

Lovett Care Limited

Hilton House

Inspection report

Hilton Road
Stoke on Trent
Staffordshire
ST4 6QZ

Tel: 01782861308
Website: www.goldendalehouse.co.uk

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 26 April 2016 and was unannounced.

The service was registered to provide accommodation and personal care for up to 55 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 53 people were using the service.

The service had 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 on 27 January 2015, we asked the provider to take action to make improvements because they were not ensuring there were sufficient numbers of suitably qualified and experienced staff to meet people's needs and were not providing care and treatment which met their needs. This action had been completed and improvements had been made.

There were enough staff to people's needs. We saw that people's needs were responded to promptly and the registered manager regularly reviewed staffing levels to ensure they were suitable. Staff had undergone pre-employment checks to ensure they were suitable to work with the people who used the service.

People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

People felt safe and staff knew how to protect people from avoidable harm and abuse. Medicines were safely managed, stored and administered to ensure that people got their medicines as prescribed.

Staff were suitably trained to meet people's needs and were supported and supervised in order to effectively deliver care to people. Staff understood how to support people to make decisions and when they were unable to do this, support was provided in line with current legislation and guidance.

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with support when required to ensure their nutritional needs were met. People's health was monitored and access to healthcare professionals was arranged promptly when required.

People were treated with kindness and compassion and they were happy with the care they received. People were encouraged to make choices about their care and their privacy and dignity was respected.

People received person centred support from staff who knew them well. They were offered opportunities to

participate in activities that interested them and could spend their time how they chose. Care plans contained information on life history and preferences so that staff had the information they needed to be able to provide support to meet people's needs and requirements.

People knew how to complain and staff knew how to respond to complaints. A complaints procedure was in place and we saw that this was followed when complaints were received. People and their relatives were encouraged to give feedback on the care provided. The registered manager and provider responded to feedback and changes were made to improve the quality of the service provided.

The registered manager understood the conditions of registration with us. We saw that systems were in place to monitor quality and that the registered manager analysed information and took actions to make improvements when required. There was a positive atmosphere at the service and people felt the registered manager and providers were approachable and responsive.

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.

There were enough staff to keep people safe and people's needs were promptly responded to. Risks were assessed and managed and care was delivered as planned. People felt safe and staff knew how to protect people from avoidable harm and abuse. People's medicines were managed, administered and stored safely to ensure people got their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people effectively. People were supported to make decisions in line with relevant legislation, to ensure their legal and human rights were respected. People had support to eat and drink enough to maintain a healthy diet. Access to healthcare professionals was arranged promptly when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and were encouraged to make choices about their care and treatment. People's privacy was respected and staff provided care in a dignified way.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs and preferences from staff who knew them well. People knew how to complain and staff knew how to deal with complaints.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the registered manager and there was an open culture where people were encouraged to give feedback on the care provided. Quality monitoring systems were in place which were effective in ensuring that issues were identified and were acted upon to improve the quality of the service. The conditions of registration with us were met.

Hilton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 April 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included looking at notifications. A notification is information about important events which the provider is required to send us by law. We also looked at information we had received from the local authority and commissioners of the service.

Before the inspection, we asked the provider to complete 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. We used the information in the PIR completed by the provider to help plan our inspection.

We spoke with four people who used the service and five visiting relatives. We spent time observing care in communal areas because not everyone was able to talk to us about their experiences. We spoke with five members of care staff, the cook, the registered manager and the providers.

We looked at five people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, four staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.

Is the service safe?

Our findings

At the last inspection the provider was not meeting the regulations because they were not ensuring there were sufficient numbers of suitably qualified and experienced staff to meet people's needs and were not providing care and treatment which met their needs. This was a breach of Regulations 9 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made in this area.

People told us and we saw that there were enough staff to meet people's needs. One person said, "Yes staff are available for you, they stop and have a chat if they have time. They do anything for you." We observed that staff were present in communal areas and were able to respond to people's needs when required. We saw that two people who used the service were having a disagreement and a staff member was present and quickly able to respond and diffuse the situation successfully before people became upset. We observed that call bells were answered promptly. Staff told us there were enough of them to safely meet people's needs. One staff member said, "There is always enough staff." Another said, "There's been an increase in staff because there is more people who live here now, there is enough of us." The registered manager told us they completed a monthly review of people's needs, called a dependency tool, which helped them to determine how many staffing hours were required to safely meet people's needs. We reviewed the dependency tool and saw that more staff were provided than the minimum number suggested by the tool. We also saw that staffing was discussed and reviewed at weekly assistant managers meetings to allow the registered manager and provider to make any changes to staffing levels if required.

