

Key inspection report

Care homes for adults (18-65 years)

Name:	Hylton House
Address:	34 The Ridgway Sutton Surrey SM2 5JU

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Claire Taylor	2 7 0 8 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Hylton House
Address:	34 The Ridgway Sutton Surrey SM2 5JU
Telephone number:	02086612663
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Sarah Storey
Name of registered manager (if applicable)	
Mrs Tina Ann Gibbons	
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	6
Additional conditions:		
Date of last inspection		

Brief description of the care home
Hylton House provides personal care, support and accommodation for a maximum of six younger adults who have learning disabilities, physical disabilities and/or sensory impairment. The home provides 24-hour care and support and has its own transport for accommodating wheelchair users. It is a large detached property in a residential area in Sutton and is owned by Choice Care Support who also run a second care home in Surrey. Accommodation is provided over three floors. There is a lift and the home is suitably designed for people who use wheelchairs. The house has been converted and refurbished and offers six spacious bedrooms that are furnished and equipped to a high standard. There is a large rear garden that is well maintained and a paved front driveway with parking. All of the people living in the home transferred from a residential establishment, owned and managed by the NHS. There was one vacancy at the time of this inspection and weekly fees ranged from £1750 to £1877.75. Additional

Brief description of the care home

charges are payable for hairdressing, toiletries, newspapers, taxi hire and some activities such as Aromatherapy. Any extras would be discussed prior to admission. Copies of the Statement of Purpose and Service User's Guide can be obtained directly from the home.

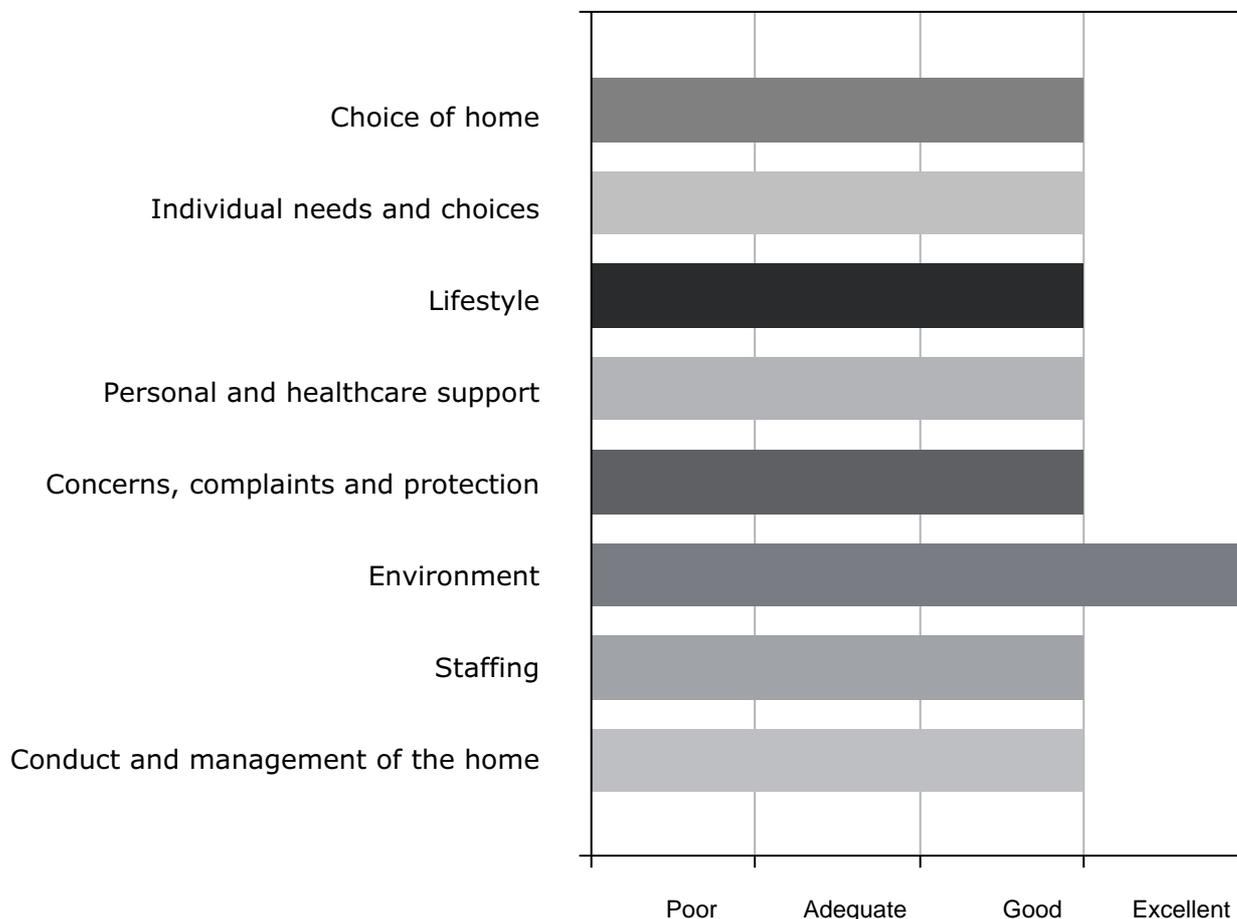
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

