Hilton Rose Retirement Home Ltd

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Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection took place on 2 November 2016 and was unannounced. We last inspected the service on 20 and 21 October 2015 and the service was rated requires improvement overall. We found the provider was not meeting the legal requirements regarding safe recruitment practices and we asked the provider to make improvements. During this inspection we looked to see if improvements had been made and found they had been.

Hilton Rose Retirement Home provides accommodation for people requiring personal care for up to 25 people. At the time of the inspection there were 22 older people who were living with dementia at the service.

There was a registered manager in post. 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 felt safe. People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse. People were kept safe as potential risks had been assessed and staff were working in ways to reduce these risks. People were supported by sufficient numbers of staff who had been recruited safely. People received their medicines as prescribed from suitably trained staff.

People received care and support from a suitably trained staff team who had access to ongoing training and support to enable them to carry out effective care and support.

People were asked for their consent to care and support and the principles of the Mental Capacity Act 2005 were being followed. People's capacity was being assessed where appropriate and where required decisions were being made in the best interests of people.

People were supported to have sufficient quantities to eat and drink. People told us they felt they were not always offered a choice of food. People's specific dietary needs were catered for and specialist professional advice was being followed.

People were supported to access healthcare services when they needed to. People were supported by a staff team who were able to recognise changes in people's health and well-being and knew how to report and respond to any changes.

People were supported by a staff team who were kind and treated them with dignity and respect.
People were encouraged to maintain their independence and were supported to maintain relationships that were important to them.

People had opportunities to engage in activities and events, however people were not always supported to follow their personal interests or hobbies. People were supported by staff who knew their care needs well and were supporting them appropriately. People and their relatives were involved in the planning and review of their care where possible.

People and their relatives knew who the registered manager was and felt confident to approach them with concerns or complaints. Complaints were being investigated and action taken.

People, relatives and staff were provided with opportunities to give feedback on the service. The registered manager had systems and processes in place to monitor and analyse the quality of the service, and they used information from quality checks to drive improvement.

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.

People's risks were assessed and staff were working in ways to reduce these risks.
People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse.
People were supported by adequate numbers of staff who had been recruited safely.
People received their medicines as prescribed by suitably trained staff.

Is the service effective?

Good

The service was effective.

People received support from trained staff that had the skills required to support people effectively.
People were asked for their consent to care and support and the principles of the Mental Capacity Act were being followed.
People were supported to have sufficient amounts to eat and drink. Specialist diets were catered for and dietary advice was being followed.
People had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by a staff team who treated them with kindness and respect.
People were cared for in a dignified way and their independence was promoted.
People were supported to maintain relationships that were important to them.

Is the service responsive?

Requires Improvement

The service was not always responsive

People were not always supported to engage in activities which

supported their personal hobbies or interests.
People's care needs were met.
People and their relatives knew how to make a complaint and complaints were investigated.

Is the service well-led?

Good

The service was well led.

People and their relatives knew who the registered manager was and felt confident to approach them.
People, relatives and staff were given opportunities to provide feedback.
The registered manager had systems and processes in place to monitor and analyse the quality of the service and information from quality checks was used to drive improvement.

Hilton Rose Retirement Home Ltd

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.

The inspection took place on 2 November 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.

Before our inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that CQC asks providers to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We also reviewed statutory notifications the provider had sent to us since the last inspection. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at the service. We sought information and views from the local authority who commission services with the provider and the local authority safeguarding team. We considered this information when we planned our inspection.

During this inspection, we spoke with five people who used the service and two relatives. Some people were unable to share their experiences with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three care staff, the cook, the care manager and the deputy manager. We also spoke with the registered manager and two visiting healthcare professionals.

We looked at five people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at three staff records and records relating to the

management of the service. These included medication records, complaints, accidents and incident records, and the provider's self-audit records. We also observed how staff interacted with the people who used the service throughout the inspection.

Good

Is the service safe?

Our findings

At the last inspection completed on the 20 and 21 October 2015 the provider was not meeting the regulation regarding the safe recruitment of staff. At this inspection we found the provider had made the necessary improvements and met the requirements of the regulation.

During the last inspection we found the provider was not waiting for pre-employment checks to be completed before staff started working at the home. During this inspection we found staff were subject to suitable pre-employment checks such as references and checks with the Disclosure and Barring Service (DBS) before they were able to start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. People were supported by staff who had been recruited safely.