Staff told us and we saw that safe recruitment practices were followed. This included references and Disclosure and Barring Service (DBS) checks to make sure that staff were safe and suitable to work at the home. The DBS is a national agency that keeps records of criminal convictions.

People's risks were assessed and monitored to keep them safe whilst supporting their independence. Individual assessments were completed for each person when a risk was identified and plans were put in place to minimise these risks. We saw that one person was identified as being at high risk of falls, there was a risk assessment and management plan in place. This stated that the person needed to use a rollator frame to reduce their risk of falls but at times they would forget to use it, so staff should ensure their safety whilst they fetch their frame and encourage them to use it. We saw that the person had their rollator frame with them and that staff responded in line with the risk management plan. When the person left their frame behind, we saw that a staff member immediately responded by taking the frame to the person, encouraged them to hold on to it and reminded them why they needed the frame. The person then continued to walk safely with the frame, their independence was not restricted and they were supported in line with their risk management plan. Staff knew what was recorded in people's risk management plans and followed these to ensure people's safety. A senior staff member said, "Everyone has risk assessments in place, we seniors are responsible for updating the people's plans that are allocated to us." We saw that risk assessments were reviewed and updated when required.

People told us they felt safe at Hilton House. One person said, "Oh yes I'm safe. They're alright here."

Relatives' comments included, "I feel my relative is safe and well cared for" and "Absolutely my relative is safe because of the quality of care she's getting and if there's a problem it's followed up straight away."

Staff knew how to protect people from avoidable harm and abuse. They were able to explain the types of abuse that may occur and how they would recognise signs that may give cause for concern. Staff were able to explain how they would report concerns to ensure that necessary investigations were completed. One staff member said, "Our policy is to report to the manager, she is available on her mobile, or the provider. We can go straight to the local authority if we need to." We saw that concerns had been reported to the local authority when needed. The registered manager kept a log of safeguarding concerns to ensure that ongoing risk management plans were implemented if required and lessons were learned when required. We saw that new processes had been implemented as an outcome of learning from safeguarding concerns including the introduction of a skin integrity audit.

Medicines were managed safely so that people received them when they needed them. One person said, "I get my medication on time, I have mine in the morning." We observed that people were offered pain relief medication and that protocols were in place for staff to follow for people who were prescribed 'as and when required' medicines. Staff administering medicines were knowledgeable about the medicines they were administering and explained the importance of the frequency and timing of one person's medicine which was prescribed for Parkinson's Disease. The records showed that these medicines were well managed so that the person received them as required. Systems were in place to ensure that medication was stored, managed and administered safely and we saw that these were effective.

Is the service effective?

Our findings

Staff told us and records showed they had completed training to help equip them with the skills and knowledge to support people effectively. One staff member said, "They [the providers] offer all the training we need." Staff were able to demonstrate how training had helped them to better support the people who used the service. Staff told us they had attended a training session on how to support people to move safely. We observed staff supporting people to do this and saw they did this safely, providing direction and reassurance to the person.

Staff were supported to carry out their roles effectively. A staff member told us they completed an induction which included formal training and shadowing more experienced staff members to enable them to support people effectively. They told us, "I did feel ready and confident to support people after the induction." Staff told us and records confirmed they had regular supervision and staff said they found this useful. One staff member said, "The assistant manager does our supervision every three months. We discuss any improvements needed and complete an action plan. We also get feedback about what we do well. They will provide any extra training we might need too."

People told us and we saw that people were asked for consent before they were supported. For example, at lunch time we heard staff ask a person, "Can I put one of these aprons on for you?" 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. Staff were trained and had a good understanding of the MCA. One staff member said, "We assume capacity unless we have reason to think that someone may lack capacity." Staff gave examples of times they had made decisions in people's best interests and this showed they were working in line with the principles of the MCA. When necessary, people's mental capacity to make their own decisions was assessed and recorded in line with the principles of the MCA.

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 found that referrals for DoLS authorisations had been made when required.

People told us and we saw that they enjoyed the food at the home. One person said, "The food is good. You always get plenty if you want it and we've always got a choice." A relative said, "[Person who used the service] had lost weight before she came here but is back to a good weight now. The food quality is very good." We saw that people were offered choices of food and could have options that were not on the menu if they wanted them. At lunch time, one person asked for cornflakes with cold milk and this was provided for them. We saw that another person, who had dementia, did not want to sit down and eat their lunch. We heard the assistant manager request sandwiches for them so they could eat these as and when they wanted to. This person's food and drinks intake was monitored as there were concerns about their nutrition. We saw

that their food and drinks were accurately recorded and reviewed and their weights were monitored in line with their care plan. The person had not lost weight but monitoring remained in place due to their small appetite. This showed that risks in relation to people's eating and drinking were identified and planned for to ensure people maintained a healthy weight.