'We' as it appears throughout this inspection report refers to the Care Quality Commission. This inspection report is based upon two visits to the home. People living at Hylton House do not have the capacity to fully share their views regarding their care. In order to make judgements about the care that individuals receive, we observed care practices; interactions with staff and tracked three people's records of care. Case tracking means we looked in detail at the care people receive. We also looked at various records in relation to the staff and the way the home was being run. Discussions were held with some of the staff on duty, the home manager and one of the registered providers. During the inspection we observed the daily life of the home and how staff assist people living there. We also looked around the building and viewed the bedrooms. All this information helps us to develop a picture of how the home is managed and understand what it is like to receive support and care at Hylton House. Prior to the visit, the home returned its Annual Quality Assurance Assessment (AQAA) when we asked for it. This is a self-assessment that must be completed once a year. It

is used to tell us about the services provided, how well outcomes are being met for people using the service and any planned developments. Some details from the AQAA are included in this report. We received completed surveys from five staff, one relative and one care professional. At the end of our inspection, we told the manager what we found. We would like to thank the people living in the home, management and staff for their time, assistance and hospitality.

What the care home does well:

People living in the home have both learning and physical disabilities, some of whom have complex needs and limited communication abilities. There is an experienced manager and skilled staff team who know and understand each person's specific needs and individuality. Plans of care are person centred, well created and closely reflect the specific needs of the person. This means that staff have clear information on how to support their needs and lifestyles. Staff closely monitor the health and wellbeing of the people living in the home and work in partnership with other agencies to ensure that each person's health care needs are met. People living in the home are provided with a range of stimulating and varied activities to meet both their specific physical needs and social interests. This extends to both within the home and the local community. Staff have undertaken specialised training to provide therapeutic activities for people who have a sensory impairment. We received favourable comments on surveys about the home. A care professional wrote, " the service users are the priority in all areas;communication with outside agencies is very good;the staff are well motivated,encouraged to try new things and innovative with their ideas." The home is kept clean, safe and furnished to an excellent standard that provides homely and comfortable surroundings for the people who live there. Specialist equipment is available so that people's physical and sensory needs can be met. The home is managed by a committed and knowledgeable manager, who has demonstrated her awareness of each person's assessed needs. The staff work well together to raise standards for the people who live in the home and to make sure that they are at the centre of its services. Positive arrangements are in place to protect people, respond to any concerns and to help represent their views where necessary. The staff show commitment and enthusiasm and good training and supervision systems support them to do their jobs well and reflect upon their performance and practice. The provider and the manager have a very positive approach to developing this new service and show a willingness to work with us to maintain and improve standards where necessary.

What has improved since the last inspection?

This was the home's first inspection since registration so it is not possible to judge where improvements have been made.

What they could do better:

The reader should note that newly registered services cannot achieve an excellent rating at their first inspection as they would need to demonstrate a consistent track record over time. This service has more strengths than weaknesses and we recognised that the home is working hard towards excellent outcomes for people who use the service. Each person needs an up to date contract so that they have accurate information about all costs and facilities they can expect to receive. The manager's working hours, staff roles and designated person in charge each day must be identified on duty rosters for clarity and legal purposes. Recruitment practices need to be more thorough, to ensure that people are kept safe from possible harm or poor practice. Full employment histories must be explored for all future employees and two references obtained that include the applicant's most recent employer. Some improvements are needed in relation to the management of medication to ensure safer practice and minimise the risk of error. All stock medication must be checked regularly and recorded. Access to the medicine cabinet needs to be managed more securely.

