

Mr & Mrs J R Buirds

Hilton Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service:

Hilton Residential Home is a residential care home that accommodates up to 21 people. At the time of the visit there were 14 people who lived there. There is no nursing care at this service.

People's experiences of using this service

At the previous inspection the registered provider was in breach of regulation relating to the maintenance of the premises. Repairs and faults to the premises were not rectified and addressed promptly. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made recommendations regarding the provision of activities because people were not always supported with meaningful day time activities. During this inspection, improvements had been made to the maintenance of the premises and some improvements had also been made to the provision of meaningful day time activities. Improvements to activities needed to be sustained. While there was a planner in place, the activities had not always been delivered as planned.

The registered manager and the registered provider had ensured the premises were maintained and any faults rectified. They had also completed audits to monitor the safety and quality of care provided.

People told us they received care in a safe way. Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of avoidable harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely by trained staff who ensured that people received medicines at the right time.

The management of risks associated with falls had improved however, improvements were required to ensure care staff consistently sought medical advice in instances where people had experienced head injuries. Care records for people living at the home temporarily needed to be robust. The registered manager rectified this immediately.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs. Staff had received a range of training and support to enable them to carry out their role safely. People told us they received the right care and support from staff who were well trained and competent at what they did.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. They treated people with kindness, compassion and respect and ensured that people's dignity was maintained at all times. People and their relatives spoke positively about the care and support provided.

People's needs, and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People received support to maintain good

nutrition and hydration and their healthcare needs were understood and met.

Records relating to consent for care were completed and people told us they were always offered choice and control over the care they received. Deprivation of liberties (DoLS) authorisations had been considered. However, we found the home had not applied for authorisation to ensure they could legally restrict people three people for their own safety. We asked the registered manager to take immediate action and they applied for authorisations after our inspection visit.

Care was delivered in a personalised way which was in line with information recorded in people's care plans. People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted person centred care and a positive culture within the staff team. People, family members and staff all described the registered manager as supportive and approachable. The registered manager showed they were committed to improve the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

Rating at last inspection: Requires improvement (Report published 26 February 2018)

Why we inspected: This was a planned comprehensive inspection based on the rating from the previous inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not consistently safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

This service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our Well-led findings below.

Good ●

Hilton Residential Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was conducted by one adult social care 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. The expert had experience of caring for older adults and those living with dementia.

Service and service type:

Hilton Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. There were 14 people living at the home at the time of the 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: The inspection was unannounced.

What we did:

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

Before this inspection we were aware of an incident following which, a person living at the home died after a fall. This incident was investigated by the coroner and no further action was taken in respect of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the assessment and management of risk in relation to falls. This inspection examined these risks.

During the inspection, we spoke with 10 people who lived at the home and two-family members to ask about their experience of care. We also spoke with the registered manager, three members of staff and two visiting health care professionals. We looked at four people's care records and a selection of other records including quality monitoring records, recruitment and training records for four staff and records of checks carried out on the premises and equipment.

Is the service safe?

Our findings

- Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were not safe and were at risk of avoidable harm

Assessing risk, safety monitoring and management

- At our last inspection people were not protected against the risk. This was because the provider had failed to ensure the property was properly maintained, and that some areas were fit for use. They had failed to ensure that shortfalls identified by their health and safety risk assessments of the premises and equipment were acted on without delay if improvements were required. This was a breach of Regulation 15 Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete a report telling us how they were going to address the concerns.
- At this inspection we found all the necessary improvements had been made and faults and repairs had been addressed. This meant the premises had been kept fit for purpose to ensure people's safety and comfort.
- Before the inspection a person had experienced a fall at the home. They subsequently died in hospital. Our review of the incident before the inspection revealed that improvements were required to the pre-admission assessments and the falls risk assessments. We reviewed records related to falls and found the registered manager had made improvements to the monitoring of people at risk and the assessment processes. Improvements were required to ensure staff sought medical advice where people had experienced head related injuries. We found two occasions when this had not happened. The registered manager informed us staff will be reminded to use tele-medicines facilities to promptly seek medical advice.
- Accidents and incidents had been documented and staff had taken action to support people where required. There was a follow up procedure to discuss monitoring people after falls. Risks of falls, malnutrition and choking had been identified and guidance had been provided to staff. However, we noted that care records for people living at the home temporarily also known as respite care, were not robust and did not adequately provide guidance to staff. We spoke to the registered manager and they took immediate action and completed the required care plans and risk assessments during the inspection.
- Emergency procedures for keeping people, staff and others safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs).

