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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

Hilton Rose accommodates 27 people in one adapted building. Hilton Rose is a care home that has previously been in Special Measures. It has been inspected since and a number of improvements were noted and Hilton Rose was rated as Good overall although we identified improvements in how people could be involved in activities. At this inspection, we found improvements had been made overall.

The nominated individual was also the 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.

People felt safe and at ease around staff that understood how to support people. Staff had received updated training and guidance about how best to support people to remain safe. The registered provider had also improved safety for people living in the home following a recent incident. People's risks to their health and wellbeing were also known and understood by staff. Staffing had recently been increased at the home and staff were appointed following a recruitment checks into their background. People received support with their medicines and staff helped to reduce the spread of infection within the home by using aprons and gloves where appropriate.

Staff were supported through guidance and training. Regular staff and supervision meetings ensured staff were kept up to date about people's care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported that practice. People were involved in making decisions about their care and their consent was appropriately obtained by staff when caring for them. People who could not make decisions for themselves were supported to have a decision made about their care and support which was in their best interest. People accessed help from a number of different healthcare professionals and were supported to maintain a healthy lifestyle. People were offered choices in their meals and could make day to day decisions affecting their care.

People liked and valued the staff supporting them. People's needs were understood by staff who knew about people's histories and preferences. People's families were involved in planning their care where this was appropriate. People's preferences for end of life care planning had also been discussed, where people chose to talk about this.

People's choice of hobbies and interests were known by staff supporting them. People were encouraged to do things they enjoyed and play music that reflected their taste. People's changing needs were reviewed

and documented for staff to refer to. People understood they could complain if they needed to and the process for doing so.

The registered manager had been at the home for a number of years and was supported by staff who had also there for some period of time. The registered manager had incorporated improvements identified in previous inspections and had worked with staff to share learning. The registered manager undertook regular checks of the quality of care being offered and worked with stakeholders to improve learning about best practice in caring and supporting 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.

People felt safe and comfortable around care staff. Care staff understood what it meant to protect people from harm and had received refreshed training. Regular checks were completed on equipment to ensure they were safe to use. Staff understood people's health conditions and ensured they received support with their medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who had access to training and supervision. People were encouraged to maintain a healthy lifestyle and accessed additional support from healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People knew and liked the staff supporting them. People were involved in making day to day decisions about their care. People were treated with dignity and respect by staff that understood how to support people appropriately.

Is the service responsive?

Good

The service was responsive

People were involved in planning their care and their care was amended based on their changing needs and circumstances. People understood how to complain if needed and understood how to do so.

Is the service well-led?

Good

The service was well led

People and staff knew and liked the Registered Manager and felt she was accessible. Staff understood they could receive support

from the management team and were encouraged to highlight issues affecting people's care. The management team had a system in place for reviewing and updating people's care.

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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 18 January 2018 and was unannounced.

There was one Inspector in the inspection team.

Before we undertook the inspection, we reviewed notifications (including Safeguarding's) the registered provider had completed in order to review how improvements had been made.

During the inspection we spent time speaking to three people, three relatives, three staff, the care manager, the registered manager, the administrator and a visiting health professional.

We reviewed three people's care records to case track people's care. We also reviewed the communication book, minutes of staff and residents meetings, checks the registered manager completed, the complaints folder as well as safety certificates to demonstrate equipment had been checked.

Good

Is the service safe?

Our findings

We inspected this service in November 2016 and rated this question as Good. At this inspection we found the service remains Good.

People told us they were safe and we saw people were relaxed and at ease in the company of care staff. Relatives we spoke with told us they were not concerned about their family member living at the home. We saw staff routinely check on people who were in their bedrooms, to check that they were safe and did not need anything. One person felt reassured that staff checked in on them regularly to ensure they were safe and well. We also spoke with one person who had access to a call bell in their bedroom should they need it to call staff for assistance.

Three staff we spoke with told us they would discuss any safeguarding incident with the Registered Manager immediately. The Registered Manager explained how they had learnt from a recent safeguarding incident at the home. There had been a delay in staff reporting the incident and the information reaching the registered manager, in order that the registered manager could report the matter and taking steps to safeguard people. The registered manager told us they had since ensured all staff understood the process correctly. We saw minutes of staff meetings had been used to refresh staff knowledge and further training provided. The registered manager told us they had established links with the local authority and felt able to discuss with them any issues they may arise.

We saw people had access to equipment, such as walking frames and stand aids were appropriate. We saw that equipment was checked on a monthly basis to ensure it was fit for people to use. Equipment to support people's safety in terms of risks was regularly checked to ensure it was safe to use and continued to meet the person's needs.

Staff we spoke with understood the health conditions that people lived and how to support the person. For example, staff understood which people were at risk of their skin breaking down. A healthcare professional we spoke with told us they were assured that staff followed their advice, raised concerns appropriately and incorporated their guidance into people's care.

