

Hilton Court Care Home

Care Home Service

Hilton Road
Rosyth
Dunfermline
KY11 2DD

Telephone: 01383 411 250

Type of inspection:
Unannounced

Completed on:
12 December 2022

Service provided by:
Hilton Rehabilitation Limited

Service provider number:
SP2010010911

Service no:
CS2010249559

About the service

Hilton Court Care Home is a purpose built property located in Rosyth which is just outside Dunfermline town. The service provides support and care for up to 32 adults with a diagnosed mental health condition. The service is provided by Meallmore Ltd who provide care services across Scotland.

The premises are single storey, and the building has been developed to a high standard. All bedrooms have ensuite shower facilities and there are ample, well decorated communal lounge and dining areas throughout the home. The property is bound by a large expanse of landscaped gardens, and three enclosed courtyards can be accessed from the main building.

Hilton Court is close to local amenities and has good public transport links. During the inspection, people living in Hilton Court looked at home within their environment, and as well as having personalised bedrooms, were able to access homely lounge and dining rooms, enclosed courtyard, and garden areas.

About the inspection

This was an unannounced inspection which took place on 7 December 2022. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with seven people using the service, and three of their family members;
- Spoke with 10 staff and management;
- Observed practice and daily life;
- Reviewed documents.

Key messages

- The service has a strong recovery and strengths based ethos.
- People told us staff were kind and respectful.
- People were supported to make healthy choices.
- People were strongly involved in informing their support needs.
- The service was well led with good quality assurance systems in place.
- Support plans were individualised and goal orientated.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good. We found significant strengths in aspects of the support provided resulting in positive outcomes for people.

People should expect to be supported in a kind and compassionate way. We observed a culture of equality with kind interactions between staff and residents. The service had a recovery focus, helping people to get the most out of life. One person told us, "They are respectful and kind to us." During our visit the atmosphere was pleasant and homely. This meant people could feel free and at ease in their environment. The service supported people to access a healthy diet through offering a meal service, which included access to a 'Deli Bar' and snack boxes, which were tailored to people's individual health needs and preferences. Some people accessed the 'self-catering' program where they were able to prepare their own meals in the kitchenette areas. Monthly meetings gave people the opportunity to develop menus and give feedback on the foods on offer. This meant people's access to meals and snacks met their individual needs and preferences.

Throughout the inspection we saw evidence that people had choice and freedom. People were able to access the many outside spaces at their leisure, and some of the residents accessed the local community independently. Where there were risks associated with a person accessing these areas independently there was a culture of openness, and risks were explored in an honest and enabling way. This meant that people's rights were respected. Support plans were in place. These were up to date, clear and completed in partnership with the person receiving support. Each person had a 'recovery plan' or 'my life plan' which focussed on skill building and goal setting. Some people had small jobs working in the service which was linked to their goals. Others attended college or had plans to attend college and this was well supported and encouraged by the support team. This meant that people were always working towards their potential and felt empowered.

People should have access to care that is in line with their wishes and choices. We saw that people were central to any decision making about their care and the use of advocacy was strong. This meant people were well informed about their care and treatment options, with their voices heard. There was evidence of good practice around multiagency working and collaboration with the relevant health professionals. As a result, people had access to the right mental health and physical health care at the right time. Examination of medication administration records identified medication was well managed. We saw evidence that people were safely supported to take their prescribed medications in a way that was individual to them. Some people were supported with developing self-administration skills. As a result of these practices, people benefited from safe administration of prescribed treatments.

People should experience meaningful contact with those who are important to them. Families reported that they felt known and welcomed by staff working in the home. Families described staff as 'excellent,' and this made them feel 'at ease' and 'relaxed' about leaving their loved one in their care. Families were kept up to date about their loved one's care needs and informed of any changes. People could be confident that those who were important to them were included and involved. Relationships within the home were promoted through social events, regular community meetings and daily mealtimes. Everyone had the opportunity to express their views and have their opinions heard. People could forge friendships and develop social skills within a safe and supportive setting. Staff ensured that people could stay connected with friends and family through telephone calls and letters. Care plans outlined the different ways in which people expected to stay in touch with important people in their lives. There was scope to continue to consider other ways in which people could stay in touch to ensure that communication barriers did not get in the way of relationships.

We found very good infection control practice. Peoples' rooms were personalised and homely which promoted each persons' experience, dignity, and respect.

The home was well presented, clean, and tidy. The floor coverings were in very good condition and clean. Furniture was cleaned regularly, including chairs and mattresses which helped to minimise the spread of infection. The manager and staff demonstrated a good understanding of Infection Prevention and Control. This helped to improve the staff awareness of the risks associated with infections such as Covid-19. This meant staff could keep themselves and the people they care for safe.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good, as major strengths demonstrated positive outcomes for people living there.

For this key question we focussed on the services quality assurance systems. Robust quality assurance ensured good standards of practice are adhered to and drives improvement. We found this service had a number of effective systems in place to audit aspects of their service delivery. This included, care planning, accident and incidents, and infection prevention and control. These audits were conducted by the leaders of the service who were able to demonstrate how these led to improvement. This meant that there was a positive focus on learning from practice and any changing needs responded to.

Staff were confident that the management team heard their ideas and opinions. The management team were visible and approachable. The use of an appraisal system for supervision provided an opportunity for staff to reflect on their practice and identify learning needs. Staff commented that they felt well supported and were positive about their role. One staff member stated, "I am very proud of the work we do here." The use of the mentoring program for newer less experienced staff by their fellow colleagues promoted a positive culture for learning and developing. There was a feeling of high staff morale. This impacted positively on peoples' care experiences.