People told us they felt safe. One person said, "Staff make sure I know where I am going which makes me feel very safe and confident when getting about". Another person told us, "I get a bit confused these days and so sometimes forget where my room is. I feel safer in here because there is someone to show me".

People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse and were confident to report any concerns relating to people's safety. Staff were able to tell us how they recognised the signs of abuse and had received appropriate training in how to keep people safe. The provider was appropriately referring concerns about people's safety to the local authority. Staff had a good understanding of people's risks and how to manage them. Risks to people had been assessed and were being regularly reviewed and staff were working in a way that reduced these risks. For example people were being supported to move around the home safely. People who were cared for in bed were being repositioned appropriately in order to reduce the risk of pressure sores developing. Accidents and incidents were being recorded and monitored and this information was being used to reduce the risk of accidents and incidents from re-occurring.

People received support from sufficient numbers of staff. One person said, "There always seems to be plenty of staff about and if I press my buzzer they come within minutes, they are very good". Throughout the inspection we saw there was enough staff to respond to people promptly and maintain their safety. The registered manager used a tool to assess the dependency levels of people living at the home in order to ensure sufficient staff were available to support them. They also had sufficient systems in place to manage staff absence.

People received their medicines as prescribed. One person told us, ""I have my medicines, they get them from the chemist as the doctor advises and they give them to me". Another said, "They are always very good with my medication and I am very happy with how it is given to me". We looked at people's Medication Administration Records (MARS) which confirmed people were given their medicines as prescribed. People received their medicines by staff who had been suitably trained and had been assessed as competent by a senior member of staff. Regular spot checks were being completed on staff who administered medicines to ensure they were giving people their medicines safely. People's medicines were stored safely for example in

a lockable trolley that was stored in a locked room and at the correct temperatures. Regular checks of medicines were being carried out and were effective at identifying errors or concerns. We saw appropriate action was taken where there were concerns over the administration of people's medicines.

Good

Is the service effective?

Our findings

People received effective support from a suitably trained staff team. One person said, "I think the staff are well trained, they seem to understand most of my needs and I never have a problem with anything I ask for". Staff told us they were given an induction to their role which consisted of training and observing more experienced staff. One staff member said, "The induction was good it helped me to get to know the environment, the company policies and about the people here". Care staff were encouraged to complete a vocational qualification and the national care certificate standard. Staff we spoke with told us they had access to regular ongoing training to ensure their skills and knowledge was kept up to date and was in line with best practice. One staff member told us how they had received training in the Mental Capacity Act and how this had helped them to understand how to apply the principles to their practice. We observed staff implementing the skills they had learned. For example, moving and handling people in a safe way. Staff told us that they were provided with regular support, supervision and annual appraisals from their manager. People were supported by a staff team who had the skills, knowledge and appropriate support to deliver care.

People were supported by staff who sought their consent to care and support. One person said, "I am always asked about my preferences and no-one does anything if I don't want it". Staff told us they always asked people if it was ok to carry out care and support activities and confirmed they would not carry out care without consent. One staff member said, "We ask if we are allowed, if they refuse it's their choice". We saw examples of staff obtaining consent throughout the inspection. For example, asking people if it was ok to support them with eating and drinking.

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. We saw where people lacked capacity; a capacity assessment had been completed and contained information on the specific decisions that people were not able to make for themselves. Decisions and actions that were required to be made in people's best interests had been documented and staff were acting in the best interests of people where required. Staff had received training in the MCA and were knowledgeable about people's levels of capacity. One staff member said, "Capacity is about the decisions people can make for themselves, some people are able to make some decisions, like what they eat, but may not be able to make major decisions, like managing their finances". They also went on to tell us, "You have to communicate well with people to enable them to make decisions where they can". We saw people were supported to make decisions about their care and support where they were able to. The provider had information of the people that held Lasting Powers of Attorney (LPA) and of the decisions that the LPA had the legal right to make for people. The provider was applying the principles of the MCA and people's rights were protected.

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). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that the provider had made appropriate applications where it was deemed that a person was being deprived of their liberty. Where applications had been authorised we saw the provider was appropriately following the recommendations.

