

Hilton Brook House Limited

Hilton Brook House

Inspection report

Hilton Brook House
Hilton
Bridgnorth
Shropshire
WV15 5PE

Tel: 01746716577

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14 January 2019

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07 February 2019

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

What life is like for people using this service:

People told us that they were happy and contented living at Hilton Brook House. People were respected and given choice and control over their lives. People were encouraged to live as independently as possible.

People were protected from the risk of harm and risks were managed by staff who knew people well. People had their needs assessed and planned for and staff used these records to help guide them to care for people.

The registered manager was visible and approachable. People and staff told us that they believed the service was well-led by a management team who were pro-active in trying to continually improve the care and support that people received.

More information is in the full report.

Rating at last inspection:

Good (The last report was published on 21 March 2016).

About the service:

Hilton Brook House is a care home that provides accommodation with personal care for up to 31 older people some of who may be living with dementia. At the time of our inspection there were 27 people using the service. The home is set out over two floors. The ground floor comprised of three communal and dining areas.

Why we inspected:

This was a planned inspection based on the date and the rating of the previous inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Hilton Brook 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 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:

The inspection took place on 14 January 2019 and was carried out by one inspector and one 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 service.

Service and service type

Hilton Brook House is a care home. People in care homes receive accommodation and nursing or personal care. 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 that 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:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. We looked at notifications that we had received about events that had happened at the

service, which the provider is required to send to us by law. These included notifications about deaths, serious injuries and safeguardings. We also considered the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make.

During the inspection, we spoke with six people who used the service, two relatives, one visiting professional and we observed the communal areas to assess how people were supported by staff. We spoke with two members of care staff, the cook, the care manager and the registered manager.

We looked at three care records and records that related to the management and running of the service such as audits. We looked at Medicine Administration Records (MAR) and how medicines were stored and administered.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Some stock level checks of boxed medications were not consistently completed. This meant that staff did not always have an accurate record of the number of boxed medicines. This was rectified immediately and individual stock count sheets were put in place for these medications.
- All other medications were stored and administered safely including controlled drugs.
- Staff were suitably skilled to administer medication. Staff received on-going training and had their competencies to do so regularly checked.

Supporting people to stay safe from harm and abuse, systems and processes

- People said they felt safe living at Hilton Brook House. One person said, "I feel safe here because there are plenty of carers. It is quiet at night but they do come in and check on you and we have a buzzer we can use."
- People could summon help and support as they needed it and we saw documentation that recorded when people had used the buzzer system, and the staff response times. This evidenced what people told us.
- Staff understood their responsibilities in relation to safeguarding and knew how and when to report concerns.

Assessing risk, safety monitoring and management

- People's risks were assessed and managed in a safe way.
- Care plans contained risk assessments and each assessment had an on-going management plan with aims and actions clearly identified.
- Staff knew of people's risks and knew what action to take to help minimise the risk of harm.

Staffing levels

- People told us they thought there were enough staff at Hilton Brook House.
- One person told us, "There are enough staff both during the day and at night and I feel safe here. I feel I can talk to the staff. They are all good here."
- Staff told us that they thought there were enough staff, but that they could always benefit from more.
- We observed staff responding to people in a timely way.

Preventing and controlling infection

- The environment was clean and odour free.
- Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection and we observed staff wearing aprons and gloves as necessary.

Learning lessons when things go wrong

- The registered manager learned from incidents that had occurred at the service and appropriate responses and actions had been taken to prevent the risk of future reoccurrence.

Is the service effective?

Our findings

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

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

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

- People received a pre-assessment before they came to live at Hilton Brook House to ensure that their needs could be met appropriately.
- Assessments and care plans considered people's needs and wishes and staff told us that they used the care plans to help them deliver care and support.
- The care records were reviewed monthly and updated as required.

Staff skills, knowledge and experience

- Staff received a full induction at the beginning of their employment.
- Staff received training to ensure that they were suitably skilled to work with the people living at Hilton Brook House.
- A large proportion of the staff had worked at Hilton Brook House for a number of years and the staff turnover rate was low.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutritional needs were met.
- Specific dietary requirements were met and catered for. For example, where people required soft or pureed diets, these were prepared and served in accordance with people's needs.
- People told us that they enjoyed the food on offer. One person said, "There is lovely food here, it is beautiful." Another person said, "The food is very good and there is a choice of what you can have and there is always enough food. I get offered drinks and snacks too."
- The registered manager ate with people at meal times. They told us, "I like to sit and have lunch with people. I get to see and chat to people and I also get to make sure everything is as it should be."

Staff providing consistent, effective, timely care and across organisations

- Where people required additional support from other professionals, referrals were made in a timely way.
- A visiting professional told us, "This is a lovely, homely home. Staff always contact us if we need to see people or if there are any problems."
- Hilton Brook House worked closely with the local General Practitioner who had weekly contact with the service.

- Staff shared information with each other through a handover process at the start of each shift.

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

- People's rooms were decorated in line with their personal preferences and choices.
- People had access to assistive technology. For example, people had sensor mats in their rooms to alert staff if they needed assistance.
- The registered manager had future plans to extend and refurbish the home to create both more indoor and outside space for people.

