

Lovett Care Limited

Hilton House

Inspection report

Hilton Road
Stoke on Trent
Staffordshire
ST4 6QZ

Tel: 01782634922

Website: www.lovettcare.co.uk

Date of inspection visit:
17 November 2021

Date of publication:
11 January 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hilton House is a residential care home providing personal care to 36 people at the time of inspection. The service can support up to 55 people. Hilton House accommodates people over two floors, each floor has been environmentally adapted to meet the needs of people.

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

Risks were not always managed safely, sensor alarms which alert staff when a person requires assistance were not always set correctly. The deployment of staff was insufficient to meet people's needs and care plans did not contain enough detail to monitor risks safely.

There were systems to monitor safety of the service people received, however many of these were newly implemented; therefore, the success of these new systems could not be measured.

Infection prevention control was adequate, visitors received COVID-19 checks before being permitted into the service and the home was clean. There was room for improvement regarding following current government guidance in relation to monitoring and recording people's temperature twice daily.

There were processes in place to protect people from the risk of the spread of infection and measures were in place to mitigate the risks associated with COVID-19.

The service worked in partnership with other health and social care professionals to achieve good outcomes for people.

Medicines were managed, stored and administered in a safe way. Robust quality audits ensured medicines were routinely stock checked.

Safeguarding and whistle-blowing policies were available to staff and they told us where they were located. Staff received training, they knew how to safeguard people and felt confident to report their concerns.

The provider's procedures for staff recruitment helped protect people from the risk of abuse. Staff were recruited safely, and the registered manager ensured all relevant staffing checks were conducted prior to employment.

Relatives felt people were safe living at the home and with the staff who supported them. Regular health and safety checks were carried out on the environment and contingency plans were in place to keep people safe.

The registered manager was new in the post. All staff and people felt the registered manager was approachable and had confidence in their abilities.

Quality audits were in place to monitor risk, many of these were newly implemented. These will be reviewed at the next inspection. There was a culture of improving care, the registered manager had clear plans in place to drive improvements within the home.

Relatives and staff members felt involved in the care provided within the home and there was a culture of transparency and learning from mistakes.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 August 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to infection control, staffing and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed, the service remains requires improvement. This is based on the findings at this inspection.

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 assure the service can respond to COVID-19 and other infection outbreaks effectively.

The provider needs to make improvements to ensure safe care is provided at all times. The registered manager has begun to take actions to remedy the shortfalls we identified and put measures in place to further mitigate risk. Please see the Safe and Well-Led relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hilton House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hilton House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Hilton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six relatives about their experience of the care provided. We spoke with 12 members of staff including the regional support manager, the registered manager, the governance and quality manager, unit managers, senior care worker, care workers, kitchen and domestic staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management

- Some risks to people were not always assessed or mitigated. For example, room monitoring alarm systems were not always set correctly in people rooms. The motion sensors are designed to detect people moving in their bedrooms, people who cannot use the call bell. This meant staff members were not aware when people were out of their beds or chairs and may need assistance.
- Care plans and daily notes were in place to manage risks relating to people's health. Although, some of these lacked specific details, especially when mitigating risks associated with repositioning people and eating and drinking. This meant we were unsure whether options were offered to people who had declined meals and we were unclear how and when people had been repositioned when required.
- Safety monitoring systems were not always completed to mitigate risks. Individual temperatures were not being taken twice daily in accordance with government guidance. This meant it would be difficult to recognise whether people were unwell, especially people who were unable to verbally communicate or unable to recognise their own symptoms.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to mitigate these risks. Room monitoring alarm systems were added to the management daily walk around audits. Report writing training had been planned for all staff members. Twice daily temperatures had been reinstated and added to the medication device to alert staff to complete these daily. We will monitor the success of these systems during the next inspection.

- Health risk assessments were in place to manage or mitigate risks relating to people's health needs. Staff told us about people's health needs and could identify who had requirements, such as diabetes.
- Staff explained ways to respond to falls and told us about fire safety protocols. They said they received falls flow charts and fire safety protocols. We saw these flow charts and protocols; they were concise and easy to follow.

Staffing and recruitment

- We reviewed the staff rota for the home, the registered manager used a dependency tool. This tool helps providers assess the number of staff required. The tool identified a member of staff who needed to be available between the two floors, although this staff member was not seen on the first floor. This meant

there were insufficient numbers of staff members deployed to the first floor, meaning people did not always receive the right support at the right time. The registered manager immediately updated the dependency tool and placed an additional staff member permanently on the first-floor rota.

- Relatives said staffing levels had improved. Relatives told us they never had to wait long for staff to respond to them. One family member said, "I think this year has been very difficult, but they are getting there. Last year they were understaffed, now they seem to be much better." Another family member said, "I see the same the staff all the time. I was upset last week; the staff were so kind to me".
- Staff told us they were supported in their role. One staff member said, "I feel really supported, I have supervisions every six months, they are really useful to discuss work, personal issues and see how I am doing".
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were safe in the home. One relative said, "[My relative] is safe here. They are happier than they have ever been, now they are walking about singing". Another relative said, "[My relative] is safe, I have never had any issues, if I had concerns, I know I can always go to [registered manager]".
- Staff received safeguarding training and were confident reporting safeguarding concerns. One staff member said, "If I saw someone harming a resident, I would report it to the senior, then registered manager, then regional manager. I could go to the local authority or police".
- Local area safeguarding policies and internal policies were accessible to staff members, staff told us where they were located.
- Systems were in place to keep people safe from harm. Staff meetings and handovers took place regularly. These were used to pass on information and update concerns.

