Hylands House Care Ltd

Hylands House

Inspection report

Warwick Road
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Tel: 01789414184

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 November 2018 and was unannounced.

Hylands House is a residential home which provides care to older people including some people who are living with dementia. Hylands House is registered to provide care for up to 21 people. At the time of our inspection there were 17 people living at the home. The home has spacious living areas and is set over two floors with lifts to enable people to easily access both floors. The home is set in a residential area with easy access to the local community and has a large garden.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

This service was last inspected in June 2016 when we rated the service as 'Good' overall. However, we found some improvements were required in the leadership of the service because systems of audits were not managed or regularly completed so it was difficult to see what had been identified as requiring improvement and what actions had been completed. At this inspection we found similar issues, so whilst the rating of the service remains 'Good' overall, further requirements are required to ensure checks and audits are recorded and effective and records are consistently maintained.

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 had recently gone on extended leave of absence and the provider had recruited a new manager to lead the service while the registered manager was away. The new manager had been in post for two weeks at the time of our inspection visit and was in the process of registering with us. This meant they would have the legal responsibilities of a registered person during the other registered manager's absence.

People's needs were met by sufficient numbers of staff. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff recognised the signs of potential abuse and knew how to protect people from harm. Staff had undertaken training to help them provide effective care to people. Staff had not always had opportunities to speak with a manager about their developmental needs, but this had been recognised by the new manager and action had been taken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Deprivation of Liberty Safeguards applications had been submitted to the local authority when people's care plans contained restrictions to keep them safe which people did not have the capacity to consent to.

People had sufficient amounts to eat and drink to ensure their dietary and nutritional needs were met. Staff supported people to access other health and social care services when they needed to and attend healthcare appointments when required. People received their medicines as prescribed.

People were treated with kindness by staff who knew them well and understood them. People were happy with the caring attitude of staff. Staff were respectful of people and promoted their dignity by supporting them to maintain their appearance.

People had person centred care plans which were inclusive of people's views and wishes. Support plans were regularly reviewed so staff had the most up to date information to support people. Good communication between staff meant people's changing needs were responded to appropriately.

Records and checks were not consistently maintained. The new manager spoke openly about some policies and procedures that needed to be improved to ensure people received consistent standards of care. They had already started to make improvements which were supported by staff. The new manager understood the need to get to know people and their relatives and listen to their views so they could identify where improvements were needed to improve outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service was remains 'Requires Improvement'. Checks and audits were not always recorded or effective in identifying areas where improvements were required. Records were not always consistently maintained and there were no systems to gather feedback from people. A new manager had been in post for two weeks and had already started to make improvements with the support of staff.	**Requires Improvement**

Hylands House

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 checked 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 visit took place on 20 November 2018 and was unannounced. The inspection visit was undertaken by one inspector, and assistant inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Commissioners had no serious concerns about the service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIC was not very detailed but we gave the manager an opportunity to provide more information during our inspection visit.

During our inspection visit we spoke with the newly appointed manager, a senior member of care staff, three care assistants, the administrator and the maintenance person.

Some people at Hylands House were living with dementia and some people were unable to tell us in detail about their experience of living at the home. However, several people could tell us what it was like living at Hylands House. During the inspection visit we spoke with seven people who lived at the home and six relatives/visitors. We observed care and support being delivered in communal areas and how people were supported to eat and drink at lunch time.

We reviewed two people's care plans in details and specific aspects of six others to see how their care was planned and delivered. We looked at staff training records and reviewed checks the manager and provider made to assure themselves people received a safe, effective quality service.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. People continued to be supported by staffing levels that met their needs. The rating continues to be Good.

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. Through our discussions with them, staff demonstrated a good understanding of the signs to look for that might indicate a person was at risk of harm, neglect or discrimination. One staff member described how poor practice by other staff would amount to abuse and said, "If someone was rough handling a resident, forcing them to eat something they didn't want to, shouting or not offering a choice, I would report it." Posters on display in the entrance of the home reminded staff of their safeguarding responsibility and displayed helplines people and staff could call if concerned. The manager understood their responsibility to report safeguarding allegations to the local authority safeguarding team and to the Care Quality Commission.