Ensuring consent to care and treatment in line with law and guidance

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of consent and we observed people being asked for their permission before staff supported people.
- People were offered choices and were supported to make decisions in their best interests.
- The registered manager had made referrals to the Local Authority where people were being deprived of their liberty to ensure that this was done lawfully and in the least restrictive way.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported

- People told us staff treated them well. One person said, "Staff are very kind here. The place is very homely and I get treated like I am a human being."
- A relative told us, "The whole place is like one big happy family. It is a home from home and in fact [relative's name] calls it home now. They treat them as an individual and with the utmost care and respect."
- Staff knew people well and were responsive to people when they showed signs of distress or upset. For example, during the live entertainment, one person was displaying signs that they did not want to be present in the communal area. Staff approached the person and asked them if they were happy and if they could help. We observed the person being supported to move to another area at their request.

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

- People told us that staff supported them to be involved in making decisions about their care.
- One person said, "The staff are very good, they are kind but without fussing over me. I like to do what I can for myself and they allow me to which I like."
- People's care plans took into consideration diverse needs and choices. This included some of the protected characteristics under the Equalities Act 2010 such as race and religion. The registered manager and the care manager were improving their documentation to consider other protected characteristics such as sexual orientation.
- The registered manager held meetings with people to obtain their views about the care and support they received and the minutes of these meetings were available for us to see. Where recommendations or suggestions had been made, relevant actions had been taken.

Respecting and promoting people's privacy, dignity and independence

- People told us that they felt respected by the staff at Hilton Brook House. One person said, "I like all of the staff, they are all fine. I have a shower every other morning and there is never any sense of rush. They treat me with respect and dignity and always ask before they do anything."
- Staff told us how they ensured people's privacy and dignity was upheld. One staff member said, "I ask people if they need support and I will allow people to help themselves and wait for their request for help." Another staff member told us, "I treat everyone in the way in which I would like my relatives to be treated."
- One person told that they liked to spend time alone in their room and that this was respected by staff. We observed this during our inspection.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- Care records contained information that was individualised and person-centred.
- People and their relatives were involved in the assessment and care planning process. A relative told us, "When [relative's name] came here we all agreed a care plan."
- The registered manager understood the requirements of the accessible Information standard (AIS) and took appropriate action to ensure these were met. The AIS places a responsibility on a service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- People had access to activities, interests and hobbies that were tailored to individual needs and wishes. One person said, "I don't get bored here. I like to watch a bit of TV and read my magazines. We go out for a little walk sometimes and there is a nice little garden to go out to when the weather is nice."
- We saw pictures of activities that had taken place within the service and on the day of our inspection, there was a singer performing for the people of Hilton Brook House. People were engaged in the music and were seen to be clapping along, singing and dancing. A family member said, "There is something going on all the time when we visit but the residents aren't pressurised into joining in if they don't want to. It is no different today because the CQC are here. The atmosphere is always like this."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place.
- The registered manager evidenced how they used the policy to respond to complaints that the service received.

End of life care and support

- At the time of our inspection there was no one receiving end of life care.
- People were asked about their end of life wishes and where necessary, these were documented in people's care records.
- The registered manager and the care manager were in the process of improving their end of life care plans to include more detailed information for people to add and contribute to as they or their families so wished.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager and the management team demonstrated a shared responsibility and commitment to continually driving improvement in the home creating positive experiences for people.
- The registered manager knew people well and spoke passionately about providing person-centred care that was inclusive for all.
- People and staff told us that the registered manager was approachable. One person said, "[Registered manager's name] is beautiful, great. I am completely happy here. It feels like home now." A relative told us, "[Registered manager's name] is the manager and they are always here or available if we need to phone. The staff are all very good too, a lot of them have been here years. That says a lot, doesn't it? They seem a happy team. I would most definitely recommend Hilton Brook house to others." A staff member said, "You can go to any of the management team and if you have an issue, it gets resolved."
- The registered manager spoke with us about their responsibilities under Duty of Candour, that is being open and honest and accepting responsibility when things go wrong.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The management structure in place ensured that roles and responsibilities were designated amongst the management team to enable people to receive effective care and support that was timely and consistent. The management team understood the requirements of their roles and people and staff were aware of the lines of delegation that existed.
- The service had submitted notifications to us, as required by law. The service had their ratings on display.
- The registered manager and the management team undertook audits on a regular basis to enable them to effectively measure the quality and the safety of the service. When errors were identified, these were addressed and action plans put in place.

Engaging and involving people using the service, the public and staff

- Staff told us that they did not receive team meetings, but communication was good between staff and the

management team. The registered manager told us that they issued memos to staff as a way of sharing information and that staff would read and sign the documents to say that they had been read and understood.

- The registered manager told us, "The staff are like my family. If they are not happy then I will do my utmost to make them happy." We saw examples of the registered manager supporting staff to change their working patterns so they had a better work-life balance.
- Feedback was collated from people and their relatives in the form of questionnaires, meetings and surveys. One person said, "They [staff] hold meetings with us but it isn't my thing, though if I did have an issue I would attend and speak up."

Continuous learning and improving care

- The registered manager had employed a consultancy company to undertake a review of their practices and processes to support the service to achieve, improve and sustain high quality care.
- The registered manager had a scheme in place to reward staff for achieving additional training accreditations and qualifications with the aim of driving quality and improvement for people.
- The registered manager was part of a non-profit organisation that supported care services by providing training, advice and guidance with an overall aim of improving care standards. The registered manager also used adult social care publications to keep up-to-date with practice.

Working in partnership with others

- The service had developed good community links and the management team told us that they were committed to reaching out to other outside organisations to benefit the people living at Hilton Brook House.