People were supported to eat and drink sufficient quantities and enjoyed the food. One person said, "I am never really short of a drink. They come round quite often and bring me one and I suppose I could always ask". Another person told us, "I like the food and I have plenty to eat. I ask if I am hungry". People and their relatives felt there was not always a choice of food at mealtimes. One person said, "There is no choice of dinner, unless you have a special diet we all seem to get the same". Another person said, "I have been previously used to getting a choice of my dinner but I don't get one here". We spoke to the cook about this who told us that people were offered a choice of two food options at all mealtimes and could request an alternative meal if they preferred. We also spoke with the registered manager who told us about their plans to develop this aspect of the service to enable people to be able to make more informed decisions about their meals. We observed mealtimes and saw people were offered choices on the day of the inspection. We also saw people were given flexibility at the times at which they ate. For example, we saw people requesting a range of food options at breakfast and saw people ate their breakfast at various times throughout the morning. People's specific dietary requirements were catered for. For example, low sugar, high fibre and soft or pureed diets and we saw people received the appropriate diet at mealtimes. People were provided with appropriate support and encouragement by staff where required.

People were supported to maintain their health. We saw that people had access to a range of health professionals such as, GP's, opticians, dentists, district nurses and chiropodists. One person said, "I have seen the doctor recently and my care has been reviewed". People's records contained information on health care appointments and included the actions that should be taken to support people to maintain their health. Staff were following these actions. For example, staff were frequently monitoring people's weight or fluid intake where there were concerns over nutrition or hydration. People were supported by staff who took prompt action where there were concerns or deterioration in their health or well-being. A visiting healthcare professional we spoke with said, "I have no concerns about the standard of care, staff will call if they are concerned about a person's health".

Good

Is the service caring?

Our findings

People were supported by staff who were caring. One person said, "The staff could not be more caring. They are polite, gentle and kind". A staff member said, "We try and provide the best care we can, the staff care and we look after people like they are our own family". Another said, "We're here to look after people, make them as comfortable as we can and if they want something they can have it". We observed positive caring interactions between people and staff and we saw that staff took the time to talk with people whilst carrying out care and support. For example, we observed one staff member taking a person's hands to warm them as they were cold.

People were provided with choices about how their care and support was provided where possible. Staff gave us examples of how they provided people with choices. One staff member said, "We will ask people what they want to eat, drink, what they would like to do with their time". We saw examples of this throughout the inspection. Another staff member said, "I will sit and talk to people and find out how they like things to be done, I will ask them if they want to choose their clothes for the day and if they would like to choose a perfume or aftershave to wear".

People were supported and cared for by a staff team that treated each person with dignity and respect. One person said, "I have no concerns about my privacy and all the staff are very respectful". Staff gave us examples of how they acted in ways which respected people's privacy, such as closing doors before carrying out personal care, knocking on doors before entering people's personal space and being discreet when discussing information about people which may be considered personal and confidential. We observed some of these practices during the inspection. We saw one staff member entering a person's room as they had heard an unusual noise. The person was partially sighted. The staff member knocked on the person's door and told the person who they were and why they were in their room. They told them the homes pet cat had entered the room and asked the person if they minded the cat being in their room. The care manager told us, and we saw that there was a private space for visiting professionals or relatives to go to have confidential conversations with people if required.

People were encouraged to be independent. One person said, "I like to do things my way, they are kind here and let me have a go, they check I have done my best and then sort it out". Staff told us the ways in which they supported people to maintain their independence such as encouraging them to wash areas of their body they were able to and dress themselves if they were able. They said, "You can't take their independence away, if they can do it you have to promote them to do it for as long as possible".

People were supported to maintain relationships that were important to them. People told us they had relatives visit them. There were no restrictions on visit times and we saw relatives visiting at various times of the day.

Requires Improvement

Is the service responsive?

Our findings

People were supported by a staff team who knew their care and support needs well. Staff were able to tell us about people's care and support needs and how they liked their care delivered. For example if people preferred a bath or a shower. People's care records contained details about their likes, dislikes, personal history and preferences. People had opportunities to engage in activities, such as skittles, music sessions, gardening and arts and crafts. There were events to celebrate key dates such as bonfire night and a day of remembrance organised to commemorate armistice day. During the inspection we saw people participating in a music session and engaging in colouring. However, people did not always feel they were asked how they would like to spend their leisure time and did not always feel they were able to continue to follow and engage in personal interests or hobbies. For example one person said, "I very rarely talk about the real me, who I am and what I want". Another person said, "I have all my physical needs met but I do get a bit bored as there is no real mental stimulation. I would be lost without my T.V". A relative told us, "It's all a bit general and not very personal". We spoke to the care manager about the concerns in relation to people being supported to follow personal interests and hobbies. The care manager had recognised this was an area that required further development. They told us they would look to see what further improvements could be made to ensure people had the opportunity to engage in activities which enabled them to follow their personal interests or hobbies.

