

Hilton Brook House Limited







Hilton Brook House

Inspection report

Hilton
Bridgnorth
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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	

Overall summary

This inspection took place on 20 and 21 January 2016 and was unannounced.

Hilton Brook House is a care home that provides residential care to a maximum of 31 older people. At this inspection Hilton Brook House were providing services for 25 people some of whom were living with dementia.

At this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by enough staff to ensure to meet their needs in a way they wanted. Staff knew how to protect people from the risk of harm or potential abuse. Staff had received training and knew what to do if they suspected abuse.

Summary of findings

Staff were supported by the management team and received training to help them perform their role. Staff took part in daily meetings ensure the management team were aware of any day to day issues.

People were cared for by staff who were kind, compassionate and used humour appropriately with people. Staff had good relationships with the people they supported. People felt listened to and respected. People were encouraged to make their own choices and decisions about their care and support. People felt in control of their care and staff made sure information was given in a way people understood. People had access to health care in order to maintain well-being. People, relatives and staff felt their views and opinions were listened to and respected by the management team. People and relatives knew how to make a complaint if they needed to and were provided with information about the home and provider.

People were supported to maintain relationships with their families and friends if they desired to. Staff encouraged people to maintain their independence and people were involved in activities which they found enjoyable and stimulating. People were involved in the planned expansion of services by the provider and believed their suggestions were valued.

People had a choice of what to eat and enjoyed the food offered. Staff knew the personal likes and dislikes of people and helped promote their wishes. People's individualised beliefs were respected by staff and recorded as part of planning for the future.

People knew who the management team were. The provider completed regular quality checks to ensure that good standards of care were maintained. People's feedback was sought on a regular basis and any areas or improvements identified were acted upon.

Summary of findings

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.

People were supported by staff who had been trained and knew what to do if they suspected abuse. Staff were trained in the administration of medicines and followed safe practice. Risks associated with people's care had been appropriately assessed.

Staff did not start work until appropriate checks had been made to ensure they were safe to work with people.

Good



Is the service effective?

The service was effective.

Staff received training and support to enable them to complete their role. People were encouraged and supported to make decisions for themselves. People had regular access to health care when required. People were supported to eat and drink sufficient amounts to maintain well-being.

Good



Is the service caring?

The service was caring.

People were supported by a staff team which was kind, compassionate and valued people as individuals.

People were able to make their thoughts known and felt valued by staff and the management team.

Good



Is the service responsive?

The service was responsive.

People and those that mattered to them were involved in the planning of their care which was personal to them.

People and relatives knew how to raise a complaint if they needed.

Good



Is the service well-led?

The service was well led.

People were involved in the running of the home and felt able to make suggestions for improvement. Staff felt supported by the management team and were informed of any changes. There were systems in place to gather and respond to people's views. Regular quality checks took place to ensure standards within the home were maintained.

Good



Hilton Brook House

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 20 and 21 January 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service and the provider. This included statutory notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

As part of our planning for the inspection we asked the local authority and Healthwatch to share any information they had about the provider. We used this information to help plan our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people, the registered manager, deputy care manager, administrator, three care workers, three relatives, one mental health practitioner and one national diploma assessor. We looked at the care and support plans for four people, the recruitment records for two staff members, incident and accident records, medication administration records and records of quality checks.

Is the service safe?

Our findings

People felt safe living at Hilton Brook House. One person said, “I have nothing to worry about here, I feel completely safe”. A relative told us, “I have never felt my [relative] was at risk at all here. It is a very safe and comforting place to be”. Staff we spoke with had a clear understanding about abuse, what to look for and how to report it. One staff member told us, “If I ever suspected something was abusive I would ensure it stopped straight away, inform my manager and if necessary report it to social services”. Staff told us they had attended safeguarding training and the records we saw confirmed this. Staff were clear about their responsibilities in helping to keep people safe. Staff were able to access appropriate policies and procedures relating to safeguarding and risk to advise and guide them. We saw the registered manager had made the local authority where necessary and had followed through actions to ensure people were kept safe.

