

**Hilton House Care Home**

**Date of Monitoring visit**

Tuesday 23rd August, 2016 10.30am

**Care Home visited**

Hilton House Care Home  
Hilton Rd  
Harpfields  
Stoke on Trent  
ST4 6QZ

**Registered Care Manager**

Jane Mansell

**Authorised Representatives**

Jean Mayer and Paul Harper Stoke on Trent Healthwatch Volunteers.

Representatives have undertaken Enter and View Training and are enhanced CRB checked.

**Purpose of the visit.**

Healthwatch Stoke-on-Trent, in partnership with the City Council, has introduced a Dignity and Respect Charter which applies to every resident receiving care. Our visit is to assess how this is perceived by both residents and staff; Hilton house had a CQC inspection in April 2016. The overall ratings for each of the 5 areas were good.

**Methodology**

A letter was sent to the Manager of the Home on 5th July, August 2016 giving details of the forthcoming visit.

Information was obtained from the Care Quality Commission Reports and verbally from the Manager and Staff at the time of the visit.

Members were able to make a tour of the Home and talk to residents, staff and visitors.

**General overview**

Hilton House has been open as a care home for approximately 2.5 years. It was previously a care home managed by Stoke on Trent City Council and the building has undergone major refurbishment but still has some areas that need to be refurbished for the resident group being cared for.

The home has 55 residents and the majority of the residents have a diagnosis of dementia. Five of the beds are part of a “Brokerage Service” contract agreed with Stoke-on-Trent City Council offering “respite care”. There is no similar arrangement/contract with Staffordshire County Council.

The age range for residents is between 57 and 98 years with many residents being over the age of 80.

The home has residents on two floors; the ground floor was refurbished when the building was taken over with residents with higher dependency being cared for on this level. This level continues to be refurbished to ensure that each of the 15 bedrooms will be self-contained and eventually have en suite facilities.

The upstairs level was described as a “care hotel”. Each room has an en suite bathroom.

### **INFORMATION COLLECTED**

We were given a warm welcome by Jane Mansell the manager and she was able to provide us with a wide range of information about the home, the residents, staffing and how the home has and continues to develop.

#### **Staffing**

The home has a manager, 3 assistant managers, 3 seniors with one in charge of the night shifts.

There is one “senior” staff member on every shift with the shift pattern being as follows

8am -3pm

3pm-9pm

Night shift 9pm -8am (Staffing is 1 Senior and 3 care assistants)

The other home staff includes:

4 care staff

1 activity worker (working 10-7pm 5 days per week)

2 domestics

1 laundry assistant

2 cooks and 1 kitchen assistant

1 receptionist

Maintenance worker.

A hairdresser attends weekly (salon on site)

Jane Mansell informed us that there are 3 directors of the service who will also work regular shifts when and where necessary or required.

Current staffing levels are at full team level at present with a slow turnover of staff coming and leaving the home to work.

There is a good range of experience and ages for the home’s staff ranging from 18-57 years.

## **Staff training.**

There is an ongoing regime of staff training, much of which is undertaken online with 27 different training courses available.

Many staff will have QFC training at level 2

Seniors will be trained at QFC Level 3. Seniors will also have training in Medication Administration. The home has carers undertaking senior care training.

Mandatory training includes;

- Safeguarding
- Deprivation of Liberty Safeguards
- Mental Capacity Act
- manual handling
- COSH
- Infection control.

## **Care planning**

In relation to care plans the senior staff have meetings every two weeks to review them. We were informed that the care assistants can and do contribute to the care reviews.

There is a handover between each shift.

Relatives are invited to the care reviews.

Risk is reviewed every week but will be reviewed earlier if required. The home uses a core risk assessment tool.

Care plans are currently handwritten with input from care assistants and senior staff. The home's policies are kept electronically with staff being able to access them.

## **Staff supervision**

The home manager provides supervision, while the assistant managers supervise the care staff.

Supervision also includes identifying staff training needs.

## **Audits**

We were informed that the home undertakes regular audits, the managers have a weekly meeting to discuss tasked audits which could involve medication, care planning food, accidents and incidents. The management produces graphs from the audit data. We did not see any of these at the visit.

## **Home environment observations**

The entrance to the home was bright and open with an open reception area. The building had wide corridors allowing room for people to pass comfortably even where residents required support from staff when walking.

Staircases and emergency exits were clearly marked as was the lift to the first floor.

Individual bedrooms were spacious and personalized for each individual where chosen. Where there were en suite rooms we observed one that was a “wet room” with a shower and aids for residents such as shower seating and handrails. The home has pressure relief mattresses. Bedrooms had medication cabinets in them which seemed to assist with the recently introduced electronic Personal Care System for medication.

There were safety windows throughout which could be opened but only to a certain amount as required.

The main ground floor lounge and dining was large, bright with plenty of space, areas were not cramped and people were able to move around comfortably. There was plenty of natural light from the large windows. Many of the residents were in this room when we visited.

Outside there was a sensory garden.

Upstairs in the “care hotel” there was a much smaller lounge and dining area which seemed comfortable and homely with plenty of natural light from the windows.

### **Staircases**

There were no “dead ends” to the upstairs corridors with easily accessible exits in the event of an emergency. There were “ski pads” visible at each stairwell and we were informed that the ground floor also had 2 more should they be required for resident with mobility issues.

