

Barchester Healthcare Homes Limited

Hilton Park Care Centre

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

This inspection took place on 9 October 2018. It was unannounced. Hilton Park Care Centre is a care home for up to 93 people, some of whom may be living with dementia. It is a two storey purpose built property. There were 87 people living at the home at the time of this visit.

Hilton Park Care Centre 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.

There was a registered manager at the home. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to keep people safe, how to respond to possible harm and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely. Regular cleaning made sure that infection control was maintained. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practise, to reduce further occurrences.

People's care was planned and delivered in line with good practice guidance. People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them. Adaptations were made to ensure people were safe and able to move around their home as independently as possible. Staff understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records provided staff with clear, detailed guidance in how to do this. People were able to take part in social events and spend time with their peers. A

complaints system was in place and there was information so people knew who to speak with if they had concerns. Staff had guidance about caring for people at the end of their lives and information was available to show how each person wanted this.

Staff were supported by the registered manager, who had identified areas for improvement and developed a plan to address these. The provider's monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these. People's, relatives and staff views were sought, with positive results.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Hilton Park Care Centre

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 comprehensive (planned) inspection took place on 9 October 2018 and was unannounced.

The inspection was carried out by two inspectors, an assistant inspector and an expert-by-experience for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with seven people using the service and four visitors. We also spoke with three registered nurses, eight members of care staff, one housekeeper, two members of kitchen staff, the regional director and the registered manager. We checked eight people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

The service continued to safeguard people from harm. People told us that they felt they were safe living at the home. One person said, "I feel safe because I have people around me." Staff knew how to protect people from harm, they told us they had received training and they knew who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

The service remained good at managing risks to people's health, safety and welfare. Staff assessed and regularly reviewed individual risks to people and kept updated records to show how the risks had been reduced. Risk assessments contained information to guide staff on how to minimise risks and protect people from harm. Environmental checks in such areas as fire safety and equipment used by people had also been completed.

People told us there were enough staff available to support them when they needed this. One person told us that they were able to alert staff through the call bell system about the type of support they needed. Staff members told us that there were enough staff and when staff were off sick they were able to get additional staff to cover at short notice. There was a system in place to assess staffing numbers and ensure they were at the level indicated by people's needs. We found that these staffing levels were high enough to provide people with the care they needed.

A recruitment practice was followed. Required checks were carried out to ensure potential new staff were suitable for the role. Records showed that identity and Disclosure and Barring (DBS) checks were completed before new staff started working at the service. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service remained good at managing people's medicines. Staff had received training and their competency was checked to make sure their knowledge and skills were up to date. Records to show that medicines were administered were completed appropriately and were stored securely. Staff had appropriate guidance for medicines in general and for people who received medicines on an 'as required' basis.

Staff told us that they had enough personal protective equipment (PPE) and cleaning equipment available and they had received training in infection prevention and control. A cleaning schedule was in place, which housekeeping staff completed to ensure the home was clean. All areas of the home that we visited were clean and tidy.

We saw that incidents and accidents were responded to appropriately at an individual level and a brief analysis had been completed to ensure recurring issues, such as falls, were identified. One staff member explained they had meetings every two to three months to look at incidents at the home and other homes in the same group. They discussed whether any other actions could be taken to improve overall experiences for people and any decisions to change practice was shared with other staff.

Is the service effective?

Our findings

People's needs were fully assessed prior to receiving care and support from staff. Staff worked with health and social care professionals who visited people to provide current, up to date information and advice about meeting people's care and support needs. This included requesting advice from specialist nursing staff, such as Parkinson's nurse, and consulting national guidance from organisations such as NICE (National Institute for Clinical Excellence). A call bell system had been put into place that allowed people to decide how quickly they needed support. A person told us, "These call bells are great as they have different buttons to press depending on what my needs are."

Staff continued to have the skills, knowledge and experience to deliver effective care and support. One staff member told us that their training, "was very helpful," and went on to describe that their dementia training helped them understand why people sometimes acted in particular ways. Staff confirmed they had received updated training and this, with individual supervision, provided them with the support to carry out their roles. Staff training records showed that staff members had received training in subjects relevant to their role, such as first aid, health and safety, and moving and handling. One staff member told us about their supervision sessions, "It includes how we're feeling, how the job is; we can discuss anything – that's what it's there for."

The service remained good at providing and supporting people to eat and drink. People had enough to eat and drink. One person told us, "I enjoy the food," and a visitor said, "The food is like a 5 star hotel." There was clear and detailed guidance for staff who helped people who were unable to eat and drink independently. Staff monitored people at risk of not eating or drinking enough and took action to address this. This included obtaining advice from health care professionals such as dieticians or speech and language therapists.

Staff at the home worked closely with other organisations to ensure that the best possible quality of service was provided. A transfer letter (a document with details about the person) was completed to help staff in other health or care settings support the person in the way they wanted.

The service remained good at ensuring people had advice and treatment from health care professionals. A visitor told us how staff, "had tried everything," to help their family member gain weight. They told us that staff contacted health professionals and following their advice had helped improve the situation. People's care records showed that they had access to the advice and treatment from a range of health care professionals. These plans provided enough information to support each person with their health needs.