The risks associated with people’s care had been assessed and measures taken to reduce the impact of any risk. For example, one person told us they started to become unsteady on their feet. The registered manager arranged for a mobility assessment and walking aid was provided. Staff knew the risks associated with people’s care and understood how to keep people safe. For example the registered manager said, “We identified someone had become at greater risk of falling. We immediately took advice from the falls specialist who came out and advised on how to minimise the risk. These changes were recorded in the care plans for staff to follow”. We saw records where risk had been assessed and preventative measures identified.

Safe recruitment and selection processes were in place. The registered manager described the appropriate checks that would be undertaken before staff could start working with them. These included satisfactory Disclosure and

Barring Service (DBS) checks and written references. These checks were to ensure staff were safe to work with people. Staff we spoke with confirmed appropriate checks and references had been gathered before they started their employment. We saw records where these checks had been completed and recorded.

People told us there were sufficient numbers of staff available to meet their needs. One person said, “There is always someone here if you need them. We never have to wait”. One staff member said, “Sometimes if someone phones in sick you can feel a little rushed but everyone gets on and no one misses out on anything”. Another staff member said, “You can always call on the manager or deputy if you needed and they will always help”. The deputy care manager told us if needs extra support this is provided straight away to keep them safe. An application is then made to the local authority for reassessment and additional funding if required. We saw at this inspection there were enough staff available to meet the needs of people.

We looked at how people were supported to take their medicines. We saw people were assisted to take their medicines in a safe way by staff who followed safe administration practices. One person said, “I had to recently start a course of medicine. They [staff] explained what it was and what it was for. They always ask me if I want my medication”. We saw one staff member identify an error with medicine which had been brought into the home. They took immediate action to clarify their concerns and rectified the error. People received assistance to take their medicines by trained staff. One staff member said, “We have to complete specific training before we can assist with medication. We were then observed to ensure we follow the correct process”. The dispensing pharmacist completed regular quality and accuracy checks and advised on best practice. Staff we spoke with were able to tell us about the recommendations and how they followed them.

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. They said they were supported by staff who were well trained and met their needs. One person said, “The staff are fantastic, they know everything and I can rely on them 100 percent”. Staff said they completed shadow shifts with more experienced staff members when they first started working at the home. They told us this helped to introduce them to people and become accustomed to the role they undertook. One staff member told us, “At first I was very nervous but I was supported and I gained in confidence”. Staff told us they attended regular training sessions. One staff member told us, “As a result of attending recent care planning training I am looking at reviewing our systems to make sure they remain clear and effective”. One person told us, “Training is fully supported by the management team. If there was ever a suggestion for additional support they always respond positively”.

Staff felt supported by the management team and received regular one-to-one support sessions. They told us they used these sessions to address any difficulties they might be experiencing and to discuss any training needs. Regular informal staff meetings took place and staff told us they are able to use these meetings to share best practice. One staff member told us, “Each morning we meet to discuss anything we feel is relevant to our role. I can suggest improvements and outline any difficulties we might experience”.

People were helped by staff to discuss changes to their own care and support. One person said, “I was feeling a little poorly. They [staff] contacted the GP and I saw them that very day. I am now on the road to recovery”. A health professional told us, “I became involved following a request owing to someone’s change in health. The advice I provided was incorporated in the care plans and I can see staff followed the recommendations”. Care records confirmed people had regular access to health care professionals to meet their needs and maintain well-being.

There were arrangements in place to assess people’s ability to make decisions and to consent to care. 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. When someone was assessed as not being able to make decisions about their care the process was followed to ensure their best interests were upheld. One relative said, “I was fully involved in the decision making process. I am confident the decision was in the best interest of [relative].”

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). MCA DoLS require providers to submit applications to a ‘Supervisory Body’ for authority to do so.

We checked whether the service was working within the principles of the MCA. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general. We saw applications had been made to the appropriate supervisory body. At this inspection no authorisations had been granted. The provider had taken appropriate steps to comply with the MCA by recognising potential deprivations and taking appropriate action. Staff told us they had received training in the MCA and DoLS and what steps they would take to comply with legislation.

We saw staff offering people choice throughout this inspection. One person told us, “I can make choices about anything I want. I can choose where to go in the home and how I spend my time”. We saw staff taking time to sit and talk with people about what they wanted. Staff presented options for people and allowed time for them to make decisions. One staff member said, “You take your time and don’t rush. People need the time to understand what you are saying and to tell you what they want”. Another staff member told us, “If someone doesn’t make a decision it could be because you have given too many options. You must always be aware that you don’t overwhelm someone”.