Using medicines safely

- People received the right medication, at the right time by trained staff.
- Medicines were reviewed as and when required.
- People were offered pain relief medication, in accordance with their preferences and health professional guidance.
- Medication Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely in line with manufacturer guidance.
- There were safeguards in place to ensure people received medication safely, the electronic system contained a recent photo of each person and identified allergies. The system would alert the staff member if they were administering the wrong medication at the wrong time.
- Medication quality audits were robust and carried out regularly by a member of the management team.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a culture of openness when things went wrong. A relative told us their family member had received the wrong medication earlier this year (prior to the new medication system). They were informed what went wrong and how a new system was being implemented to stop this from happening again. The relative said, "This team is transparent, they are a really good team".
- A local authority monitoring visit was carried out prior to inspection. The visit highlighted stained bedding. The registered manager contacted the detergent distributor to review products and arranged for all laundry equipment to be serviced and housekeeping staff to be trained by the servicing team. We saw the servicing team out on the day of inspection. This prompt action showed how the provider learnt lessons and acted quickly when things went wrong.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Management oversight was not always sufficient to mitigate risks. Door sensors, risk management and deployment of staffing required more robust monitoring. The provider acted quickly and brought in systems to mitigate risks; these systems will be reviewed at the next inspection.
- New governance systems had recently been introduced to measure quality performance. These consisted of daily management walk arounds, policy of the month and in-depth quality auditing systems. Although, these had not been in operation long enough to influence change and to assess whether they have been successful.
- Staff felt confident in the newly implemented systems. One staff member said, "We have started a new project called policy a month, last month was falls. We will be looking at a new policy each month, so we all learn together".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care plans included details regarding people's health, social, emotional and sexuality needs. Although some of these missed specific details and were not always completed in a person-centred way. The registered manager explained how staff were being trained in recording and reporting skills. We saw evidence of this training and how records had improved.
- Staff said there was a person-centred culture. One staff member said, "I love seeing all the residents and contributing to their wellbeing, making sure they feel happy and safe".
- The staff team told us the management team were focused on bringing around positive change. One staff member said, "We have gone through so much this year. [Registered manager] has been great, they are really approachable, and they go above and beyond. All the management team are the same they want things to improve and they are improving slowly".
- People felt the culture achieved good outcomes for people. One relative told us about their family member's weight loss. They explained how the registered manager spoke to them and discussed concerns and options. They said, "The registered manager was really responsive and acted straight away".
- Another relative told us their family member had limited movement. They explained how the staff adapted activities to make sure their family member was included.

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

- People felt they were informed when things went wrong. One relative told us, "If [my relative] falls, they [the staff] tell me straight away". Another relative explained they had been informed when their family member received the wrong medication.
- The registered manager was clear about their duty of candour. They explained the importance of being open about mistakes, apologising to the relevant people and learning lessons from when things went wrong. One example was the corrective action the provider had taken regarding laundered bedding. The registered manager agreed corrective action was needed and instigated improvements.
- The registered manager told us how lessons learnt are passed onto the staff team via meetings, handovers and supervision. We saw evidence of this in minutes of meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they felt included in the care provided and able to confidently raise concerns. One relative said, "I've been involved in review meetings and there are questionnaires in the reception, where I can feedback". Another relative said, "If I was not happy, I would go to the registered manager. There have been changes with management and ownership, but it is much more settled".
- Staff told us they felt involved in the service. One staff member said, "Team meetings are usually monthly. We have meetings in the morning and handovers in the evening and at night too, we can all share our concerns". Another staff member said "I put forward a suggestion about needing additional support in the kitchen. The registered manager discussed this with me and put support in place".
- We saw questionnaires were available to gather visitors and relatives' views. These were freely available in reception.
- The registered manager told us plans were in place to introduce a newsletter and carry out regular relative meetings. We will monitor the success of these plans in the next inspection.

Continuous learning and improving care

- Staff felt able to suggest improvements to the care practices. One staff member told us about an improvement they had suggested to improve fluid intake, through offering ice lollies and jellies more frequently. The registered manager agreed this was a good idea and purchased the products.
- We saw the new IPC monthly audit. The quality improvement manager told us there had been concerns over competent handwashing, and safe protection prevention equipment (PPE) practices. The audit showed how handwashing, PPE training and observations had been carried out. We spoke to staff members who confirmed they had received training in safe handwashing and PPE practices this year.
- This year the home had experienced new ownership and a newly appointed registered manager. We reviewed the 2021/22 action plan, several new robust quality audits and improvements to monitoring systems. The success of these could not be measured, we will review these at the next inspection.

Working in partnership with others

- The home worked closely with the district nurse team, a named district nurse visited daily to provide advice and review diabetic care.
- Records showed collaboration with numerous health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always assessed or mitigated.</p> <ul style="list-style-type: none">● Room monitoring alarm systems were not always set correctly in people rooms. This meant staff members were not aware when people were out of their beds or chairs and may need assistance.● Care plans and daily notes lacked specific details, especially when mitigating risks associated with meals and repositioning. This meant we were unclear about options offered to people who had declined meals and we were unsure about how and when people were repositioned.● Safety monitoring systems were not always completed to mitigate risks. Individual temperatures were not being taken twice daily, in line with government guidance. This meant people it would be difficult to recognise whether people were unwell, especially people who were unable to verbally communicate or unable to recognise their own symptoms.