

Hilton Court Care Home Care Home Service

Hilton Road
Rosyth
Dunfermline
KY11 2DD

Telephone: 01383 411 250

Type of inspection:
Unannounced

Completed on:
19 March 2024

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. The service provides support and care for up to 32 adults with a diagnosed mental health condition. Thirty two people were using the service during the inspection.

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 between 13 and 18 March 2024. The inspection was carried out by one inspector 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 five people using the service and three of their representatives;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People experienced very good outcomes as a result of using the service.
- Positive, trusting relationships had been built between people using the service and staff.
- Staff morale was high and turnover was low. This meant people were supported by consistent staff who knew them well.
- People were supported to re-establish, build, and maintain skills, abilities and independence. This enabled people to move to their own tenancies with less support.
- Robust quality assurance systems and processes ensured people's health, safety, and wellbeing.
- People using the service were integral in identifying and driving service improvement.
- The service should review and reduce the restrictions people were subject to.
- Care plans should be reviewed to ensure appropriate information and guidance enables people to receive safe, consistent and effective care and support.

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

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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We observed kind, caring and compassionate interactions between people using the service and staff. Staff demonstrated empathy, understanding and non-judgemental values and attitudes. This meant people were valued for who they were. People told us they had built positive relationships with staff who supported them. Some people enjoyed opportunities to laugh together with staff and have fun. For others, it was important to spend time with their key workers. People felt settled, at home, and safe.

Staff understood the importance of relationships with important people and supported people using the service to maintain relationships in ways that met their individual needs and choices. Relatives and guardians told us communication with staff was good. They were kept up to date with any changes or concerns regarding their family members and felt they were as informed and involved as they needed to be. This provided them with reassurance and trust.

People were supported to make their own choices and decisions where they could. Staff negotiated and compromised with people to ensure their wishes and choices were respected. This ensured people's choices, dignity, and values were upheld.

The service used a recovery model to support people to make positive changes in areas in their lives including managing their mental health, living skills, relationships, identity and hope. During the inspection, two people were preparing to move to their own tenancies with less support. This was the culmination of programmes to support people to re-establish, develop and maintain skills, abilities and independence. Support to self-manage medication, shopping and cooking were staged processes that over time, enabled people to build confidence and self-esteem. This was important in the maintenance of independent skills. These opportunities were offered to all people using the service. Recovery for some people was focused on maintaining and consolidating their current health, skills and abilities. Subsequently, people engaged with these opportunities dependent upon their wishes and choices.

People were supported to spend their time in ways that were purposeful and meaningful for them. Staff provided a wide ranging programme of social and leisure opportunities for people using the service both in the home and in the local community. A weekly planner ensured people were aware of the activities that were available. Some people preferred to spend their time in their own space following their own interests. We were pleased to find people's lifestyle choices and wishes were respected.

People enjoyed living in comfortable, homely and clean surroundings. People were fully informed in choosing the décor in communal areas in the home. People using the service were involved in a home improvement group and working through a programme of upgrading all communal lounges in the home. A gardening project was also improving the outdoor environment. People's bedrooms were personalised and reflected their interests and personalities.

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 supported continued to meet their current needs. Professionals we spoke with commented upon the professionalism of the service. 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. Referrals to relevant health professionals were made both reactively and proactively. For example, where people required support with nutrition, support was provided by dietitians. This included guidance regarding specialist diets. Regular health monitoring checks including measuring people's weight were carried out. Chefs and hospitality staff were knowledgeable about people's dietary needs and preferences. People told us they were consulted about menus in the home and alternatives were always available. People enjoyed the food provided in the home.

Risks to people were identified and addressed. The provider's suite of required risk assessments included falls, malnutrition and mental health. These were supplemented by person specific risk assessments to safeguard individuals in areas such as self-medicating. This demonstrated a culture of risk enablement. We noted regular health and safety checks were carried out by members of the maintenance team. Repairs were carried out timeously and record keeping was of a very high standard. This ensured people's health, safety, and wellbeing.

We were concerned that people were subject to restraint and restrictive practice in a range of areas of their lives. This compromised people's rights, dignity and outcomes. We noted medication systems were robust and ensured people received safe support. However, people's medication was stored and, in most cases, administered from the treatment room. People's medication should be stored securely and administered in their bedrooms to preserve people's privacy and dignity. Where people were prescribed medication which was to be administered on an "as required" basis, protocols had been developed to inform staff practice. Medication which was prescribed to support people experiencing stress and distress were also forms of restraint due to their sedative effects. Whilst some protocols provided detailed guidance about approaches and strategies to ensure medication was only administered as a last resort, this was inconsistent across the service. We discussed with the provider that protocols should be provided or agreed by relevant medical practitioners. The provider should address these concerns without delay. Some people were prescribed emergency medication to treat seizures on an "as required" basis. The provider should ensure protocols provide appropriate information regarding the types of seizures people experience and their presentation. This is to ensure staff can identify seizure activity and safeguard people's health, safety and wellbeing.