People were involved in the planning and review of their care and where possible, and with consent, relatives were also invited to be involved in the review of their family member care. One person said, "I do get asked if I have everything I need". People's changing needs were regularly reviewed. For example, we saw one person's care records had been updated following a visit from a district nurse. The frequency of repositioning had been amended in line with the healthcare professionals recommendations. There were good internal communication systems in place to enable staff to effectively share information relating to people's changing needs. For example a daily handover meeting and communication book provided up to date information about people's changing care needs to staff coming on shift.

People's requests for help and support were responded to promptly and were respected. For example we observed one person asking if they could go to their room and go to bed after their lunchtime meal. A staff member said, "If that's what you want to go then yes". We saw the staff member promptly taking the person to their room. We also saw staff responded quickly to call bells and people's requests for food and drink.

People and their relatives knew how to raise a complaint and the provider had a system in place to ensure complaints were appropriately investigated and used to drive improvements. One person said, "If I needed to complain I would go to the office". We looked at records relating to complaints and saw concerns and complaints were documented and actions taken to resolve or address issues were recorded. We saw information from complaints was used to make improvements. For example we saw a complaint about residents entering people's bedrooms. Action had been taken to try to resolve this issue and the registered manager was regularly reviewing the effectiveness of the actions taken.

Good

Is the service well-led?

Our findings

At the last inspection completed on 20 and 21 October 2015 we found some improvements were required to the way the provider monitored the quality of the service provided to people. At this inspection we found improvements had been made.

Systems to monitor the quality of the service had been further developed, were being completed regularly. We found these systems were effective in identifying areas of concerns and improvement. For example medicines audits were effective at identifying errors and we saw action had been taken to make the necessary improvements, such as providing staff with further training. Accidents and incidents were being analysed and information was being used to ensure people were kept safe. The registered manager completed action plans following audits and checks, to develop the service and minimise risks following audits and checks. We found the actions identified had been completed. For example, a health and safety check had identified the need for electrical equipment to be tested and we saw that this had been done. People's care records had been appropriately updated following the findings of care plan checks. Staff we spoke with told us they were given information on the findings of audits and checks and were informed of any action that needed to be taken to improve care. People and their relatives were given information on service developments through the monthly residents meetings.

People were given opportunities to provide feedback and were encouraged to be involved in the development of the service. For example residents meetings were being held on a monthly basis to gather feedback from people and their relatives. Annual satisfaction surveys were completed and analysed and there was a comments and suggestions box in the reception area to encourage anonymous feedback. Feedback was used as a means of improving the service for example complaints were investigated and appropriate action taken to resolve issues and suggestions from people and their relatives were implemented. The registered manager told us they had recently implemented a satisfaction survey for healthcare professional, however this was a recent development and therefore we were unable to look at it's effectiveness.

Staff felt involved in the development of the service and felt supported and valued in their roles. Staff told us they felt the management team were approachable and supportive. One staff member said, "The management team are quite good, if you have a problem you can go to them, they are helpful, you can always ask if you are uncertain about something". Another said, "If we raised issues or concerns, the management would act on it, they try out new ideas or suggestions".
The provider had recently commenced an employee of the month scheme where staff were being recognised for their contributions. One staff member said, "It's nice, it makes you feel valued".

People, relative's and staff knew who the registered manager was and felt they were approachable and a visible presence in the home. One person said, "I do know who the manager is, I rarely speak to her. I think they are doing a good job". A relative said, "I have no complaints but if I did I would approach the manager. I know they would take it seriously and would act on concerns".

The registered manager and staff had a good understanding of their role and responsibilities. For example the registered manager was appropriately notifying us of certain events they are required to such as serious incidents. They had completed the provider information return (PIR) and we saw the ratings certificate from the last inspection displayed appropriately in the reception area. The registered manager was keeping up to date with current legislation and best practice to ensure effective care and support was being provided to people living at the home.

There were good internal communication systems in place to enable staff to keep up to date with service developments or the changing needs of people. These included a daily handover, one to one sessions with a manager, newsletters and team meetings.

Staff felt that there had been significant improvements at the service since the last inspection and that this had resulted in improved care for people. One staff member said, "I have definitely seen improvements, things have been improved and it's improved the standard of care for people.