People told us they had access to staff when needed. We observed staff engage with people in communal areas and saw when people required support, this was provided. We saw one person became agitated and upset and staff intervene by supporting the person and ensuring other people were not affected by the situation. Relatives and the visiting health professional we spoke with told us they could access support from staff when needed. The registered manager frequently reviewed people's dependencies to ensure there were enough staff to meet people's needs. Two staff files we reviewed contained information confirming that background checks had been undertaken by the registered manager to assure them it was safe for staff to work at the home.

We reviewed how people received support with their medicines. One person and two relatives told us the family member's medicines were given at a similar time every day and that they could ask for extra pain

relief if this was needed. We checked the Medicine Administration Records and saw there were completed fully. The care manager explained that people's medicines were checked weekly to ensure people received the right support. We saw also that medicines were kept in a locked room and that regular checks were undertaken to ensure medicines were stored at the correct temperature.

The registered manager shared with us how they reviewed accidents and incidents to ensure they could learn from them to improve people's care. The registered manager explained they had reviewed falls people had had to identify trends and reduce the instances of them occurring. This information included times, dates and the staff on duty at the time. The registered manager had identified increased incidents at night and as a result changed people's mealtimes which had reduced the number of incidents. The registered manager shared with us the how they had also incorporated the learning from a number of recent events that had occurred at the home and improved people's care by improving security at the home.

We discussed with the Registered Manager how people were kept safe when some people exhibited challenging behaviour that others may find upsetting or unwanted. We saw that when behaviours were identified, increased observations were put in place so that people were kept safe. We saw observation charts for one person where this had been identified and their care plan updated so that staff supporting people had this information to refer to.

We saw staff throughout the day use alcohol gels in order to minimise the risk of the spread of infection. We also saw staff had access to and used aprons and gloves. The registered manager told us they were maintaining their knowledge about infections control techniques through local training opportunities. We also saw records kept of monthly checks undertaken to monitor the spread of infection.

Good

Is the service effective?

Our findings

We inspected this service in November 2016 and rated this question as Good. At this inspection we found the service remains Good.

People's care was assessed before they moved to the home and if people's needs changed. We reviewed the care plan for two people whose needs had recently been reviewed to in order to understand how best to care for them as well consider the needs of other people at the home. We saw other stakeholders such as social workers and hospital consultants were involved in advising the registered manager about best to care for people living at the home.

People we spoke with told us they felt assured by the staff supporting them. Three relatives we spoke with told us they felt confident leaving their relatives in the care of staff because they felt staff understood how to care and support them. One relative told us, "I feel very confident that the staff know what they are doing."

Staff we spoke with told us they had access to regular supervision and training. We saw staff training was monitored so that training for staff was up to date. Where training had been arranged, details of the training were circulated to staff to ensure they attended. Staff we spoke with told us they received plenty of training and that could ask for further training if needed.

People told us they were supported to attend hospital and doctor's appointments by staff. Two relatives we spoke with told us their relative has spent some time in hospital and had been supported well since their return to the home. All three relatives we spoke with told us they felt assured staff would seek additional help if they needed it. We reviewed three care plans and saw letters which confirmed people's attendance at hospital and other healthcare appointments.

Staff we spoke with told us about how the information shared with them at handover time and during team meetings was helpful in understanding how to support people. One staff member told us information was available in care plans and at a glance within the information boards in the office. Staff we spoke with also shared with us how they read the information book before each shift to ensure they had all the essential information needed for that day.

People told us they liked the food. We sat with people over lunchtime and saw they were offered choices in the food and drinks offered to them. People were also offered a choice of hot meal at lunch time and at evening because some people preferred a hot meal in the evenings. People were offered condiments and sat with people they chose to.

One person invited us to show us their bedroom. We saw an arrangement of ornaments and furniture they had brought with them. The person explained some of the furniture was very important to them because it had sentimental value. Another person we spoke with also shared with us how they had chosen how their bedroom was arranged. We also saw throughout the building, signage was clear for people to use. Memory boxes were also used to differentiate people's rooms to make it easier for people to remember their room.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with understood the importance of obtaining a person's consent before they commenced supporting people and understood which people had a restriction on their liberty in place. We saw throughout the inspection that people were supported in the least restrictive way possible. Where people required additional support and observations, the necessary applications had been made to support people within the requirements of the law.

Good

Is the service caring?

Our findings

We inspected this service in November 2016 and rated this question as Good. At this inspection we found the service remains Good.

People told us they liked and valued the care staff. One person told us about staff, "They're all lovely." A relative we spoke with also described staff as "Fabulous." A relative told us their family member had spent some time in hospital but that they couldn't wait for their family member to return to the home.

Staff spoke confidently about the people they supported. Staff could describe people and their backgrounds. For example, one person told us about their family background and where they had grown up. Staff we spoke with knew about the person and told us about things they had done to acknowledge the person's background. One person liked to participate in telling jokes, and staff we spoke with could tell us what made the person laugh.

We reviewed three people's care plans and saw how staff had worked with people and their families to develop person centred care plans that included information about the person's background, religious beliefs as well as information that was important about their care. We saw one person required additional input in order that they received the care they needed. We saw that the registered manager had consulted with social workers and other external bodies in order that the person received the correct support.

