

Bridgefoot Developments Limited

Jason Hylton Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 5 January 2018 and the inspection was unannounced and undertaken by one inspector. At our previous inspection in December 2015, the service was meeting the regulations that we checked and received an overall rating of Good. At this inspection we found the service remained Good.

Jason Hylton Court is registered to accommodate 40 people in one building that has been adapted to meet people's needs. At the time of our inspection 33 people were using the service. Bedrooms are provided over three floors with three lounge areas and a dining area on the ground floor. An enclosed patio area is available that people can access.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager oversaw the running of the home and was supported by a deputy manager, senior support workers and support workers.

People continued to receive safe support. Sufficient staff were available to support people who understood their role in protecting people from the risk of harm. Risks to people were identified and minimised to maintain their safety. Assistive technology was in place to support people to keep safe. People were supported to take medicines and records were kept which demonstrated this was done safely. The recruitment procedures in place ensured the required checks were undertaken before staff commenced employment, to ensure they were suitable to work with people. People were protected by the systems in place for the prevention and control of infection.

People continued to receive effective support. Staff had the skills to support people because they received support and training. People were supported to have maximum choice and control of their lives and staff understood the importance of gaining people's consent regarding the support they received and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in the assessment and reviews of their care; which enabled them make decisions about how they wanted to receive support in their preferred way. People were encouraged to eat a balanced diet that met their preferences and assessed needs and were supported to access healthcare services. People received coordinated support that met their needs and preferences because the registered manager worked with other organisations and healthcare professionals to achieve this.

People continued to receive caring support. There was a good relationship between people and the staff who knew them well and promoted their independence and autonomy. People's privacy and dignity was respected and upheld by the staff team and people were supported to maintain relationships with those who were important to them.

People continued to receive responsive support. People were supported to develop and maintain interests and be part of the local community. The registered manager actively sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided.

People continued to receive well led support. A positive culture was in place that promoted good outcomes for people. People and their representatives were involved in developing the service; which promoted an open and inclusive culture. Staff understood their roles and responsibilities and were encouraged by registered manager to develop their skills. The registered manager and provider understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Jason Hylton Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 5 January 2018 and was unannounced. The inspection visit was carried out by one inspector.

Jason Hylton Court is a care home located in Swadlincote, South Derbyshire. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Jason Hylton Court is registered to provide a care home service with nursing for up to 40 people in one adapted building with bedrooms provided over three floors and three lounge areas and a dining area on the ground floor. An enclosed patio area was available that people could access. At the time of the inspection there were 33 people using the service.

The inspection was informed by information sent in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included information from the local authority and clinical commissioning group regarding their monitoring visits at the service and statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

During the inspection we spoke with five people who used the service and observed how staff interacted with them. We also spoke with two people's relatives and with the registered manager, the administrator, a nurse, three care staff and two activities coordinators. We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care

appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement, such as their quality monitoring audits which included infection control audits and fire safety checks.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I couldn't manage anymore at home and my relative lived here and I used to visit; so I was happy to come here. I knew all the staff and the manager they are all very nice. I wouldn't want to be anywhere else; I feel very safe here." Another person told us, "I am safe here; the staff make sure of it." A visitor told us, "My relative is very well looked after by the staff. I visit every day and can't fault the care they get." We saw that people had a good rapport with the staff that supported them and they were relaxed and comfortable with them.

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "If I had any concerns I would report them to the manager or the nurse in charge." We saw there were safeguarding procedures in place in line with the provider's procedures and the registered manager, who had managed the home since it opened, had a good understanding of these.

We saw that people were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the equipment they needed to keep safe. For example, some people used walking frames to maintain their independence with walking.

The care plans demonstrated that risks to people's health and wellbeing were assessed. We saw where people were at risk of falls, equipment was in place such as sensor mats. Risk assessments provided staff with guidance on how to support the person and we saw that these were followed. Equipment was maintained and serviced as required to ensure it was safe for use. Plans were in place to respond to emergencies. These provided information on the levels of support each person needed to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs and staff knew how to support people if an emergency happened.

People and their visitors confirmed there was enough staff available to support them. One person told us, "If I need any help the staff are always around." A visitor told us, "There is always staff available when I visit." There was sufficient staff with varying levels of skills available to support people. This included nurses, senior carers and care staff and activity coordinators. The registered manager confirmed that the staffing levels were continuously assessed against people's needs.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

People told us and we saw the nurses supported them to manage their medicines safely. During the lunch time meal, we observed the nurse spent time with people explaining what the medicine was for. When

people had medicines that were on an 'as required' basis we saw this was offered to them first. There was guidance known as PRN protocols available to ensure people had these medicines when needed. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them. The nurses told us and records showed they received training and had checks to ensure they managed medicines safely. They knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as needed.