We looked at how people were supported with eating and drinking. All the people we spoke with were happy with the food provided. One person said, “I love the food. It is just like being at home”. We saw people being offered choices over what to eat and drink. One person said, “Because I enjoyed yesterday’s lunch so much they put a little to one

Is the service effective?

side so I could have it again today. It was lovely they thought of that". Staff told us they were vigilant over people's weight as any loss or gain could indicate changes in health. One staff member said, "We noticed someone was starting to lose weight. We contacted the speech and

language therapist for advice. After we followed the advice the persons weight stabilised". We saw records of people's weights and the action taken to seek support from the local doctor and district nurses.

Is the service caring?

Our findings

We saw people had developed good relationships with staff. One person said, “They are just great. They talk to you as a friend”. We saw staff had the time and opportunity to sit and talk with people and their relatives. One person said, “If we are having a cup of tea the staff will also get a cup and join us. It’s those little things that matter”. We saw staff interacting with people in a kind, considerate and humorous manner. One relative told us, “The staff here are brilliant. I was very apprehensive when [relative] first came to live here. The way staff care about people completely reassures me every time I come here”. People felt comfortable to make jokes with the staff. One person said, “You have to have a laugh, everything is just too serious otherwise”.

People felt their views were respected by staff and the management team. We saw people were given choices and asked what they wanted. One person said, “I can always decide what I want, we have a choice of what to eat”. Another said, “I thought when I first came here I would be given a chair and be expected to sit in the same one each day. That was not the case, I can go wherever I want when I want to. There are a couple of lounges I can go into to chat to different people or go to my room or to my mates”. One person said, “I believe we are having an extension. I did say I didn’t want to lose the view of the fields and they showed me where the extension is going and this reassured me”. The registered manager told us, “We talk to people all the time and keep them informed. One person spoke to us about the proposed building work. As a result we are looking at putting in a viewing window so people can see the building work being completed”.

People were involved in the decision making in relation to their care and support. One person said, “I was asked what I like before coming in and the staff always ask me how I want something done”. One relative said, “I wasn’t involved in the initial assessment but since I have been coming I sit with [relative] and we go through the plans with the staff”. One relative told us, “I was fully involved in the decision making process and kept up to date with any changes”. Initial assessments of care and regular reviews encouraged people to express their opinions and suggestions. We saw a welcome pack was available for people and their relatives which contained information about the home, staff, relevant policies and contact details. One relative said, “I have all the information I need but to be honest my first point of information is always the staff. They let me know what I need whenever I ask”.

We asked people how staff ensure their privacy and dignity is maintained. People told us staff respected them as individuals and maintained privacy and dignity at all times. One person said, “It’s never been a problem, they come in and talk to me to see what I want, everything is done in private”. Another person told us, “I can move freely around and keep my independence. If I want to go out I can”. One relative told us, “Whenever [relative] becomes upset they reassure them, give them their own space away from others. Staff spent time with them so they could express how they were feeling without being embarrassed”. One staff member said, “It’s the basics of what you do that matter. Pulling the curtain and shutting the door to start with. However; something as simple as letting someone choose what they want to wear can help them feel good about themselves. Going to the hairdresser and encouraging people to hold onto their identity helps maintain dignity and self-esteem”.

Is the service responsive?

Our findings

People and those that mattered to them were involved in the planning of their care. One person said, “When I first moved in they took the time to come out and talk to me and find out just how I like things”. Another told us, “They come round and sit with me and chat about how things have been and if I would like to change anything. I feel I can just let them know at any time if I have any problems or don’t like something”. The registered manager said, “Reviews of people’s care and support plans take place regularly with any changes or preferences documented. The staff member will sit and talk with the person and their relatives. People can always let us know if they would like anything in addition to their plan at any time”.

Staff understood the individual needs of people. People’s preferences and cultural beliefs were recorded and respected by staff. Regular religious services took part in the home. One person said, “I go along to the service but not all the time. There is no pressure to go and I didn’t go all the time before I moved in anyway”. People were encouraged to support their beliefs outside of the home with attendance at services of their choice. The registered manager said, “We gain understanding about peoples beliefs so we can respect them here and so medical professional are also aware. This ensures we comply with people’s wishes and the things that matter most to them”.