The provider ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff told us there was always a member of staff in the communal lounge to maintain observations of people and respond to their requests for assistance. People and relatives did not raise any concerns about staffing levels and during our visit we saw staff were able to meet people's needs without rushing.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered such areas as preventing falls, moving and handling, nutrition and hydration. Assessments were regularly reviewed and kept up to date for staff to follow. One staff member explained how they maintained the safety of people who were at risk of falls. They told us they ensured people had their walking aids close to hand and were sitting in an area where staff could maintain sight of them. People at risk of skin damage were seen to be sitting on pressure relieving cushions to protect vulnerable areas of their body.

Staff recognised how to support people who may experience heightened anxiety and express their feelings through behaviours which may put themselves or others at risk. Staff told us they knew people well and understood how to respond if they became distressed. For example, a staff member told us when one person became anxious, they talked about some of the person's family members as this would reassure them. This information was recorded in the person's care plan. Another person's anxieties had recently escalated and they had been referred to the mental health team to identify additional actions for staff to minimise the risks of a re-occurrence.

The provider had taken action to minimise risks within the environment. For example, we checked several items of equipment and saw they had recently been checked by an external contractor to ensure they were safe and fit for use. There was a summary available in the entrance of the home of the support each person would need to evacuate the premises in an emergency. This had not been updated to include people who

had recently moved to the home. However, when we brought this to the manager's attention, they arranged for it to be immediately updated to ensure accuracy.

We looked at how medicines were managed in the home to make sure people received their medicines when needed and as prescribed. We found medicines were stored, administered, ordered and disposed of correctly. Staff completed medicines administration records (MARs) when they had given people their medicines and MARs indicated people had received their medicines as prescribed. When people received their medicines late, the reason was prescribed on the back of their MAR chart. For example, one person had a medicine later than planned because they had a late breakfast and the medicine needed to be given 30 minutes after food.

One person received their pain relieving medicines via a trans-dermal patch applied directly to their skin. It is important the patches are rotated around the body in line with the prescribing instructions, to avoid people experiencing unnecessary side effects and ensure the medicine delivery is effective through the skin. Staff had not completed records of where patches had been applied to ensure people were protected from these risks. When we brought this to the manager's attention, they immediately implemented a body map and ensured staff administering medicines understood their responsibility to complete this each time the patch was applied.

Staff who administered medicines told us they received training to administer medicines safely on an annual basis, but their medicine administration practice had not been checked by the registered manager to ensure medicines were administered safely and effectively. However, we did not identify any major issues with staff practice around medicines management and the new manager assured us they would complete competency observations as a priority.

Staff received training to understand their role and responsibilities for maintaining standards of cleanliness and hygiene in the home. Domestic staff followed a cleaning schedule to ensure all areas of the home were regularly cleaned to reduce the risks of any infections spreading. The home looked clean and there were no unpleasant odours. Bathrooms and toilets had plentiful supplies of paper towels, hand gels and personal protective equipment such as plastic gloves which staff used when carrying out personal care tasks.

Staff recorded accidents and incidents on the provider's electronic care planning system. Each month the administrator produced a list of any accidents and incidents that had occurred that month. We found the detail in accident and incident records was not always consistent. For example, there were some very clear examples of what had happened, the immediate action taken to support the person and any actions taken to reduce the risk of the event happening again. Others lacked such detail. The new manager told us they planned to address this with training for staff about what information needed to be included within the reports. The new manager told us they would analyse accidents and incidents each month to identify any patterns or trends and any actions required to reduce the risks. The records we looked at demonstrated there had been few accidents and incidents in the home over the six months prior to our inspection visit.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. The rating continues to be Good.

Staff told us they had undertaken training to help them provide effective care to people. This included training considered mandatory to support people with their health and social care needs, such as infection control, fire training, moving people safely, and food hygiene. Some staff told us they had completed training in areas specific to the needs of people living in the home such as caring for people living with dementia and were encouraged to obtain nationally recognised qualifications. However, the new manager told us they had already identified a couple of areas where staff needed more training to ensure they consistently followed good practice. For example, they had requested more training for staff in moving people safely as they had seen some practices they were not happy with. They told us these issues had already been addressed, but more training would ensure staff had the knowledge to consistently use their skills effectively.