People told us they liked living at the home, as one person said, "My room is like a mini-flat, I would rather be in my own home but here is the next best thing." Lifts were in place for people who were unable to use the stairs to move between floors. People and visitors told us that they were able to access the garden when they wished. Adaptations had also taken place to provide hand rails in toilets, bathrooms and along corridors, as well as signs to identify these rooms. The registered manager told us that scheduled redecoration included quotes to make areas where people lived with dementia, dementia friendly.

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.

We checked whether the service was working within the principles of the MCA and whether these were being met. Staff had received training in MCA and were able to show they understood this. MCA assessments had been completed and where people were not able to make a decision, a best interest decision had been recorded. This showed that people would not have their freedom restricted in an unlawful way.

Is the service caring?

Our findings

The service remained good at caring for people. People told us that staff were kind and caring. One person described them as, "Carers are wonderful," and another person said, "It's very personal and friendly here." A visitor told us that care staff were, "really excellent." They went on to tell us that their family member had responded well to the way care staff had acted with them. People were happy to be supported by staff at the home. Staff were kind and thoughtful in the way they spoke about and to people. They told us that they tried to put people at ease and speak with them as they would like to be spoken to.

Staff knew people well and were able to anticipate people's needs because of this. Their descriptions of people showed this and it also showed that staff members had a great deal of affection for the people they cared for. One person had become anxious that their relatives had not visited, so a staff member contacted a relative and then spoke with the person to reduce their concern.

People were aware of their care records and told us staff spoke with them frequently about how they wanted their care given. One person said, "I am involved with my care and review, and also my [spouse], who also lives here." They said that staff were very adaptable and they were able to change the way their care was given to what suited them each day.

Staff members received training in key areas that supported people's right to respect and dignity. Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke about people and in their comments to us about how they would do this. They told us they knocked before entering people's rooms and made sure people were in a private space when giving personal care. People confirmed that staff did this and also took other actions to make sure people's privacy and dignity was respected.

Care records were written in a way that advised staff to consider people's right to privacy and dignity whenever they provided care and support. For example, in advice about caring for specific needs around continence or personal care, staff were guided to make sure each person received this in the way they were comfortable with.

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. People told us that they had no concerns about their care and one person said, "Care here is amazing." Staff had a good knowledge of people's needs and explained how they provided support that was individual to each person. Staff also knew people's preferences, such as those relating to support and care needs, or leisure and pastimes. People and their visitors told us that they had provided this information to staff when they were first at the home.

People were able to spend time in various areas of the home, in which there were different items, such as books or games, or use the garden as they wished. People told us how they spent their days and what they did to stay occupied. One person said, "Wonderful activities and entertainments here." A visitor told us that their family member visited the seaside and a noticeboard gave information about visiting the local community shops. There were dedicated staff who spent time with people either in group activities or on a one to one basis and this meant that people had things to do each day. Staff encouraged people in all parts of the home to participate in a music session in the afternoon of the visit. Staff provided people with attention consistently and we saw that people had a positive experience as a result.

People's care and support plans contained relevant details about their life and medical history; their likes and dislikes, what was important to each person and how staff should support them. Plans were written in detail to guide staff members' care practice and additional care records were also completed. We saw the plans were reviewed on a regular basis to ensure they continued to meet people's required support and care needs. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they felt able to speak with a member of staff or the registered manager if they were worried about anything. There were copies of the home's complaints procedures available in the home. We found that appropriate actions had been taken to investigate complaints and to resolve these.

Guidance was available in people's care records about their end of life wishes. These were detailed and contained information about where they wanted to live, how much treatment they wanted and personal preferences. Staff had received training in this area and the registered manager said additional training would be arranged as needed so that care would be tailored for people's specific needs.

Is the service well-led?

Our findings

Staff told us that they expected to be able to provide good quality care and support to people, and they were able to do this. They also told us that they felt the registered manager brought a positive atmosphere to the home and this meant that staff worked well together. One staff member told us, "The nurses are very understanding and management are very good and listen. [Registered manager] is lovely and is professional. I wouldn't hesitate to talk to her. She is really understanding." There were opportunities, such as individual supervision meetings and staff meetings, to discuss the running of the home. Staff were supported by senior staff and felt they could discuss any issues or concerns they had or discuss their performance.

There was a registered manager in post, who was supported by the provider's regional director and by senior care staff.

The views of people, their relatives and staff were obtained through questionnaires or through review meetings. People told us that they were asked often for their views about the care they received and how the home was running. The information was then collated and a summary of the findings made available. The survey results showed a high overall satisfaction rate.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service provided to people. These included audits of the different systems, such as care records and infection control. The audits identified issues and the action required to address them, such as ensuring people who experienced difficulty in making decisions about meals were shown the choices available. A monthly report was developed from this, which was then shared with the provider of the service.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. Other organisations were contacted appropriately. In relation to safeguarding, issues were investigated and action taken to resolve it, where this was required.