People were supported to maintain good health and had access to healthcare professionals when they needed them. People told us that staff arranged access to healthcare professionals such as the GP and chiropodist as they needed this. One relative said, "[Person who used the service] is regularly seen by a chiropodist, about every 6 weeks I think. She's seen GP's and they come here, in fact I'm very pleased with the amount of care she does get." Another relative said, "They are excellent, honestly. Only about a month ago my relative had pneumonia, they called out an ambulance and took her into hospital. When she came back staff monitored her and picked up on the pneumonia coming back again, that gives me a lot of confidence." Staff and the registered manager told us they had a policy to call out paramedics for any unwitnessed fall to ensure people got the medical care they needed and records showed that this policy was followed. People's records also showed that they had access to a range of healthcare professionals including GP, community psychiatric nurses and chiropody.

Is the service caring?

Our findings

People told us and we saw that staff treated them with kindness and compassion. One person said, "They seem to be like friends, they are there to help you and they are very caring towards me." Relatives comments included, "The care towards my relative is great. Staff are very friendly and caring. They'll do anything you ask" and "The care my relative receives is very good."

We saw that positive, caring relationships were developed between staff and people who used the service. A relative said, "The staff know my mother, there's a bit of banter with her too. They meet her needs and make her feel welcome. They are caring; they're not brisk with her." We saw that one person, who had dementia continually lost their handbag which caused them some distress. Staff listened to the person's concerns and took action to help them and relieve their distress. We heard one staff member say, "It's here sweetheart, let me show you." A little while later, the person was distressed again and another staff member held their hand and said, "Give me two minutes and I will help you to find it." The staff member came back to the person and helped them to find their handbag; the person was then smiling and sat down to relax.

People and their representatives were involved in choices and decisions about their care. We observed that people were offered choices of where to sit, what to eat and how to spend their time. A relative said, "Definitely people can make their own decisions. My relative has got freedom of choice but it is well managed to keep her safe, she's not prevented from doing anything." We observed a member of staff ask a person if they were coming to the table for lunch. The person said they felt tired and did not feel like eating lunch. The staff member stroked their hair and chatted to them about how they felt. They respected their choice not to have lunch at that time and told the person they could have some food later if they felt like it. Staff told us they always made sure that people were given choices and they knew how to give support to people to make their own choices when this was required. One staff member said, "I always help people to make their own choices. I sometimes limit the options available to make it easier for people to choose what they like."

We saw that people's dignity was respected. A staff member said, "We always respect people's dignity. For example, we would always ask people's consent, and if supporting someone to the toilet we would do this discreetly." One person's care plan stated that it was important to them that they looked nice and that they should wear their pearls during the day. We heard the assistant manager say to the person, "I've found your pearls, shall we put them on for you?" They were kneeling down next to the person so that they could see and hear them clearly and the person was smiling at them. This showed the person's preferences to look nice were valued by staff who ensured they were cared for in the way they liked, to promote their dignity. We observed that all staff members, including domestic and kitchen staff greeted people by their preferred names.

People told us and we saw that their privacy was respected and their independence was promoted. One person said, "Everybody knocks before they come in." We observed that staff did this and heard one staff member wait to be called in to a person room before greeting them with, "Hello [Person's name], how are you gorgeous?" A relative said, "My relative had privacy and as much independence as possible. They don't

hamper her and things like that. They don't take over her life; they want her to live her life like herself." We observed two staff members walking with a person using a walking frame. They did not rush the person and spent time with them encouraging them to walk independently whilst supervising them for safety. We heard the staff say, "Do you want to walk back, or go a bit further?" and "Well done you're going faster now." This showed that people were supported to be as independent as possible without rushing them or restricting them.

Is the service responsive?

Our findings

People told us they received personalised care to meet their needs and could spend their time how they chose. One person said, "You do what you want, you choose what time you get up and what time you go to bed, I can stay in bed all day if I want to." We saw that some people chose to spend time in their bedrooms; staff knew their preferences and respected their choices. One person who smoked was able to go outside for a cigarette when they chose to and we saw that staff unlocked the door for them on their request, there was no restriction on them about how they chose to spend their time.