Operational visits to the home as required by regulation 26 had not fully started. As this is a new service, copies of these reports need to be sent to the Commission until further notice. This is so we can monitor how well the service is running in its first year.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service and their representatives have the information they need to make an informed choice about the home. People have an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. Up to date contracts are needed so that people have accurate information about the facilities and services they can expect to receive.

Evidence:

The manager wrote on the AQAA, "Our service users were in long stay hospital and have changed so much since they moved in to the home in March 2009." We looked at the home's Statement of Purpose and Service Users Guide. They both contain important information about the service and have been produced in an easy read format to help people understand what to expect of the home. We looked at two people's care records. People living at Hylton House moved there from an NHS residential service and there was good information about their needs both prior to the move and at the point of admission. This told us that the service makes sure people's needs are fully assessed and that they can decide if they have the capacity to meet

Evidence:

their needs. The home's assessment covers all aspects of a person's life, including their strengths, hobbies, social needs, dietary preferences, health and personal care needs and ability to take positive risks. Some equality and diversity issues are also explored through assessment which included details about the person's age, ethnicity, preferred faith and culture. There was useful information about a person's likes and dislikes and their preferred choice of social and therapeutic activities. A copy of a recent local authority needs assessment was also available on the files. There was one vacancy at the time of our inspection and the manager was in the process of consultation with the prospective person's family with a view to placement. There is a six week settling in period which allows time for the individual and the home to determine if the service is suitable to meet their needs, wishes and aspirations. A full review meeting is then held to confirm any long term placement. All people living in the home did not have an up to date and relevant Individual Service Agreement. We saw an example of a contract that the home intends to use. Full details about any extra costs needs to be included and all contracts must be subsequently reviewed each year. This is so that people and/or their representatives have accurate information about the fees and services they can expect to receive and likewise the home's duty of care to them.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs are well met through good practices that are supported by informative care plan records. Care plans are person centered so that staff know how to support each person's unique needs in a way they prefer. Risk management is good and promotes each person's independence whilst ensuring their safety from harm.

Evidence:

We looked at care records for three people living in the home. Although the home has not been open very long, each file contained a range of records that look at all areas of the individual's life in a person centred way. The manager and staff had taken steps to obtain lots of useful information about each person so that they would know what support they require. Care records included up to date person centred plans from each individual's previous home. We saw that plans had been regularly updated to reflect any changing needs and monitor whether objectives had been achieved. Plans included good information about each person's goals and aspirations, their skills and abilities, social lives and preferred lifestyles. Care plans are person centred and closely reflect the care and support required to meet people's assessed needs. The manager

Evidence:

explained that she was in the process of updating the person centred plans following people's transition from their previous NHS home. There were also guidelines in respect of individual needs such as mobility, communication and eating. Other areas covered in each person's file included specific care plans for people who have epilepsy. They were clear and straight-forward and enable any new staff to get a clear idea of a person's most immediate needs and how to meet them. Each person also has communication guidelines that inform staff on how to understand their individual means of expression. I.e. through body language, gestures or behaviour patterns. There are good systems in place that will ensure that the placement and the care plans are reviewed regularly. These also involve people's care managers, family and other representatives such as advocates as necessary. Care records showed that each person has a named keyworker staff and there are advocacy arrangements, as well as family input, to represent people's interests. As good practice, we suggest that a monthly summary of events is written up for each person so that keyworkers can check what has been happening for the individual and to further ensure they are meeting their needs and aspirations. Whilst the ability of the service users to make informed choices is limited, staff nevertheless try to consult them on everyday decisions that affect them. Daily records and observation of staff working with individuals reflected this. People living at Hylton House have no verbal communication, but staff were observed interacting with individuals and including them in a day-to-day tasks within the home. Staff spoke with individuals about what they had done during their day and encouraged each person to respond in their own way. We saw risk assessments reflecting activities that people take part in so that there are efforts to minimise risk and promote people's safety. Guidelines for daily routines also show staff how to meet typical daily needs in a safe way. Individual assessments covered the full range of assessed risks and matched the needs of each person. Examples seen included personal care, eating and drinking, mobility, accessing the home / wider community and using the home's vehicle. There were specific risk plans associated with people's healthcare needs such as epilepsy, pressure sores and diet. Risk plans had been reviewed to reflect any changes to a person's needs. These show that the home manages risk processes well and ensures that activities people take part in do not put them at unnecessary risk of harm, whilst protecting their individual rights and choice.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Hylton house are treated as individuals and staff respect their rights. They

have the opportunity to enjoy regular events and activities to enhance their quality of life. People are supported to maintain important links with family and friends. Specific needs and preferences are well catered for ensuring the people who use the service are provided with a varied and balanced diet.