Staff told us they had previously not received regular 'one to one' meetings with the registered manager to discuss their personal development. The new manager told us they had already had an appraisal meeting with most staff to discuss their role and any support they needed to carry out their responsibilities effectively. Staff confirmed these meetings had taken place. One staff member told us, "[Manager] did an appraisal last week. She learnt stuff about me and asked about my background. I now know what is expected of me. She is supportive of what I would like to do next."

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

In the two weeks the new manager had been in post, they had reviewed people's care and identified some people had restrictions within their care plans to keep them safe. The new manager had completed mental capacity assessments to identify whether these people had capacity to consent to these restrictions. Where it had been assessed people did not have capacity, the manager had submitted applications to the authorising authority for a DoLS. The manager had already submitted five applications and was in the process of submitting two more.

Where people already had an authorised DoLS in place, the manager was aware of who had conditions on their authorisations. They had developed DoLS care plans to ensure the conditions were complied with.

The new manager demonstrated a good understanding of the MCA. They told us some people had ReSPECT forms in place which informed staff what action they should take in the event of a person having a cardiac arrest. The manager told us they planned to complete mental capacity assessments in respect of these decisions to ensure, where appropriate, people had been involved in the decision or that those people with the legal authority had been consulted to ensure the decision was in the person's best interests.

Some staff had not received training in the MCA, but our observations and conversations with staff demonstrated they worked within the principles of the Act. They offered people choices and sought their consent before providing care to them. For example, at lunch time people were asked: "Is it alright if we move you to the table for lunch", "Where would you like to sit" and, "Would you like help cutting that up?" For people who were unable to express themselves verbally, staff told us they watched their facial expression and body language to gauge whether the person wanted to be supported.

People were encouraged and supported to have enough to eat and drink. People's nutritional needs and preferences were discussed and assessed when they moved into the home and kept under review if people's needs changed. People were asked during the morning for their main meal preferences, but those people living with dementia were not given any visual aids such as a pictorial menu to help them make their choices. Whilst one staff member agreed this did not help people living with dementia to choose what they wanted to eat, they assured us people were able to change their minds at the time of serving when they saw the meals. We saw this demonstrated during our visit when a person was reluctant to eat and staff offered them the alternative meal. People told us they enjoyed the meals. Comments included: "I like food, full stop. It's good here, good quality" and "I enjoy the food."

At lunch time people were encouraged and supported to eat in the dining room, which made mealtimes a social occasion. People who needed assistance to eat were supported by staff who spoke encouragingly to them and gave them time to savour the food in between mouthfuls. However, the new manager told us they were keen to further improve people's dining experience by introducing 'dining with dignity'. For example, they planned for people to choose their meals at the point of service by being shown the plated meal options.

Staff supported people to access other health and social care services when they needed to and attend healthcare appointments when required. With the consent of people, or those who were authorised to make decisions on their behalf, the manager had obtained 'global reports' of all people's health needs from their doctor. They told us this gave more in-depth information about people's health conditions so they could be more proactive in identifying when people needed to be referred to other healthcare professionals. If a person was admitted to hospital, the manager told us they would be sent with a copy of their 'global health report' and a copy of their MAR chart to support continuity of care.

The home was warm and welcoming. There was a large communal lounge and dining room or people could choose to sit in quieter areas of the home such as the conservatory or small lounge at the front of the home. The home was built over two floors which were accessible by lifts. There was some signage for bathrooms and toilets, but the new manager told us they planned to improve the environment for people living with dementia. For example, they were going to introduce a memory box or emblem outside people's bedrooms which represented them as they wished to be thought of, and would help them identify their rooms. There was a pleasant garden and views from the front windows which gave people a sense of involvement in the life of the town where the home was situated.

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People were treated with kindness by staff who knew them well and understood them. People were happy with the caring attitude of staff. One person commented, "It's lived up to my expectations, everyone is so kind."