There were systems in place to ensure the prevention and control of infection was managed within the home. We saw that personal protective equipment such as aprons and gloves were used within the home. A cleaning schedule was in place and three monthly infection control audits were undertaken to identify any areas for improvement. Infection control guidance was in place for staff regarding prevention and control and we saw this was followed. For example, since the last inspection there had been a health outbreak within the home, the registered manager told us they had followed guidance by contacting Public Health England as required and closing the home to visitors during the outbreak. PHE is an executive agency of the Department of Health that was formulated in April 2013. Its formation came as a result of reorganisation of the National Health Service (NHS) in England outlined in the Health and Social Care Act 2012. We also saw the provider had been rated five stars by the food standards agency.

The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food had completed training in the safe handling of food.

We saw that accidents and incidents were reviewed and actions taken as needed to ensure people received the appropriate support; such as referrals to the falls clinic for assessment. Accidents and incidents were analysed to identify any patterns or trends so that actions could be taken as required to improve outcomes for people.

Is the service effective?

Our findings

People's support needs were assessed prior to using the service. One visitor told us, "Before my relative came to live here someone came out from the home to assess them." We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs and their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

Information in people's care plans reflected the support they told us they needed and the support we observed on the day of the inspection. For example, some people required a soft diet as they had been assessed by a healthcare professional as at risk of choking. We saw that staff followed this guidance and supported the person according to their care plan when they were eating. This demonstrated that appropriate referrals to external health care professionals were made to ensure people's needs were met.

People were happy with the support they received from the staff team. One person said, "They are all lovely and they know me well; so they know how I like things doing." A visitor told us, "The staff know how to look after my relative and they all seem very competent." Staff received training and they confirmed this supported them to meet people's needs. One member of staff told us, "We are kept up to date in all areas of training." The registered manager told us that new staff without any care qualifications completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. Where staff had already achieved qualifications in care they completed the royal college of nursing induction for staff working in a care environment. This demonstrated that staff received the support and training required to support them to meet people's needs and maintain their safety. Staff confirmed they received regular supervision and we saw a plan was in place to ensure supervision was provided on a regular basis. The registered manager confirmed that supervisions included providing staff with constructive feedback and identify training needs.

People complimented the food available to them and confirmed choices were offered. One person said, "There's always plenty of variety and if you want you can have a cooked breakfast in the morning." Another person said "The food is very nice here, there is always a choice and if you don't want the choices on offer they will make you what you fancy." Nutritional assessments were in place that identified people's specific needs and people were weighed on a regular basis. We saw that assessments and weights were monitored to ensure any changing needs were identified and managed; so that people could be referred to the appropriate health care professional. This demonstrated the registered manager ensured people were supported with their dietary needs.

When people moved between services this was done in a caring and considerate way. For example, the registered manager told us how one person on admission to the home had been dependent on staff for most of their care needs. This person had expressed a wish to return home and with the support of the staff team had increased their independence. The registered manager had supported them to return home and

referrals for the appropriate aids had been made to enable them to return home safely.

The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. People confirmed they were supported to see health care professionals as needed. One person said, "The doctor comes in to see me if I'm not well and the chiropodist does my feet." A visitor said, "If my relative is unwell they get the doctor to see them and they let me know."

We saw the provider ensured people were protected under the Equality Act. This varied from call systems that enabled people to call for staff support, adapted utensils to enable people to eat independently, to the accessible facilities within the home to enable people to move around the home independently. The design of the building enabled access for people that used wheelchairs and accessible outdoor spaces were available for people to use.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision, such as the support the person needed to ensure their personal care needs were met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. One person had a DoLS which had been authorised and the conditions relating to this were met. Discussions with staff demonstrated they had an understanding of the Act and DoLS and we saw they had received training.

Is the service caring?

Our findings

People liked the staff. One person said, "They are all lovely, very friendly." Another person told us, "I wouldn't want to be anywhere else the staff here know me well and we have a laugh and a joke together." We observed a positive and caring relationship between people and the staff. The staff demonstrated a good understanding of people's needs and were able to effectively communicate with them.

People confirmed they were in agreement with their care plans and had been consulted regarding the support they received. One relative told us, "I am always fully involved. I can't fault them and if there is ever anything I feels needs changing I just tell the manager and she sorts it out."

People were supported to be as independent as they could be and we observed this throughout the day as people moved around the home freely and decided which activities they wanted to participate in. One person told us, "I'm not one for joining in, but I sit and watch and the staff always ask me if I want to join in; I suppose it's in case I change my mind."

The registered manager confirmed that one person was using the services of an independent advocate and information was available regarding these services. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

Staff respected people's need for privacy; for example, we observed staff knocking on bedroom doors before entering. People confirmed that the staff supported them to maintain their dignity when they received care and support. One person told us, "The staff always make sure I'm covered over when I have a wash." We saw people were supported to maintain their appearance, by choosing clothing that met their preferences and personal style.