Evidence:

People living in the home have highly dependent needs including physical disabilities and limited verbal communication. Staff therefore tend to organise activities based upon each individual's assessed needs and knowledge of their preferences. Care records sampled showed that individuals are provided with regular opportunities to experience their local community. The service ensures that despite profound learning and physical disabilities people who use the service continue to enjoy the life

Evidence:

opportunities that they experience. During our inspection we saw individuals go out with staff for various social and therapeutic activities. There is a structured programme of activities which includes one-to-one time with staff, swimming at a local recreation centre, sensory sessions at day centres and college courses. Other activities include social clubs, shopping, lunches out, cinema, visits to places of interest and art and music activities. Themed events such as a "Brazilian" day have been organised so that people can experience different cultures and foods. The home also arranges birthday celebrations and parties that involve people's family members and friends. We saw that people had large photograph albums of activities both inside and outside the home to help them recognise routines and represent special events or outings. Staff working in the home support and encourage people to be as fully involved as possible, despite their limited capacity. We saw one person helping in the kitchen as they enjoyed watching the food preparation. Despite their physical limitations to actively take part, staff made sure the person was included in what was going on by involving them in conversation and describing what was going on around them. For those people with sensory impairments, staff use physical contact such as hand massage and objects of reference as communication aids to improve the person's recognition of daily routines. These included a hand held weight to represent a gym activity for one person and a pair of swimming trunks for hydrotherapy. An aromatherapist visits the home on a regular basis and staff have been trained to use 'creative interaction therapy' to meet people's sensory needs. Activities include dramatherapy and music sessions. Pictures and photos supplement the menu display making it more accessible and meaningful to people. The lunchtime meal served was a lamb moussaka. This corresponded with the daily menu and was prepared accordingly for those people who required a soft diet. During our visit, staff assisted people in a dignified manner and supported them to finish their meals at their own pace. People living in the home seemed very relaxed and staff knew how to respond to their body language or gestures when eating. Due to their physical needs around eating and drinking, we saw that each person had a specific support plan which had been written by the 'Dysphagia' team from the local authority. The plan gave detailed guidance on how the person should be supported and the type of eating aids or equipment that must be used. It included pictures and photos and was also available as a place mat on the dining table for staff to refer to. This was a very creative idea and ensures that staff know how to meet each person's assessed needs and preferences when taking their meals. Records also told us that the staff team work closely with the Dietician and the Speech and Language Therapist.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Clear guidance and the knowledge of experienced staff helps to ensure that people receive support in ways that they are familiar with and comfortable with. Health care needs are well met and closely monitored. This ensures that people receive health services efficiently when required and promotes their quality of life. Medication practices are generally well organised although some improvements will ensure better safety and consistent treatment for each person.

Evidence:

The AQAA stated, "We work closely with our partners ie professionals in the healthcare field to support us with our concerns and we receive training where necessary. We have open lines of communication to ensure the well being of our service users." All of the people living at Hylton House require support and physical assistance with their personal care. Each care plan viewed contained very detailed information about how personal care should be delivered to each person and considered their preferences, likes and dislikes. Where support is required with personal physical care, guidance was available on how specific tasks should be undertaken. E.g. manipulation and correct resting positions for the four individuals who use wheelchairs. Staff were observed carrying out a variety of tasks competently and had a good knowledge about