We asked the new manager what the ethos of the home was. They responded, "For people to remain as independent as possible, but the main thing is to live a fulfilled life living with dementia." They went on to say, "As a fresh person coming in, I'm really impressed with the staff. They are really caring and compassionate individuals."

Staff told us they enjoyed working at Hylands House because it was a small home so they could form relationships with people and get to know them well. One staff member explained, "I think it is a nice little home. It is just the right amount of people to get to know them." One staff member explained that knowing people well gave them insight into people's conditions and a better understanding of how to support them. They told us, "A lot of residents have been here a long time and we have got to know their likes and dislikes by the way they respond to things. You have to spend time with the person to get to know them."

Staff encouraged people to maintain their independence when walking round the home by offering encouragement and reassurance. For example, we saw one person walking to the dining room table. One member of staff held their hands and another member of staff walked by the side of them with a reassuring hand on their back. The staff did not rush the person, but encouraged them with praise and patience.

Staff were respectful of people and promoted their dignity by supporting them to maintain their appearance. People were dressed in clothes that reflected their choices and personality and looked clean and tidy. Staff understood that appearance was an important part of some people's personality and had supported them to wear items of jewellery. From our conversations with staff it was clear they respected each person's individuality. One staff member told us, "It is their life and if they are here, they are to be looked after. We look after all parts of a person's life."

People were supported and encouraged to maintain relationships with their friends and family. People told us that their family could visit at any time and there were no restrictions. People also went out with their relatives on trips. One relative told us they had taken their family member out that morning and went on to say, "We take [name] out at least three times a week because he is used to being up and around. The staff always have him ready for us when we come to collect him."

People's privacy was respected. Staff knocked on people's bedroom doors and waited for a response before they entered. They were also aware of their duties under the new general data protection regulations. Peoples information was kept secure and confidentiality was maintained.

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

We saw from care records that people had person centred care plans which were inclusive of people's views and wishes. This enabled staff to support them in the way they wished to be supported. Support plans were regularly reviewed so staff had the most up to date information to support people. One staff member explained, "We gather information as we go along and put it in the care plans. You have to spread the information around because there is no point just me knowing about something."

Good communication between staff meant people's changing needs were responded to appropriately. For example, we attended the handover between shifts and information was shared about one person who had a swollen ankle and needed to have their foot elevated. We saw the person lying in a recliner chair with their foot elevated in accordance with their planned care. Staff told us the new manager had introduced written handover sheets to supplement the oral handover. They told us this supported good communication because staff could refer to the sheets to ensure information was not missed.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. The manager was not aware of AIS. However, we saw from care plans that people's sensory and communication needs had been assessed and were being supported. The manager told us they planned to introduce more visual aids for people who were living with dementia. This showed the service was acting within the guidelines of accessible information for people.

The home provided care to people at the end of their life if they wished to remain at Hylands House. There was some information about people's preferences and choices for their end of life care recorded in their care plan. However, the new manager who had a qualification in end of life care, told us they wanted to add more detail to the care plans so they could be assured people were able to spend their final days as they wished to. They explained, "It needs to be as nice as we can possibly make it. It is important we get that right as it will be the family's last memories." The manager told us staff worked with other healthcare professionals so people had all the anticipatory medicines in place so they remained comfortable and pain free.

The home had a relaxed atmosphere and there were items around to engage people such as books, puzzles and daily newspapers. The provider did not have a member of staff specifically to provide activities as it was considered the role of each staff member to engage people in interests and occupation that was meaningful to each person. One member of staff told us they were keen to introduce more activities and people had been involved in planting the garden and every week they did flower arranging with people. They had also introduced a large seasonal board in the lounge which was regularly changed to reflect the changing seasons and significant events in the calendar such as Remembrance Sunday. People were involved in decorating the board. On the day of our inspection visit, the home was being decorated for Christmas which

engaged people's attention. Some people were happy with the level of activities provided with one person telling us, "I am happy to sit back and watch what goes on. I don't need more stimulation." However, one relative told us, "It would be great if they had more entertainment."