Systems and processes to safeguard people from the risk of abuse Learning lessons when things go wrong:

- People and their relatives told us they felt safe. Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of the people using the service. Lessons from any safeguarding enquiries were shared with care staff during staff meetings and handovers.

Staffing and recruitment

- There had been improvements to staffing levels. A dependency tool was used to determine the number of staff required in the service. Our observations showed there were adequate numbers of staff to support people safely. People we spoke with felt that while there may be some staffing concerns, overall, they were confident their needs were met.

- Records showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people who use care services. The relevant pre-recruitment checks, such as disclosure and barring service (DBS) checks had been undertaken. References were sought before to check potential staff's suitability.

Using medicines safely

- Our review of medicines records and observation of staff administering medicines showed that people received their medicines safely from trained members of staff whose competence had been checked. Medicine administration records (MARs) had been completed accurately and in full. Records and guidance relating to 'as required' medicines were in place that guided staff on the safe administration of these.

- People were assessed and supported to manage their own medicines where possible. This ensured people continued to maintain their independence and autonomy over their medicines. One person proudly told us, "My medication is given regularly, and I sort out my inhalers myself."

Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection control and food hygiene. One staff member had been nominated as an infection control and prevention champion responsible for sharing best practice on infection prevention. Care staff were provided with protective equipment such as gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection the registered manager had applied for authorisation to deprive one person of their liberties to keep them safe. However, we observed there were four people who were unable to leave the home freely and needed constant supervision to maintain their safety. While the people were not asking to leave, it is a legal requirement to ensure authorisations are sought in the event people ask to leave the premises. We asked the registered manager to take immediate action and they took action soon after our inspection.

- Records we reviewed showed people's consent had been sought by the registered manager before care and support was provided. Mental capacity assessments had been completed to determine people's ability to make decisions. People told us they were always offered choice and control over the care they received. Assessments were obtained from social care professionals and used to help plan effective care for people.

- Staff applied learning effectively in line with best practice. Staff knew people well and how best to meet their needs.

- In the majority of the records we found care and support was planned, delivered and monitored in line with people's individual assessed needs. As stated in the Safe domain care plans for respite care needed to be improved and the registered manager took immediate action to correct this.

- Assessments and care plans included expected outcomes for people based on their needs and choices. Further assessments were obtained from social care professionals and used to help plan effective care for people.

Staff support: induction, training, skills and experience

- Staff had received training relevant to their role. They were competent, knowledgeable and carried out their roles effectively. Staff felt supported in their role by the registered manager. Staff applied learning effectively in line with best practice. Staff knew people well and how best to meet their needs.

- People and their relatives told us they felt staff had the skills and knowledge to provide the right support. Comments from visitors included, "I think that the staff seem to have the right knowledge base. They will call the GP if needed. Everyone is nice and friendly and it's 100% okay."

Supporting people to eat and drink enough to maintain a balanced diet

- Care records documented when people required support with their eating and drinking. People and family members told us, and observations confirmed, that staff supported them to eat and drink. People with any risks associated with poor nutrition and swallowing difficulties were adequately supported.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to have access to health care professionals such as District Nurses and their GPs.

- Where people had received assessments or additional support from healthcare professionals this was recorded within their care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals. health care professionals confirmed staff referred people appropriately.

Adapting service, design, decoration to meet people's needs

- The premises had been adapted to meet the needs of people living in the home and ensure their safety.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us, and family members confirmed, that they were treated with kindness and were positive about the caring attitudes of staff. Comments included, "The staff are respectful of my privacy" and, "I was involved with my care plan, which was reviewed less than a month ago." And "I think they have a good staff here – they seem to be hand-picked. They show respect by knocking on the door. They will also pass the time of day with me."

- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. They understood, and supported people's communication needs and choices. They maintained eye contact and listened patiently and carefully when speaking with people to ensure their needs were understood and met.

- People, along with relatives, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in meaningful conversations.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect whilst providing care and support.

- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering people's homes, bedrooms and bathrooms. Comments from people included, "All the staff are good and do what they have to do, mostly in a pleasant manner. I feel that the staff show me respect. They always knock on my door. I maintain independence by washing myself, but I do need help with baths and showers." And, "I always feel comfortable with them, they never make me feel embarrassed at all even when helping me with a wash." Staff also ensured that people's confidentiality was maintained.

- People told us they were given choice and control over their day to day lives and supported to maintain their independence wherever possible. One person told us "They help me where I need help, but I still have my independence."

Supporting people to express their views and be involved in making decisions about their care

- People and family members were encouraged share their views about the care they received with regular reviews and surveys; reviews were completed and results were shared.

- People and family members told us they were confident in expressing their views about the care and support provided by staff. Family members confirmed they had been involved in the decisions made about a relative's care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we made a recommendation regarding the provision of meaningful day time activities. This was because people were not adequately assisted to ensure they had meaningful day time activities. At this inspection we found there had been plans for activities and some activities had taken place including armchair exercises and singers. However, feedback from people and our observations showed that improvements had not been adequately made. The activity plan was not always fulfilled as planned. Staff were expected to provide activities however, time had not been allocated for them to do so. We spoke to the registered manager who informed us the staff member responsible for activities had been away and that they will resolve staff deployment to ensure activities were prioritised.

- People's individual care needs had been identified. Care plans had been developed with the involvement of the person and their family members where appropriate. Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences in relation to their daily routines.

- Staff had access to information about people's care needs; care plans detailed people's preferred routines and ensured that people received care that was person centred and appropriate to their needs.

Accessible information, choices; preferences and relationship

- People told us they received care and support from regular staff who knew their routines well. Comments included, "I feel that the right support is there for me when I need it." and "We can ask any question at the meetings and we are given the chance to say what we think."

- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people were identified as having hearing or sight difficulties.

Improving care quality in response to complaints or concerns

- People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. One person told us, "I have attended the residents' meetings here and asked that all the staff wear name badges. They now wear them and it's easier to get their names right. There's also a suggestions' box in the hall."

- Complaints that were made had been dealt with appropriately by the registered manager and where required were used an opportunity to improve the service.

End of life care and support

- No person using the service at the time of the inspection was receiving end of life care. Records were reviewed showed there were arrangements to ensure people were offered the opportunity to discuss their end of life preferences. Some people had set out their choices.

Is the service well-led?

Our findings

Well-led - this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager. This 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.

- Service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care. All regulations had been met. There was oversight from the registered manager on their staff and the registered provider had monitored that the registered manager was complying with regulations.

- Staff we spoke with felt the service was well managed and they were supported in their roles by the registered manager. Comments from staff included, "He said she is easy to talk to and approach." All staff we spoke with demonstrated a desire to provide quality care for people using the service. Care staff had regular supervisions and staff meetings where they discussed good practice and any issues or concerns they might have.

Continuous learning and improving care

- A variety of regular audits and quality monitoring was taking place. Findings were recorded and included the actions taken to improve the service. These included medicines audits, care plan audits, spot checks. We could see that this had assisted in the maintaining standards and timely identification of any shortfalls.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility.

- The registered manager promoted openness and transparency throughout the staff team. Notifications had been submitted to the Care Quality Commission, previous ratings had been displayed in the home and safeguarding concerns had been shared with the local authority.

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

- Records we looked at showed staff meetings were being held. There were monthly meetings for people who used the service. People told us they were invited and could raise suggestions. Relatives told us they were

kept informed of the welfare of their family members.

- Surveys were given to people who used the service and their family members. The results of these surveys were analysed, and action plans developed. The registered manager had ensured the survey results were shared with people. Results showed a high satisfaction with the quality of the service delivered.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, District Nurses mental health teams, social workers and commissioners of people's care.