

Hilton Court Care Home

Care Home Service

Hilton Road
Rosyth
Dunfermline
KY11 2DD

Telephone: 01383 411 250

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Hilton Rehabilitation Limited

Service provider number:
SP2010010911

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CS2010249559

About the service

Hilton Court Care Home is a purpose built property located in Rosyth. 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 15 and 16 September 2025. The inspection was carried out by two 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 14 people using the service and three of their relatives
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

People and relatives had confidence in the care and support

People experienced very good outcomes as a result of using the service.

Support was person centred with a strong focus on engaging people in ways which were meaningful to them

Staff regularly reflected on practice in order to continuously improve outcomes for people

Facilities were accessible and well maintained

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 setting?	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' where there were major strengths in supporting positive outcomes. This meant people could be confident they received care and support that consistently promoted their physical and emotional wellbeing.

Feedback from people, staff and relatives was of that the home was a welcoming environment which people enjoyed spending time in. Comments included 'staff are wonderful people' and 'I am impressed with the level of compassion.' We observed kind and caring interactions between people and staff. People and their relatives experienced positive relationships with staff who knew them well.

People were supported to build relationships with others living in the service. People told us about the friendships they had built. Where people didn't get along so well, staff directed people to areas they could spend time alone. Comments from relatives included, they have 'pals in here' and 'it's a good atmosphere.' The positive relationships people had with each other contributed to a homely environment where people could feel safe.

People benefited from significant opportunities to experience meaningful days. There were opportunities for people to access activities within the service and in the community. These included music, crafts, gardening, swimming, and lunches. Staff supported people to build upon existing skills and develop new ones. People were consistently supported through both one-to-one and group activities by staff, with consideration given to their personal preferences and individual abilities. Staff were focused on encouraging skills associated with independent living. There were a variety of programmes and pathways designed to build upon people's skills including: accessing public transport; administering medication; cooking and meal planning; budgeting; cleaning; laundry and other domestic tasks. Staff understood the importance of flexibility in approaches to re enablement and took account of each person as an individual. Opportunities were person centred and supported positive risk taking. People were well supported to achieve their goals and aspirations.

We were satisfied that people's health benefited from their care and support. People had regular service reviews. Relevant health and social work professionals were involved and this ensured people's care and support continued to meet their current needs. We obtained feedback from professionals who told us staff were 'receptive to recommendations,' monitored outcomes and sought advice promptly. Service reviews and meetings were well organised. Reports were prepared and staff were equipped with relevant information. Staff worked in partnership with professionals and fully implemented guidance and recommendations. This improved people's health, safety, and wellbeing. Staff knew people well. This meant changes to people's needs and presentation were identified quickly.

Where there were restrictions, these were proportionate. People and relatives were well informed about restrictions and understood why these were in place. The service had clear legal documentation in place and were able to evidence multi-disciplinary approaches. The manager gave us examples where the service had supported people to advocate for least restrictive options. It was clear through discussions with staff and management that they were focused on supporting people to achieve their potential.

We sampled medication records which were well maintained. Medication was stored safely, and people were supported to manage it in a way that was right for them. Where people had 'as required' medications there was clear guidance for staff about when these should be utilised. Where 'as required' medication was

used to manage distress this was only utilised as a last resort. Staff described supporting people in less restrictive ways to manage distress. We were confident medication was well managed and appropriately utilised.

Meals and snacks were available throughout the day. Kitchen staff had clear oversight of individual dietary requirements and preferences. Where people chose to spend time together, mealtimes were facilitated in communal spaces. Where people preferred to eat at different times or made their own food this was organised on a day-by-day basis dependant on people's preferences. We observed mealtimes which took place in communal spaces. These were well organised. People were supported to make a variety of choices. Independence was clearly promoted in line with people's individual needs. People told us they were consulted about menus in the home and alternatives were always available. People enjoyed the food provided and could be confident their nutritional needs were well met.

People were encouraged to continuously provide feedback about their experiences. There were some formal mechanisms used to capture feedback. This feedback was then clearly used to inform future improvement planning. People told us they felt involved and well informed about changes within the service. One person said, 'they listen to me' and another said 'she (manager) engages brilliantly.' People living in the service and their views were clear drivers for change.

How good is our setting?

5 - Very Good

We evaluated this key question as 'very good' where there were major strengths in supporting positive outcomes for people. People could be confident facilities they used were accessible and maintained to a high quality.

We found the home to be clean, tidy and of an appropriate temperature throughout. We sampled maintenance records which evidenced the timely servicing of the building and equipment. Where repairs were identified these were undertaken promptly. Domestic staff were visible throughout the service. Cleaning schedules were accessible and well maintained. Ancillary staff demonstrated a commitment to maintaining the environment to a high standard. Feedback showed that ancillary staff had built "good rapport" with people and recognised the value of their role in engagement. People could be confident the environment was safe and well maintained.

People had access to a variety of accessible spaces. Fixtures and furnishings were of a high standard. People had access to their own private bedrooms, smaller sitting areas, and larger communal areas. People's bedrooms were clearly personalised. We spoke with people who utilised various areas of the service depending on their needs and wishes. We observed people accessing the garden throughout the day. Again, there were several spaces within the garden which people could utilise. Spaces were homely and comfortable. Comments from people included 'it is quiet and comfortable.'

People had access to equipment and assistive technology in line with their needs and wishes. Where people's needs changed the service took prompt action to source equipment and adapt the setting to suit. We saw evidence of people being consulted about any changes to the environment. People could be confident staff were committed to maintaining an environment which benefited the people living in the service.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to uphold people's rights and preserve their dignity and respect, the provider should ensure people are not subject to restraint or restrictive practice unless appropriate legal orders are in place and restrictions are justified and used only as a last resort. In order to achieve this, the provider should review the restrictions people are subject to and identify and reduce these practices. The provider should also provide staff with training in restraint and restrictive practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation, and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

This area for improvement was made on 19 March 2024.

Action taken since then

Since the last inspection the service had reviewed its approach towards restrictive practices. Staff had accessed additional training to support their understanding of positive risk taking. Individual support plans had been reviewed, including any restrictions in place. Where there were restrictions, these were proportionate and regularly reviewed. People and relatives were well informed about restrictions and understood why these were in place. The service had clear legal documentation in place and were able to evidence multi-disciplinary approaches. The manager gave us examples where the service had supported people to advocate for least restrictive options. It was clear through discussions with staff and management that they were focused on supporting people to achieve their potential.

As a result this area for improvement was met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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