The provider had a complaints procedure, which was displayed within the entrance of the home. There had been no complaints made about the service in the 12 months prior to our inspection visit.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated this key question as requires improvement because some systems required better organisation and monitoring to ensure improvements that had been identified, resulted in positive actions being taken. Systems of audits were not managed and were not regularly completed so it was difficult to see what had been identified as requiring improvement and what actions had been completed. At this inspection we found this was an area that still required improvement so the rating has not changed.

There was a registered manager in post but they had recently gone on extended leave of absence and the provider had notified us about this. The provider had recruited a new manager to lead the service during the registered manager's absence from the home. The new manager had been in post for two weeks and was in the process of registering with us. This meant they would have the legal responsibilities of a registered person during the other registered manager's absence.

The new manager had a managerial qualification and understood their responsibilities to send us the information they were required to such as notifications of changes or incidents that affected people who used the service. When they took up their post they identified that we (CQC) had not been informed about authorised DoLS for people who lived in the home. They had submitted the notifications retrospectively to ensure the provider was meeting their legal obligations.

At our last inspection we found there was limited information that showed what checks and audits of the home had been completed and the actions taken. At this inspection we found similar issues. For example, whilst the administrative assistant told us they were sure the registered manager had carried out infection control checks, they were not able to provide us with a copy. Checks that had been carried out were clearly not effective as they had not identified that some people had restriction on their liberty that required a DoLS application to be made to the local authority or that accident and incident records were not always being completed in sufficient detail.

We also found other records were not complete. For example, the staff training matrix only contained the basic mandatory training and did not detail the other training staff had completed such as caring for people living with dementia or first aid. A lack of records meant it was not clear what the provider's expectations were for training for each role in the home. Staff had not always received the support they needed because they had not been offered regular opportunities to meet with the registered manager to discuss their training and performance or had their competency to give medicines safely assessed.

Whilst the new manager had only been in post for two weeks, they had identified where improvements needed to be made. They had already completed a medicines audit to assure themselves medicines were managed in accordance with best practice. They told us that whilst they were confident that overall medicines were managed safely, they had identified some areas where improvements in practice were required. For example, recording the date when medicines with a short 'self-life' were opened. The manager explained, "The medications are actually very good here. It is about getting the smaller things right to meet the regulations." These improvements had been implemented by the end of our inspection visit.

The new manager was open that some policies and procedures needed to be improved to ensure people received consistent standards of care. They told us staff were supportive of the actions already implemented and said, "The staff here are fantastic at taking on board what I say and actioning things." The manager was enthusiastic to ensure the foundations were in place to support person centred care at Hylands House and explained, "This is the residents' home and it is about promoting and delivering the highest standards of care possible." They had already had appraisals with staff and planned to deliver more focussed training in caring for people living with dementia to improve outcomes for people. When we brought issues to the manager's attention, they immediately took action to put them right and shared the learning with staff.

Staff enjoyed working at Hylands House and with the registered manager. However, staff were optimistic about the new manager and the improvements they had already introduced. One member of staff described the new manager as 'very good' and went on to say, "She is instigating lots of new stuff and bringing us up to speed on lots of stuff so that is good." They went on to tell us that the manager had introduced a '10 at 10' meeting each day. They explained this was a 10 minute meeting during the morning when staff met with the manager to discuss any issues or share information. They said this had improved communication, "To make sure everybody is happy and involved." Another staff member told us, "She is putting more in place that benefits us and the residents as well."

We found there were limited systems to obtain feedback from people and relatives about the service as there were no meetings or quality assurance questionnaires. The new manager told us they had started to review each person's care needs with people and their relatives. They told us they would use the reviews as an opportunity to discuss wider issues such as the organisation of the home to identify areas where people would like to see improvements. People were aware of the appointment of the new manager and relatives confirmed they had already been invited to care plan reviews.

As Hylands House is the provider's only home, the new manager was aware that it could be difficult to access or know what was going on within the wider health and social care environment. They had therefore signed up to a local provider forum where they could obtain advice and ideas for new ways of working.

The latest CQC inspection report rating was on display at the service and on the provider's website. The display of the rating is a legal requirement, to inform people or those seeking information about the service and visitors of our judgments.