Evidence:

meeting people's physical needs and ensuring their safety and well being. People living in the home also have a range of complex healthcare needs. The manager and staff were knowledgeable about each person's required personal and healthcare support routines. Staff were attentive to individuals and were able to identify with the gestures and reactions that people gave, what these were likely to indicate and respond appropriately. Information about health conditions such as epilepsy is available in the home. Staff have received training on epilepsy to enable them to fully support those individuals with such specialist needs. This included attending an additional course on how to administer rectal diazepam. None of the people who live in the home are able to take their own medication. Certificates showed that sufficient staff are trained to administer medication. We checked the way the home manages its medication practices and discussed the process with the deputy manager. Medicines and creams were stored correctly in a locked cabinet and there were up to date records kept for its receipt and disposal. Guidelines were available to specify what medication must be given and the reasons for prescription. We checked the administration charts which were all signed and accounted for. The medicine key was kept on a wall hook by the cabinet. To further ensure safe practice, the key must be stored more securely. A second improvement is that all stock medication must be checked on a regular basis and not just when it is administered. This is to further ensure safe practice, provide an audit trail and minimise the risk of error. For some regular medication, namely a regular laxative, staff had entered a code to denote when it had not been administered on various days. This must be defined however on the administration chart with a reason why the medication was not given. Given that the medication was prescribed on a daily basis, the home should also ensure that the medication is reviewed by the person's GP to reflect any changed needs for the person. The manager advised that she was due to consult with the GP to review such medication. People living in the home are each prescribed a supplementary food and drink thickener for their dysphagia needs. The directions for administration require them to be given "as directed by the doctor." Care plans for each person included clear instructions on the amount of drinks required which varied according to individual needs. Administration charts were not signed however and the home should develop a system for recording that the medication has been given. As further good practice, we think that the home should also make recorded checks on all other medication to maintain an audit trail. Aside from these issues, the medication systems were in good order and well managed.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Good practices and policies are in place to enable concerns to be raised and responded to. Arrangements for safeguarding are well managed and help ensure that people are safe. Staff have a good understanding of recognising and preventing abuse.

Evidence:

The home has a complaints procedure that is clearly written and produced in pictorial format to assist people in their understanding and communication. The procedure is displayed in the home. People living in the home would need total support to make a complaint and would rely on a relative, staff or other people to raise a concern on their behalf. The home helps to ensure that their views are represented through an independent advocate who works for the local authority. All five staff ticked on their surveys that they knew what to do if concerns were raised about the home. We were advised that the home had received one complaint since it opened. There are appropriate policies in place regarding the prevention of abuse including the Sutton local authority procedure for safeguarding vulnerable adults. We saw that the manager and staff received training on safeguarding vulnerable adults in April of this year. One of the providers has also completed a 'train the trainer' course on safeguarding so that she can deliver training to other staff. There are systems in place and relevant policies to safeguard people's welfare. For example, a whistle blowing policy to state what action to take should staff suspect anything untoward. The home ensures that all significant events are promptly reported to us as required by law. Since the service opened, we have been notified about two safeguarding incidents.

Evidence:

The home acted promptly to report each incident to the relevant external agencies and followed the correct procedures such as suspension of staff involved in each allegation. Records showed that the outcomes from the referral meeting were managed well by the home. i.e. necessary changes were made and actioned concerning a person's care and support plans and policy for use of the home's vehicle. The manager had also planned some refresher training and discussion for the next staff meeting. At the time of this inspection, the conclusion of the investigation was not available. Any findings will be included in the next inspection report. People living in the home need full support with their finances and are reliant on staff, family or other representatives to manage their monies. Appropriate documentation was in place with regard to income/expenditure made on their behalf as well as policies and personal risk plans to safeguard their interests. Records are kept of all financial transactions and daily checks are made at the staff handover to ensure that these are correct. These systems are good and help to ensure that people's financial interests are safeguarded.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with safe, comfortable and homely surroundings in a house that is kept clean and well maintained. The home makes sure people have the right specialist equipment that encourages and promotes their independence. People have spacious bedrooms that are designed and furnished to reflect individuality and meet their needs.