Family members we spoke with told us they felt able to visit at any time they wanted. One relative told us they felt welcomed at the home, they said, "I come in and make myself a cup of tea." People told us they spent time with their families and chose where to sit with their in order to spend time. Relatives told us they felt welcomed at the home and felt able to visit their family.

People told us and we saw people were treated with dignity and respect. One relative we spoke with told us they spent time alone with the family member and that they valued the opportunity to do this. Relatives told us they felt able to visit whenever they chose to. One relative told us they felt very welcome and felt at home when they visited. We saw people were supported to maintain their independence. One person told us they liked to keep themselves busy and help around the home. We saw the person was encouraged by staff to participate with tasks and the person felt proud at doing so. Another person told us they liked to do thing for themselves but if they ever needed help, staff were around to help.

Good

Is the service responsive?

Our findings

We inspected this service in November 2016 and rated this question as Requires Improvement because we felt people were not involved in making decision about activities that reflected their interests. At this inspection we found the service had improved and rated this question as Good.

People told us they were supported to pursue activities that interested them and which were important to them. We saw people were encouraged by staff to play music via an internet based tool. We saw people enjoy requesting a selection of songs that reflected their interests. A family member told us about how their relative helped with the tea round and helped serve tea to the other people living at the home. The relative told us their family member enjoyed this as it made them feel important and valued.

People told us about the pets that had recently been bought for the home. People told us they had discussed the option of a pet and people had helped decide on a pet and their name. We saw also each person had their individual interests recorded and how they were supported to maintain these interests.

We saw that people's care needs were reviewed regularly and updated based on their changing circumstances. Two relatives we spoke with told us their family member had spent some time in hospital and that their care was more intensive on their return from hospital in order to help with their recuperation. We also saw when a person's needs changed and required additional staff support this had been put in place and staff understood why the change had been made.

People and their families shared with us how they were involved in care planning. Two family members told us they attended regular meetings and felt able to share their thoughts and feelings about care people received at the home.

People told us they had regular meetings to discuss care at the home and things that were important to them. We reviewed meetings of 'Residents meetings' and saw that people contributed to discussions about menus, activities as well as other feedback they had about the home.

We spoke with people and their families who told us they understood they could complain if they needed to but had not had any reason to do so. One relative told us, "I've got no complaints." Three relatives we spoke with told us they felt the management of the home and staff were accessible and this meant that that issues were resolved promptly. We reviewed how the registered manager responded to complaints and saw there was a process in place for reviewing and responding to complaints in order to resolve them.

The registered manager described how they had begun the process of end of life planning. The registered manager explained how different wishes were being taken into consideration. They told us one person had expressed an interest in organ donation and were looking to incorporate this into the persons care plan. Another person had information in their care plan about their religious beliefs and the steps to follow in observation of their faith.

Good

Is the service well-led?

Our findings

We inspected this service in November 2016 and rated this question as Good. At this inspection we found the service remains Good.

The registered manager explained how they had improved their care plans since the last inspection to make them more reflective of the person. 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. The registered manager explained care plans had been reviewed following discussions with people and included more information about the person's wishes for their care.

One staff member told us about the management team, "They are good managers. If there are any problems, they are on the end of the telephone." Staff we spoke with felt part of a team and told us they could speak with senior staff or the management team about any concerns they had. Staff explained that regular staff meetings enabled staff to share their thoughts about people's care as well as receive guidance from the management team. Minutes of staff meetings we reviewed illustrated how guidance was shared with staff about how best to care for people.

All the staff we spoke with told us that communication at the home was good. One staff member told us the staff team was "very stable." The staff we spoke with all stated that communication had been helped by a communication book. This ensured all staff received messages the management team needed to share with staff. We saw the communication book contained messages to staff about people's up to date care needs.

People and relatives we spoke with knew and liked the registered manager. The registered manager shared with us how they had developed the service following recent inspections at the home as well as recent safeguarding incidents. The Registered manager explained security at the home had been improved in order to keep people safe. Sensors had also been installed in bedrooms where this was appropriate.

The registered manager assured themselves of the quality of care delivered through the regular checks they undertook at the home. The registered manager had undertaken analysis of incidents and accidents at the home. They explained how falls had been analysed to identify if there were any trends in where and when the accidents took place. The registered manager told us they had changed the lighting and flooring in order to reduce the number of falls taking place. The registered manager explained they were working with the GP to improve people's access to the GP and ensure the GP saw as many people as possible that needed to be seen that week. The registered manager reported that their relationship with the GP was positive.

The registered manager explained how they were developing working relationships with the local authority and local health services. The registered manager explained that they had a positive relationship with the local practice and district nurses visited three times a day. A district nurse we spoke explained they had a good working relationship. The registered manager also explained how they attended local infection control

meetings run by the local CCG as well as attended Care Roadshow. Students volunteer placements from the local college were also encouraged to promote links with the community.