Doors throughout the home were locked including toilet doors and the activities room, and some people had restricted access to their cigarettes. We discussed with the provider that any restrictions people are subject to should be a last resort when all other strategies and approaches have been unsuccessful and where relevant legal orders are in place. The provider took our feedback on board and in response, they developed an action plan to review and reduce restraint and restrictive practice before the inspection was concluded (see area for improvement 1).

Whilst we were confident that people experienced care and support that met their needs, wishes and choices, this was not reflected in their care plans. We discussed with the provider that care plans should provide appropriate, person-centred information and guidance for staff. This is to ensure people receive consistent, safe and effective care and support.

Whilst we identified some areas for improvement, we concluded that people experienced very good outcomes as a result of using the service. Staff strived to identify opportunities to continuously improve people's quality of life. Feedback was received positively by the provider and the staff team and was approached as an opportunity to improve people's outcomes. The provider demonstrated a high capacity for improvement and we were confident that the provider would address the issues we identified during the inspection.

Areas 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).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We reviewed the provider's recruitment policies and procedures and found safer recruitment guidance was being followed. This contributed to robust procedures to ensure people's health, safety, and wellbeing.

Staff morale was high and turnover was low. Many staff had been in post for a number of years. This meant people were supported by consistent staff who knew them well and appreciated their needs, wishes and choices. People told us they had built positive relationships with staff.

Staff provided very positive feedback about the support they received from the leadership team. Staff enjoyed their job and told us this was the "best job I've ever had". Staff were supported to realise their potential. This included encouragement to access opportunities for further and higher education. Members of the leadership team were flexible, approachable, and responsive to staff's circumstances and needs. There was a focus on staff's wellbeing and they felt valued and listened to.

We noted an authentic team working culture in the service. Staff from all departments in the home were involved in improvement projects. This included a home improvement project that was being facilitated by staff from the housekeeping and administration teams.

Staff had access to support and supervision with their line manager on a regular basis. However, an "open door" policy meant staff were confident to approach members of the leadership team regarding professional or personal issues.

Regular team meetings took place across all departments in the home, including staff providing care and support and kitchen, housekeeping and maintenance services. Staff told us they felt fully informed and involved.

Robust quality assurance systems and procedures were in place to continuously improve people's outcomes and experiences. We were confident that the manager of the service had appropriate oversight of the key risks and issues in the service and how these were mitigated.

Quality assurance audits were carried out on a regular basis. This included medication, care plan, finance and infection prevention and control audits. We noted guidance was developed to ensure audits were thorough and consistent. Where people were supported to manage their finances, robust audit and checking systems ensured people's financial safety and security. People's financial guardians or appointees received reports on a monthly basis.

A staff led quality forum included consultation and feedback from people using the service to identify areas for improvement. We noted that areas for improvement were addressed timeously and consistently. People were informed of the provider's response to their feedback. This upheld people's dignity, respect and rights.

A comprehensive service improvement plan was in place. Progress was monitored and measured by the provider's quality assurance team who carried out internal audits. Additional external audits provided independent oversight of people's outcomes and experiences.

A project to promote the wellbeing of people using the service and staff was underway. This involved all departments in the home. For example, kitchen staff were identifying favourite recipes and what they meant to people. Various groups were being facilitated by staff including a walking group, swimming group and yoga sessions. Some people enjoyed swimming and had developed their confidence to also go swimming by themselves. Reviews took place on a regular basis to assess and monitor the impact of the project on people's outcomes.

The outcomes and experiences of people living in the home were the central focus of the service. People had regular opportunities to provide feedback about their service. The ethos of the service was encouraging people to be involved in improving their own services and the wider service.

Resident meetings took place on a monthly basis. Minutes of the group meetings recorded residents' feedback, suggestions, and the provider's response. People had the opportunity to meet with their key worker weekly and review their care plan monthly. Some people found it difficult to engage in this support. However, staff discussed different approaches they used to involve people. The provider should ensure all staff are equipped with these tools and strategies.

People, and their representatives where appropriate, could provide feedback about their service during six monthly service reviews. The provider should gather the views of people's representatives on a more regular basis and include these in improvement plans.

People using the service were integral in the success of the home improvement project to update decoration and soft furnishings in the nine communal lounges in the home. This involved choosing colours and selecting soft furnishings. A group of interested people represented the views of the home's residents and also enjoyed shopping for the items identified. Opportunities to involve and empower people were identified and supported wherever possible.

We were satisfied that quality assurance systems and supportive and effective leadership was driving service improvement. People using the service were integral in these processes. This improved people's experiences and outcomes.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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