We saw people were involved in a range of activities during this inspection. People were moving between parts of the home and socialising with others. Some were going out with family members and others were visiting the hair dressers. One person said, “I can go to the hair dresser if I wish but I prefer my own hairdresser to come here. They [staff] ensure this can happen and its never a problem”. A programme of activities which included arts and crafts, knitting and music had been developed with people. One person said, “We are asked about what we like to do and you can take part in as much as you like. But it is also

alright just to sit and relax without pressure to keep doing things, I like that”. One relative said, “I regularly come here and go out with [relative]. Staff work hard to make sure this can happen whenever we like”. One person told us, “I can take a walk out and collect a paper anytime I want”. A staff member said, “There are enough staff on each day so you can spend time doing things to keep people occupied and stimulated. We have a ball with questions on which we use to generate conversation with people. It is fascinating what people know when you just spend some time talking to them”. Another staff member said, “We introduced information and activity boards for people and staff to refer to. We use these boards to plan the bigger activities. These are so people can get used to what we are planning and for people to suggest what they would like”. We saw these boards on display with current information contained on them for people to read. We asked people what the boards were for. One person said “We are planning something to do with valentine’s day”.

People knew what to do if they had a concern or a complaint. One relative said, “I have never had a complaint but if I did I know I can talk to anyone at all. I know who the registered manager is and can go to them at any point and they will sort it”. The complaints policy was displayed in communal areas and was included in the welcome pack for people and their relatives. We saw the details of a complaint which had been investigated by the registered manager including the response to the complainant. Although the registered manager did not uphold the complaint they took action to further provide training to staff as a preventative measure. The registered manager informed us they received no further information from the complainant. So they looked at the concern as if they had witnessed the issue themselves and then set about resolving it. The registered manager said, “We have to look into every concern which someone raises with us. No matter what the nature of the concern it is how someone feels and we should take it seriously. We need to look at every complaint as an opportunity to improve what we do”.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. People knew who the management team were. One person said, “We see [registered manager] around all the time, they seem to be always here”. The registered manager was aware of their responsibilities and had appropriately submitted notifications to us. We saw the registered manager spent time with people and relatives throughout our inspection. One relative said, “They are great. I can talk to [registered manager] any time I want and they always respond”.

Staff we spoke with felt supported by the provider and felt able to make suggestions about improvements. One staff member said, “They [registered manager and deputy manager] spend time each morning going through the day to day issues with us as a team. We can suggest changes if we want and never feel our thoughts are not valued”. One person told us about changes made to a care and support plan at the suggestion of a staff member. An individualised memory box was introduced to ease anxiety following staff comments. This was implemented by the management team with immediate effect. A staff member said, “It’s nice when you make a suggestion and they listen”. The registered manager promoted an open approach and was accessible to people, staff and relatives

People received care from a well-motivated, informed and supported staff team. The registered manager told us, “Although daily meetings are informal we are looking at formalising structured meetings in the future. We intend to keep the informal sessions so we still know what is happening day to day”. Staff were supported with regular

meetings and opportunities for open discussion. This allowed staff to develop best practice and ensured people received consistent care from staff. One staff member said, “I can pop in or take [registered manager] to one side and have a chat. I feel totally supported”. Staff members were aware of the relevant whistle blowing procedures and indicated they would be prepared to raise any concerns and felt supported to do so.

There were systems in place to assess the quality of the service provided in the home. Checks were routinely made on the environment and quality checks on the medicine systems. We saw changes made as a result of these checks to improve quality and minimise the likelihood of error. For example, recording of medicine was amended to ensure staff comply with the latest guidance.

People felt involved in the running of the home and with the planned developments. The registered manager told us in addition to spending time and talking with people they sent out questionnaires. They said the questionnaires were designed to gain feedback on the quality of the service. Yearly questionnaires were completed which allowed people and relatives the opportunity to provide their views and contribute to any changes. The results of the previous survey had been analysed and were on display in the reception area along with any changes. For example, the registered manager highlighted clothing identification had been a concern. As a result they introduced a clothing tagging system. People had a say in the service they received and the provider adapted practice where needed. People we spoke with felt that their feedback was listened to and valued by the provider.