The bedrooms were easily accessible. There was a separate small “family dining room” with a dining table which was set up with crockery and cutlery. Residents could choose to have family meals in here when visited, we felt this was a nice touch and added to the homely environment.

### **Kitchen area and menu**

Food is generally prepared on site by the kitchen staff. It was of a good size. The home offers a rotating three-week menu structure and each resident is offered a second choice of meal. For people who have difficulty with eating there is a pureed meal option. Representatives found that there was a wide choice of food available on the menu. The residents also can have finger food and snacks and fresh fruit is available to all. There were fruit bowls in the lounges. The representatives did wonder how people could eat some of the fruit if they were unable to bite or chew and thought that perhaps pre-cut fruit could be made available.

### **Activities**

There are a range of activities organised and offered with a high level of input from the activities worker. Outings are also arranged for residents.

There is no set budget for activities and the home regularly raises funds. We were informed that the directors of the company are good at responding to funding requests when required.

### **Medical and out of hour services**

The home has no “retained” GP and works with six different GP’s. There had previously been a single GP who worked with the home. We were told that the logistics of working with six GP’s can be more difficult but the GP’s will attend if called out where possible. The home continues to build relationships with the GP’s practices.

The home also has been using the Hub services for the past 2 months where residents who have, for example, chest or urinary infections. For general out of hours the home will also use the 111 service. In the event of slips trips and falls the home will call ambulance services where unobserved falls have occurred, they may also use these if they have concerns even where a fall has been observed. Other health and social care professionals have input to the home, such as district nurses 2-3 times per week, CPN care liaison team who the home can refer to directly without having to use the GP’s to do so.

Physiotherapy is also available to the home.

Hilton House has introduced a new electronic medication system (Personal Care System) which the representatives had not seen before in other care homes.

This system involves residents having their medication details held electronically with a bar scanner being able to scan each medication box for each individual. The scanner would also show a photo of the resident on its’ screen, what medication was prescribed, the dosage, the time of the due dosage and also the running total of the medication stock in each box. Additionally, it shows how many days’ doses were left in the boxes. It would highlight instances such as where medication was not due, the screen would inform the staff it should not be administered, or it was too early for the medication to be given and that if the wrong box was scanned then it would alert the staff of that. The system is linked to a local pharmacy for issues around replacing stock or identifying issues with contra indications with other medicines.

It is a very interesting system which is still in its infancy of use in the home and we felt that this would need to be monitored and audited to see how effective it was for correct administration and to reduce the risk of medication being given to another resident. We were informed that other homes were visiting Hilton House to observe the system.

### **Staff, residents and relatives comments**

The Healthwatch representatives were also able to have discussions with a resident, a care assistant and two visiting relatives.

We spoke at length to Sophie a care assistant who was very approachable and open about how the home was managed and her roles and responsibilities. She felt that

Hilton house was the best place she had worked having worked in other care homes. She was fairly new to the home but said she felt very much a part of the staff team, knew what her roles and responsibilities were, was able to be kept up to date on aspects of the care being delivered. She felt supported by her colleagues and managers who she said were keen to ask staff if there were any issues that needed addressing.

She felt the staff worked closely as a team, were able to identify her training needs in supervision. She and other care assistants contributed to the care plans and were able to easily find out information on resident's needs such as allergies, mobility, communication issues. She felt that staff are not kept in the dark about the residents' care needs and changes to their care. There is a communication folder for all residents and she was completing them as we spoke with her. She seemed very enthusiastic about her role.

She was able to demonstrate how she and other staff treat individuals with dignity and respect and was aware of the need for dignity and respect to staff as well as residents.

The resident we spoke with said that being there was *"like being in heaven"*

We spoke with two relatives visiting their mother/mother in law. They informed us that they were very happy with the care being delivered to their relation since February 2016. They had experienced other homes for respite and felt that their relative had shown much more improvement when she had been in for respite at Hilton House, saying *"it was better than the other places and a much brighter home"*. When asked if their relative and they were treated with dignity and respect the lady replied *"Ooh yes, 100% yes"* and added that the care staff are really good. In fact, he had collapsed during a visit to the home and the staff were quick to respond and able to assist him for which they were very grateful. *"The staff work hard here"*

The lady in the couple said that she was very happy with the home and said *"I like to put my name down for a place"*

### **Overall observation and findings**

The Healthwatch representatives felt that the home was welcoming, staff responsive to the needs of its' residents, appeared to treat them with dignity and respect. We were given the opportunity to ask many questions of the manager and staff and were able to speak with a resident and relatives who voiced positive responses to the quality of care at the home. We were also able to observe staff interacting with residents throughout the visit and it was evident that they were caring and respectful to the residents.

The Home is a large building but it felt *"homely"* bright and with good and open spaces for the residents to move around or if they needed to be escorted and supported by staff.

Residents had a good choice of food at meal times.

The care hotel model seemed warm and welcoming for residents and visitors, and the smaller lounge with good views from the window increased its' homely feel.

At the time of the visit the representatives found no major issues to report to the manager.

We would like to thank the staff, residents and relatives making the time to see us and for speaking openly with us.