Staff understood their role in ensuring people's right to confidentiality were maintained and confirmed they did not discuss people outside of work. One told us, "We are very careful that we don't discuss information about people in front of other visitors to make sure we maintain their confidentiality."

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One visitor told us, "I visit every day and the staff always make me very welcome."

Is the service responsive?

Our findings

We saw social activities were provided and people told us they enjoyed these. One person said, "We do all sorts really and if you want to join in you can but no one forces you too. I enjoy the activities it breaks the day up."

Two activity coordinators were employed and throughout the day people were supported to be actively involved in activities of their choice. One person told us, "They do ask us what we like to do and in the warmer weather we go out but it isn't that nice at the minute so we do things inside instead." Staff confirmed people were supported to stay as active as they could be. One member of staff told us, "We do encourage people to do as much for themselves as they can even little walks around the home help them to stay mobile." We observed that people were supported to walk to and from the dining area where they were able.

At the time of the inspection people who used the service were able to communicate their needs and preferences. The registered manager confirmed that people's communication needs were assessed prior to admission and this was reviewed through their communication plan on an ongoing basis. In the past pictorial information had been provided to support people where this was required. We saw that large print books were available for people. One member of staff told us, "We also have audio books but these aren't really used by anyone at the moment. We have the library visit as well so we can order whatever people need or request." Some people were supported to contact their relatives using skype; which allows people to have a spoken conversation over the internet and can include the use of a webcam.

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Staff understood about respecting people's rights and supported them to follow their faith. Visits were provided by the local church to meet people's faith needs.

People confirmed they would feel comfortable telling the registered manager or staff if they had any concerns. One person told us, "If I wasn't happy I would tell the manager; she is very good and would sort it out for me." One relative told us, "The manager has sorted out issues for me in the past. Any concerns are dealt with swiftly." The staff confirmed that if anyone raised any concerns with them they would inform the person in charge. A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these were addressed in a timely way with the actions taken and outcome recorded. A system was in place to audit the complaints received to identify any patterns or trends. We saw that no trends had been identified regarding the complaints received in 2017.

People and their relatives were involved in discussions about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People had end of life care plans in place where appropriate, which included a clear record of their wishes about resuscitation. Where people were able to make this decision for themselves, this was documented. Where people could not,

evidence showed that external medical professionals had followed the Mental Capacity Act 2005, and a best interest decision had been made. Staff received training to ensure they knew how to support people at the end of life. One member of staff told us, "I have completed end of life training, it was very interesting and has enabled me to support people with their needs and preferences. I find supporting people at the end of their life very rewarding." The registered manager confirmed that they had sourced additional training through the local authority which a further four staff had been registered to attend.

Is the service well-led?

Our findings

There was a registered manager in post who was clear on their responsibilities. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken. The current rating was displayed in the home. The provider's website was in the process of being update and the home page was not available. The registered manager confirmed that their current rating would be displayed on the home page when it had been updated.

Staff were committed to promoting equality and supporting people to lead full lives. One member of staff told us, "We do our best to encourage people to do as much as they can for themselves and participate in activities that interest them." The activities coordinators told us they had attended an activities training course to improve outcomes for people by ensuring activities were based on their preferences and cognitive abilities. One told us, "We are using information from the Healthwatch Staffordshire report called 'Living not Existing' to help us plan activities based on people's cultural needs, preferences and cognition." People we spoke with confirmed that the staff supported and encouraged them to participate in activities and maintain their independence.

Staff confirmed they were supported by the registered manager and were confident that any concerns they raised would be taken seriously. We saw a positive culture was promoted with the registered manager being present within the home. The registered manager encouraged staff to professionally develop. We saw a positive rapport was in place between the registered manager and staff team who told us they felt supported.

Regular meetings were undertaken with people that used the service and their relatives and questionnaires were sent out on a three monthly basis to seek people's views. We looked at the questionnaires completed in December 2017 and saw that positive responses were received. People confirmed they felt their views were sought and listened to. One person told us, "They do ask our opinions about what we like and what we don't."

Staff confirmed they were provided with staff meetings and minutes were available for them if they were unable to attend. They told us that the culture of the service enabled them to speak with the registered manager if they had any concerns. One told us, "The manager has a lovely nature; she is very supportive and easy to talk to." Another said, "We can go to the manager with any issues both work related and personal; she is very caring. It's a lovely place to work."

Quality monitoring was in place and we saw that actions were taken to drive improvement. This included audits of the environment and infection control and food hygiene monitoring, medicine and care plan

audits and review of staff training and support. The registered manager confirmed that they kept up to date with current guidance to ensure they were following best practice guidelines. This included reading journals and attending training to keep up to date with current practice.

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

The registered manager promoted partnership working with other professionals such as local doctors' surgeries and community teams; to ensure people received the support they required. They told us, "We have a good working relationship with all visiting professionals." The local authority quality monitoring team confirmed they found the registered manager and staff team had worked well with them to ensure outcomes for people were met.