Evidence:

Hylton House is a purpose built home that is very well maintained, attractive and has good access to local community facilities and services. The accommodation is arranged over three floors with an accessible lift and there is adequate space for wheelchair access throughout the building. All areas have been decorated to an excellent, modern standard in meeting with the home's stated purpose. The lounge and dining rooms provide a bright, comfortable and homely environment for the people living there. There is a large rear garden and patio area with a spacious paved driveway to the front of the house. We saw that people spend time in the garden area and are supported to join in and experience gardening activities with the staff. People have spacious bedrooms that are designed and furnished to meet their individual needs and preferences. The home makes sure people have the right specialist equipment that encourages and promotes their independence. This included hoists and slings, special beds and chairs adapted for each person. There were beanbags in the

Evidence:

lounge for people to relax and spend time out of their wheelchairs. Each bedroom contained personal belongings, furnishings and photographs, which helped individualise and make it a personal space. The bathrooms were spacious, clean and fitted with appropriate aids and adaptations to meet people's physical needs. The home had a planned five year works programme which outlined any future projects and home improvements. This included development of a water feature and sensory garden area and a shed conversion into a sensory room within the next two years. A handyman is employed by the owning company to undertake essential repairs and maintenance where necessary. The laundry facilities provided are appropriate for the needs of the people who use the service. Protective clothing is available to staff and appropriate arrangements were in place for the safe storage and regular disposal of clinical waste. Staff have received training on infection control and the home was very clean and tidy with good hygiene practices in place.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. People's needs are met and they are supported because staff get the right training, supervision and support they need from their manager. The recruitment practices need some improvement to further ensure that people are kept safe from possible harm or poor practice.

Evidence:

Since the home opened, the staff team remain largely unchanged with low turnover. This enables consistency and familiarity for the people who live there. We looked at staff rotas, which showed that the home is staffed efficiently, and the staffing structure is planned around people's routines, lifestyles and assessed needs. There are always between three and five staff each day and staffing arrangements are flexible so that people are appropriately supported. Some improvements are needed with the rotas however as they did not provide an accurate record of who worked. Rotas did not include the manager, the full names of the staff or who was in charge. This must be addressed for better clarity and legal purposes. On our follow up visit, the manager had changed the rota format to reflect the information. All three staff we spoke to had a good understanding of each person's specific needs and their unique ways of communicating. Members of staff were observed to work in a professional and courteous manner and treated people living in the home with dignity and

Evidence:

respect. Regular staff team meetings are held; minutes were clear and focused on people's needs as well as the day-to-day running of the home. Discussions with staff confirmed that they found training valuable and relevant to their work. Written comment cards from five staff were very positive on their experience of working at the home. All staff said that they had appropriate recruitment checks carried out prior to them starting work. Four ticked that their induction to the service covered everything they needed to know 'very well' and one 'mostly'. All responded that there were 'always' enough staff to meet people's needs and that they were 'always' given up to date information on how to support and care for people. For what Hylton House does well, staff comments included, "the home has a person centred approach in delivering the service. Privacy, respect, dignity are always maintained." Another staff wrote, "Hylton House is a very nice place to work in. The environment is great! The interaction between service users and staff is very professional and friendly." A third comment said, "the home always try to improve the service that they provide." There are detailed procedures to ensure that staff are vetted correctly before they begin work. Some improvements are needed with the home's recruitment practices however. We looked at records for four staff and these contained most of the required legal checks and documentation. Each file was organised clearly and included good information about a staff's training and experience. Interview questions and answers were also held on file which is good practice. For three staff however, there were some gaps in their employment histories (no explanation) and only one reference available. In addition references had not been obtained from any of the staff's most recent employer. This is a required check that must be carried out by law. We therefore asked the home to put this right within a month. On our follow up visit, we saw that the manager had obtained the required information, updated the staff files and revised both the job application and reference request form. Although the correct checks were put in place for all existing staff, full recruitment checks must be completed for all future employees to ensure that people using the service are protected from unsuitable workers. We have therefore made a requirement concerning recruitment. The manager provided us with a detailed copy of staff training which identified any completed courses and planned ones. Records confirmed that three staff have completed an NVQ 2 qualification, the deputy has also done the level 3 qualification and one other staff was due to complete their studies for level 3. Records also showed that the staff team have a wide range of experience to meet the specific needs of people using the service. There has been training on dysphagia enabling staff to understand the difficulties people have with swallowing and an in house session through a Physiotherapist on using hoists and slings when moving and handling. Staff have undertaken training on intensive interaction therapy so they can meet the needs of people who have sensory impairments. The home also uses DVD training packs and accesses some training through the local authority. Records confirmed that staff had

Evidence:

started to receive regular supervision with the manager or deputy. There are plans for all staff to have an appraisal of their work each year. These systems therefore support staff to do their jobs and reflect upon their performance and practice.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The manager who, although new to the service, has a good leadership approach to run the home in the best interests of the people who live there. Good systems are in place to promote and protect the health, safety and welfare of people living and working in the home. Record keeping is well managed to ensure that people's rights and best interests are safeguarded.

