff confirmed this and were aware of people's likes and dislikes and described the important things that matter to people.

People had access to activities based on their preferred choices and were supported to spend their time how they wanted to. One person told us about their interest of football and which football team they supported. People had access to regular social activities which included; participating in activities at the hub [a separate building which is specially designed to deliver games, exercises, arts and crafts and music], bowling and visits to the art gallery. We saw that people had good links with their local communities; this included the local gym, shopping centres and pub lunches.

People were supported to maintain positive relationships with the people that mattered to them. One person told us, "I like going to visit my family and I stay with them a lot." Another person told us that they receive regular telephone calls from their relative and that they looked forward to receiving them.

We asked people if they knew how to complain and raise concerns. People told us that they would complain if they were unhappy. One person told us, "If I'm not happy I would go to [name of manager]." All the relatives we spoke with told us that they knew the complaints procedure and knew how to express any concerns. The registered manager told us and the records we looked at confirmed that there had not been any complaints made during the last 12 months. The registered manager described what action they would take if complaints were received and said, "I would welcome any feedback from people to improve the service." We saw that the complaints procedure was accessible for all people to understand.

Good

Is the service well-led?

Our findings

We saw people living at the home had developed a positive relationship with the registered manager. One person told us, "I like [name of manager]. She is nice." Relatives confirmed that the home was well-managed. One relative told us, "[name of manager] is approachable and supportive. I know that [name of person] is well-cared for, he wouldn't be here if he wasn't." A health professional we spoke with told us, "The registered manager's approach really reflects the staff's practice."

The registered manager had systems in place to monitor people's experience of living at the home. People, relatives and staff were involved in the running of the home. We saw records which demonstrated that people living at the home were part of the recruitment process for potential new staff. The registered manager recognised the importance of actively seeking people's feedback to use to drive improvement. The registered manager's analysis of this was all positive. We saw there were regular meetings with people which demonstrated staff spent time with people and offered them support to express their views. We saw documentation had been developed using different communication styles to ensure they were accessible and tailored to people's needs; this meant the service was open and inclusive to collating people's feedback.

Staff were confident in their roles and told us that they would not hesitate to raise concerns and use the whistle-blowing procedure should they witness any poor practice. We saw information about raising concerns were displayed appropriately and available in different formats to meet people's preferred communication needs. Staff told us that they would be able to approach the registered manager if they made a mistake and felt they would be supported to put things right. This demonstrated a culture of open and transparent communication between the staff and the registered manager.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our discussions with the registered manager during our inspection showed that they were aware of changes to regulations and were clear about what these meant for the service. Records we reviewed showed that any changes to regulations had been shared with staff.

Staff we spoke with told us that there were regular staff meetings where they discussed any concerns, shared best practices and looked at ways to develop the service. This ensured staff were given the opportunity to voice their opinions. All the staff we spoke with told us that they were happy working at the home and felt valued by the registered manager. Staff described the registered manager as 'leading by example'. People and staff told us that the registered manager was visible in the home and we saw that they played an active part in supporting people and responded positively to their needs. A member of staff told us, "There is nothing I would change about this home if I was the manager. Our manager puts people at the heart of everything we do."

We saw that quality assurance and audit systems were in place for monitoring the service provision at this home. We saw that the registered manager had undertaken internal audits to ensure the quality and safety

of the home was continually reviewed and to identify areas for improvement. We saw improvement plans had been completed and actioned following audits. The registered manager had used external audits from other health professionals as part of the quality assurance. For example, we saw an independent medication audit by the community pharmacist who supplied the service and an infection control audit. This demonstrated that the service worked in partnership with other agencies.