The management team and provider had an active improvement plan with clear goals and timeframes identified. The service sought peoples' views through the monthly forum and this also informed the improvement plan. As a result, people felt as though their opinions mattered and were valued. We felt confident that the service was well led, focussing on improving peoples' quality of life.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good, as major strengths demonstrated positive outcomes for people living there.

For this key question we looked specifically at the mix of staff across the service to ensure that the right number of staff, with the right skills, were working at all times to meet peoples' needs. We found a consistent nursing and senior care team within the service who were allocated as keyworkers for people with more complex mental health needs. Other care staff also acted as keyworkers and were well trained in areas such as stress and distress, personal care, and mental health care and treatment. This meant that support staff were better equipped to understand the needs of the people in the service.

There were also housekeepers, laundry assistants, kitchen staff and maintenance staff working within the home. We saw evidence of good team working. For example, housekeeping and laundry staff would often support with serving lunches and facilitating activities. One staff member stated, "We work good together, I have seen improvement and feel we have a good team." All staff participated in day-to-day support and contributed to good care. The staff we spoke with were aware of the role they played in supporting quality care and support. This meant that staff were able to engage in meaningful interactions with people.

Effective processes for assessing staffing needs are essential. The service evidenced use of a 'management service review' processes to assess the needs of people in the service, building layout, and skill set in the team to inform staffing levels. This meant the skills mix within the team was right to keep people safe.

How good is our setting?

5 - Very Good

People should benefit from a setting which promotes their independence. We evaluated this key question as very good, where major strengths support positive outcomes for people.

The home provided opportunities for people to influence their surroundings. People had been involved in choosing the decoration of each lounge and were able to personalise their own living spaces. People were consulted about matters which affected them and were regularly asked for feedback. Community meetings were held every month. These gave people the chance to voice opinions and concerns, and effect change and improvement within the home. People were involved and included at every opportunity giving them a sense of ownership and self-direction, which benefited their wellbeing.

People were able to access secure outdoor spaces from a variety of locations within the building. People could move freely in and out of doors as they chose. The setting promoted independent living through the provision of a number of kitchenettes where people could cook, make drinks and snacks, and use the washing machines. We observed people using these throughout the inspection. People were supported to make their own choices about how to spend their day, using both the communal spaces and their own rooms to gain company and privacy as they wished. Daily jobs within the home provided both distraction and meaningful engagement. The environment allowed individuals the opportunity to gain, regain and extend their self-care and life skills.

Checks to ensure safety and security were done discretely and did not impact on peoples' privacy or dignity. Staff supported people in a dignified way and respected their right to independence and self-control.

How well is our care and support planned?**5 - Very Good**

We found the service to be performing at a very good level in relation to how well care and support was planned for people using the service.

People using services should expect to have a personal plan which sets out how their needs will be met, as well as their wishes and choices. The service had electronic care plans in place using the 'Care More' system. The ones sampled were detailed and person centred. Individuals' needs were clearly identified, meaning staff were well guided in providing care and support that met peoples' needs. The service also documented peoples' goals and achievements through a 'recovery plan'. We found this to be a particular strength. The 'recovery plan' documented goal setting, recovery journeys, and were personalised. One example was a plan that was pictorial and had learning modules specifically designed to that person's outcomes. There was an ethos that these plans were owned by the person rather than the service, and peoples' voices recorded clearly throughout. We suggested developing a care plan and risk assessment to document any arrangements that are in place for people who leave the service for overnight stays. Overall, it was clear that time and investment had been given to promoting a recovery focus, giving people a sense of purpose and achievement.

We would expect people to be fully involved in the assessment and review of their personal plans. There was good evidence that six-monthly reviews took place on a regular basis involving residents, and where necessary others, such as family members, guardians, and advocacy workers. Family members told us that they felt heard and were well represented at reviews. This supported meaningful outcomes and meant people were involved in directing and leading their own care.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

To ensure people receive proper notice and are involved in finding an alternative if the service they use can no longer meet their needs or wishes, the provider must:

- a) ensure the termination of placements are in accordance residency agreements and agreed notice periods;
- b) ensure that all risks associated with termination of placements are fully considered and planned for by the provider;
- c) ensure the Multi Disciplinary Team and all relevant healthcare professionals are fully consulted and involved in decisions about future care and support needs and transition planning; and

- d) ensure that peoples' representatives are fully appraised of incidents and events which may affect their future care needs.

To be completed by: 10 February 2022.

This is to ensure care and support is consistent with Health and Social Care Standard 4.12 which states: 'I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.'

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 16 December 2021.

Action taken on previous requirement

A review of the services contracts and conditions was undertaken in conjunction with the HSCP. This now clearly documents an action plan in the event of a termination notice being issued, and who would be involved in this decision. The service has also agreed conditions for when immediate termination of tenancy would be appropriate, and who would be involved in this process to safeguard the needs of all involved parties. This information is detailed within the service agreement. This means that all parties are aware of the conditions of a placement and who should be involved to support appropriate transition to another setting.

We saw evidence of multi-disciplinary teams, including advocacy, being involved in decision making around future care needs and a support plan to aide successful transition from the service to another. We saw good evidence of peoples' representatives being involved in decisions around future care needs and kept up to date about any changes to their health. This supports peoples' wellbeing and rights, ensuring decisions are made in partnership with the person receiving support.

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.2 The setting promotes people's independence	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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