Evidence:

Since the home first registered with us in March of this year, there has been a change of manager. Jennie Knight took over the running of the home in April and has many years experience in working with people who have learning disabilities. She was previously employed as an advocate for Sutton council and has worked with the people that live in Hylton House. The home manager confirmed that she has made an application to register with us. When surveyed all five staff responded that they 'regularly' meet with their manager for support and to discuss how they were working. One staff also wrote, "I have very supportive management that invest in their staff to build up on knowledge and skills to develop our work better." As the home has only been open for six months, the overall effectiveness of the quality assurance systems

Evidence:

could not be assessed. The home has plans to ensure that the quality of the service is monitored however. The returned AQAA gave a realistic summary of the home and we saw evidence to support this during our inspection. The quality of record keeping in the home is generally good, with all records required during our visit easy to access and stored securely in the locked office when not in use. We saw that there had been one operational visit to the home as required by regulation 26 since it opened. We suggest that the format is revised so that it considers outcomes for people who use the service. The provider stated that she intends to complete an audit of the service once a month. As this is a new service, copies of these reports need to be sent to the Commission until further notice. This is so we can see how well the home is running in its first year. During the inspection we looked at the records relating to health and safety in the home. Staff have received mandatory training including, fire safety, manual handling, infection control and food hygiene, which promotes good health and safety practices. The home has good systems in place that aim to promote the health, safety and welfare of the people using the service, staff and visitors. In addition, there is clear policy guidance for staff to follow regarding a range of health and safety activities. There were appropriate maintenance contracts for the home concerning gas and electrical safety and for servicing equipment such as the assisted baths, hoists and wheelchairs. Fire drills are organised at regular intervals and all staff had taken part in a practice fire evacuation. Fire alarms and equipment checks were up to date. Checks on hot water temperatures are carried out regularly to ensure that they are maintained at a safe limit. Risk assessments covering safe working practices have also been completed to safeguard the welfare of people living in the home, staff and visitors. Accurate records are kept for accident and incidents and the home keeps us informed about any reportable events. Record keeping was in good order.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	5	5A	<p>Each person needs an up to date and completed contract that includes the full terms and conditions for staying in the home.</p> <p>So that people and or their representatives have accurate information about all costs and the facilities and services they can expect to receive.</p>	27/01/2010
2	20	13	<p>The key for the medicine cabinet must be stored securely.</p> <p>To ensure safe practice and that access to the cabinet is protected.</p>	27/11/2009
3	20	13	<p>When a medication is not administered, the defining code must be entered on the medicine chart.</p> <p>To ensure safe practice and provide an audit trail.</p>	27/11/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
4	20	13	<p>All stock medication must be checked on a regular basis.</p> <p>To maintain an audit trail that further ensures safe practice and reduces the risk of error.</p>	27/11/2009
5	33	17	<p>Staffing rotas must be recorded in more detail and include the manager.</p> <p>So that they provide an accurate and true record of all staff working in the home.</p>	27/11/2009
6	34	19	<p>All of the required information and vetting checks must be obtained prior to staff beginning work.</p> <p>This makes sure that all people who work at the home are safe to do so.</p>	27/11/2009
7	34	19	<p>When recruiting new staff, two appropriate references must be obtained and include the applicant's most recent employer.</p> <p>To ensure that people using the service are protected from unsuitable staff and that people who work at the home are safe to do so.</p>	27/11/2009
8	39	26	<p>The responsible individual must ensure that operational</p>	31/12/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			visits are carried out monthly and reports are made available. As this is a new service, copies of the regulation 26 visit reports must be sent to the Commission until further notice. To show how the organisation monitors the conduct of the home and how well the service is running.	

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	20	A record should be kept of all medication that is administered on a regular basis, namely food or drink supplements.
2	20	Weekly checks on all medication should be recorded for audit purposes.
3	37	That the provider and manager familiarise themselves with the KLORA (Key Lines of Regulatory Assessment) guidance on meeting outcomes for people who use the service.
4	39	That the monthly report made under Regulation 26 is revised so that it considers and reflects any outcomes for people who use the service.

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