People told us they had access to activities that interested them. One person said, "We do have activities yes, we have our nails done, look I had diamonds put on this week. We had a lady in last week singing." Some people chose not to participate in planned activities but told us they were still offered the opportunity to join in and were not bored. One person said, "They all get in the big hall and sing but that doesn't appeal to me, I like my own company." A relative said, "There are activities going on more than they used to, there's a timetable of activities." We observed that people were offered the opportunity to make flapjacks in the morning which were then served later in the day. A game of bingo was arranged in the afternoon and staff knocked on people's bedroom doors to ask if they would like to participate and some people chose to sit in the lounge and join in. People were enjoying the game and smiling and laughing with staff.

People and their relatives were involved in the planning and review of their care. One relative said, "There was a complete review when my relative came in here, we were involved and about a month ago had a care review." Another relative said, "We have a regular care plan review." The registered manager told us that an admission pack was in place and this had recently been updated following feedback from relatives. Part of the admission process was to ensure that people and their relatives spent time with a senior member of staff to inform them of their preferences and expectations to ensure staff had the information they needed to be responsive to people's needs. We saw that people and their relatives were asked to sign to say they had been involved in the development of their plans.

Care records contained information about people's care preferences and life history and relatives were asked for information when people were unable to give information themselves. This ensured that staff had access to the information they needed to provide personalised care and meet individual needs. Regular reviews of care plans were completed and changes were made as required to ensure people received care that met their needs and preferences. A staff member said, "We can read the care plans whenever we want to, we have time to do that." Staff knew people well. A staff member explained how one person could be resistive to support with their personal care, however they liked to look at pictures of their family and talk about their family history and this would help them relax and participate with staff to ensure their needs were met.

People and relatives told us they knew how to complain if they needed to and they would feel able to do this if required. One person said, "I've nothing to complain about but if I needed to I would. I'd just see the manager and say I'm complaining." Staff knew how to respond to people's complaints. A staff member said, "I'd try to resolve the complaint and I'd write down what was said and take it to the manager. I'd try and

reassure them and make them feel at ease." A complaints procedure was in place and we saw that all complaints, including verbal complaints were logged and responded to in line with the procedure.

Is the service well-led?

Our findings

People, relatives and staff felt supported by and had confidence in the registered manager and providers. One relative said, "The manager is very approachable, we see her around a lot. She was very good when my relative came here, very understanding." Another relative said, "The manager is very available, you can always speak to them anytime." People told us and we saw that the registered manager and providers were well known to people who used the service and knew their needs and preferences. They spent time chatting with people about things they liked and supporting people alongside care staff. A relative said, "The providers I see around, they always say hello to us and always speak to the people who live here, they know them all." A staff member said, "The manager and providers are approachable, more so than anywhere else I've worked. They're not in an office out of sight; they're out and about with people and helping us."

We observed a positive, open culture where people, relatives and staff were encouraged to be involved in the service. People and relatives told us they were asked for their feedback about the service. One person said, "They ask if you're happy you know and if you're not quite happy you tell them. We have meetings; they put them up on the wall when they're having them." A relative said, "They have meetings we can go to and there's a drop in with the manager on a Thursday." We saw that comments sheets were available for people to complete in the reception of the home and an annual survey was sent out to people, relatives and staff. The registered manager completed an analysis of the feedback received and we saw that action was taken when required. For example, feedback was received that people would like more planned activities at the home. We saw that external entertainers now came in to the home more often and an activities coordinator was employed for five days per week.

There was a calm and relaxed atmosphere and staff told us they enjoyed their work. One staff member said, "I love it here. There's nothing I'd change, if there's a problem, we all sort it out. People are happy here." Staff told us about the values of the service and this demonstrated that the service promoted involvement and respect. One staff member said, "It's all about person centred care, we promote as much independence as possible. We make people feel at home, give them choices and freedom." People were happy with the care they received and made positive comments about what they liked about the home. These included, "They're very caring and always there for you" and "This place I'd recommend to anybody." Relatives said, "It's friendly, it's a light atmosphere not a depressive one" and "The overall standard is good, the overall appearance and the overall ambience."

Quality checks were completed by the management team. These included medication and care plan audits and analysis of accidents and incidents. We saw that these were discussed at weekly management meetings and where concerns were identified, action was taken to improve quality. For example, a falls analysis identified that most falls were occurring at night time in people's bedrooms. Movement sensors were installed in people's bedrooms with their consent or in their best interests. This meant that staff were alerted when people were out of bed and at risk of falling. Referrals were made to the falls clinic via the GP when this was required. This showed that quality assurance systems were effective to drive continuous improvement.

The registered manager was aware of registration requirements with us and we were notified of significant

events as required. Staff knew about and understood whistleblowing procedures and said they would feel confident to use these procedures if required.