

Hilton Rose Retirement Home Ltd

# Hilton Rose Retirement Home Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hilton Rose Retirement Home is a residential care home providing personal and nursing care to up to 27 people. The service provides support to older people, younger adults and those living with dementia. At the time of our inspection there were 25 people using the service.

### People's experience of using this service and what we found

People were supported by staff who understood how to keep them safe. Staff could describe how they reported any concerns and understood risks to people's safety and how to minimise these. Staff were recruited safely and there were enough staff available to ensure people were safe. Medicines were administered safely by staff who had received training and were competent. Infection prevention control procedures were followed by staff to keep people safe from the risk of infection. When incidents occurred, these were reviewed to consider any learning which was shared with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had quality monitoring systems in place which were effective in driving improvements. People relatives and staff were engaged in the service and the provider had developed relationships with other health professionals and local community organisations. Systems and processes were in place to identify improvements and drive change.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (19 March 2018)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Hilton Rose Retirement Home Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one 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.

#### Service and service type

Hilton Rose Retirement Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hilton Rose Retirement Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person using the service and 4 relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 7 staff including the registered manager, office managers, senior care and care staff. We reviewed a range of documents including 4 care plans and other records of care delivery. We looked at multiple medication administration records. We reviewed policies and procedures, quality assurance documentation and staff files.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One relative told us, "We are totally amazed at the care our relative gets. All the staff are really good and we think the home is really good."
- Staff understood how to recognise the signs of abuse and could describe the actions they would take to safeguard people including informing other agencies if they were concerned about action being taken.
- The registered manager had systems in place to ensure all incidents were reviewed and reported to the safeguarding authority for investigation where required.

Assessing risk, safety monitoring and management

- People and their relatives told us staff understood how to support them to keep them safe and managed risks to their safety. One relative told us, "We have been told that the staff will monitor our relative's weight which is reassuring for us."
- Risks were assessed, and plans were put in place to mitigate the risks. Where risks were assessed these informed detailed care plans for staff. For example, where people had risks relating to choking there was guidance for staff on how to support the person including details of a modified diet provided by a Speech and Language Therapy Team (SALT).
- Risk assessments were reviewed on a regular basis and when incidents occurred. For example, where people had a fall their risk assessments were updated, and plans put in place to prevent this from happening again.
- Staff understood people's risks and could describe how they supported people to minimise risks to their safety. One staff member told us, "[Person's name] is at risk of their skin breaking down, we follow the advice of the District Nurses and apply prescribed creams, use a specialist cushion on their chair and help them to move every 2 hours to maintain their skin integrity."

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- People told us staff were busy and they sometimes had to wait for support. One person told us, "Staff are always busy, I sometimes have to wait for help." People were safe and this did not impact on the care people received.
- Staff told us they felt there were enough staff to support people safely. One staff member said, "The staffing levels are ok, there are more staff when people's needs increase so we can monitor people safely."
- The registered manager used a dependency tool to determine the levels of support people needed and help calculate the number of staff required to support people. Our observations found people did not have to wait for help, whilst the home was busy everyone had their needs met promptly.
- Staff were recruited safely. Checks were carried out including with the Disclosure and Barring Service (DBS). DBS checks provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Some medicines were not available to 2 people on the day of the inspection. This was due to an error when medicines were prescribed and dispensed. The provider had identified this and taken appropriate action to address this including seeking medical advice on any potential impact on people. People came to no harm from this situation and the provider discussed with prescribers and dispensers' systems to prevent this happening again.
- Medicines were administered in line with the providers policy. Staff had received training and were observed supporting people to have their medicines as prescribed.
- Medicines were stored safely. We saw checks were in place to ensure medicines were rotated and stored at the correct temperature.
- Medicines administration records were accurately completed. The provider had an electronic system in place to record when medicines were administered. The system alerted staff to ensure people had their medicines at the correct time. This included guidance for administering as required medicines and body maps to record topical applications.

#### Preventing and controlling infection

- The provider had systems in place to prevent the spread of infection.
- Staff received infection control training and were observed following infection prevention procedures such as using personal protective equipment and handwashing.
- The home was clean and there were regular checks in place to ensure good practice was followed. Where actions were identified in an audit these were completed straight away.

#### Visiting in care homes

People were able to receive visitors to the home.

#### Learning lessons when things go wrong

- When incidents occurred, these were reviewed, and actions taken to prevent these from reoccurring. For example, where people had fallen changes to their care plans were completed to minimise the risks of repeat falls.
- Incidents were reviewed to look for trends and patterns and any learning was share with staff through team meetings and handover processes.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and management team had established a person-centred culture. One relative told us, "We can find out about my relative progress at any time." Another relative told us, "We are quite happy for our relative to remain here as they seem content."
- Staff were very familiar with people's needs, preferences and wishes. We saw staff spent time with people. For example, one-person experienced anxiety and staff remained with this person offering reassurance and helping them to relax.
- During the inspection we saw people were able to go out and about and spend their time doing things they enjoyed. There were numerous activities for people during the day and events were celebrated including a recent Christmas party where people had been supported by local college students to enjoy a meal. One person told us, "I like to go out every day. I am really pleased that staff here have helped to keep me getting out and about, I am out for about an hour every day."
- Care plans were person centred and gave staff details about people's preferences and wishes relating to their care needs. Our conversations with staff showed staff understood these plans and used them to gain knowledge about people and how to support them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. When incidents occurred, they were open and honest and informed people.

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

- The provider had quality assurance systems in place. Audits were completed regularly to ensure quality and safety of the care people received. For example, medicines audit, checks on fluid charts and equipment.
- The registered manager had systems in place to ensure policies were reviewed on a regular basis and updated to reflect any changes and up to date information.
- The provider had systems in place to ensure they submitted notifications to the CQC when required. The provider is required to send us notifications of incidents, events, or changes within a required timescale.

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



### characteristics

- The registered manager was responsive to people's needs. One relative told us, "[person's name] was in an upstairs room initially we asked if they could be moved downstairs and within a few days they were, so we were very pleased with the home's swift action."
- All the staff spoke highly of the support from the registered manager and wider staff team. One staff member told us, "We can always contact them about anything, and they will help, we have regular staff meetings and discussions I feel supported,"
- Residents were involved in meetings where they could share their thoughts and feelings about aspects of the service and influence changes. For example, a recent meeting had discussed ideas for celebrating Christmas and holding a party.

### Continuous learning and improving care

- The registered manager acted on feedback about the service. For example, external audits had identified work was required with the fire safety systems and infection prevention control and work had been completed on these areas.
- The registered manager and management team sought advice and guidance and used resources such as skills for care to keep themselves up to date on best practice.

### Working in partnership with others

- The registered manager worked in partnership with other agencies. Relationships had been established with local health professionals to support people to manage their health needs.
- The local college was supported by the provider to provide placements for students when they were studying to work in the care sector. This also enabled links to be made with a local nursery and activities were out on with children and people in the service taking part.