

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hylands House

Warwick Road, Stratford-upon-Avon, CV37 6YW

Tel: 01789414184

Date of Inspection: 23 November 2012

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December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Staffing	✓ Met this standard
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Supporting workers	✓ Met this standard
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Records	✓ Met this standard
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Details about this location

Registered Provider	Mrs A Barton & Partners
Registered Manager	Mrs. Elaine Gibbs
Overview of the service	Hylands House Residential Home provides residential accommodation for people with dementia type conditions.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During the inspection we spoke with the deputy manager and two care workers. We also spoke with one person using the service, one relative and a friend of a person using the service. Some comments received were: "There's always some-one around – at least four staff" and "Has been fantastic since arriving at the home."

We saw some systems in place allowing people and their relatives communicate their experiences of the home and the care provided. We received positive feedback from the people we spoke with during the inspection.

We saw people's needs had been assessed, risks identified and personalised plans of care developed. There was evidence of support by healthcare professionals to ensure people's ongoing healthcare needs were met. We have asked the provider to note that risk assessment guidance be followed when identified against a person's risk assessment as this had not happened for one person whose records we reviewed.

The deputy manager and two staff said there had been sufficient staff available to accommodate people's needs. Staff training records showed minimal staff attendance at some training sessions during 2012. We have asked that the provider may like to note that neither a staff training matrix or staff training policy were in place and it was not evident which training sessions were mandatory for staff. We were told that some practical staff supervision had taken place but saw no written staff supervision records confirming this.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We observed staff maintaining peoples' privacy and dignity during the visit. Staff were observed interacting with people using the service and their relatives in a polite, respectful and friendly manner. We saw a spiritual and religious care plan had been completed for both people. This care plan identified each person's spiritual needs. We saw that one person's 'Thinking Ahead' information had been captured which identified their preferences at 'end of life' care. This information had been confirmed by the person's son who had signed his agreement with her wishes.

During the inspection we used a 'Short Observational Framework for Inspection' (SOFI) when people were having lunch. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our findings related to two people. These findings were: Lunches were disturbed as care workers had to respond to other people's needs. Both people we observed were fed by two different care workers throughout the meal. This could lead to a risk of the person not being fully supported through the meal time.

During the visit we reviewed two peoples' care files. We saw that each person had two designated key workers. We saw that people and / or their relative or designated power of attorney had agreed their care. The care worker had identified that care plans had been explained to both people using the service. We saw dates and signatures of the care workers confirming they had informed people of their care plans. We saw consent forms for photography and medication reviews had been completed and signed by both people using the service.

One person we spoke with said "I know exactly what my care is going to be. If there is any change the manager discusses it with me." This person told us that she had been encouraged to be independent and that she had been given choices in what food to have at meal times. This person said she had chosen her meal from a menu which had been given to them the day before for the next day's meals.

We saw information was available for people to access. The information was complaints guidance, staff guidance on what to do should abuse be identified, a copy of the October 2012 home newsletter and confirmation of the home's food hygiene rating. The dining room had a white board on the wall which contained the following details: date, temperature and weather. A world map was also displayed on a wall against which were identified names of staff.

Multi-disciplinary visit records had been completed for both people. These records identified health professionals' involvement in maintaining peoples' ongoing needs, for example: dental and nursing reviews and treatments.

We saw and were told of systems in place allowing people to air their views, for example: the complaints process and "Resident and Relative Meetings." We did not see a copy of the last satisfaction survey involving people using the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with one person using the service, one relative and one friend of a person using the service about the care provided at the home. The person living at the home said "I'm quite happy here; been here 10 years." The relative said "Care is wonderful."

We saw peoples' care and treatment had been delivered in a way to ensure their safety and arrangements were in place to deal with foreseeable emergencies. The home had contact numbers identified for gas escapes, loss of electric and water leaks. An emergency procedure and contact telephone numbers were in place for the lifts should they break down. The home had also formalised an agreement with a local hotel to take staff and people using the service should the building need to be evacuated due to a fire. We saw a copy of this letter.

Information was also available advising staff how they should respond should a person require first aid. A document was seen which confirmed that 9999 is dialled by the staff should a person collapse. This was also confirmed by the deputy manager. We also saw flowchart guidance in place called 'What to do in an emergency.' This guidance advised staff how to maintain the person's airway, to check for breathing and circulation. The provider may like to note that one care worker we spoke with confirmed they were not aware of the home's resuscitation policy. The deputy manager said that all the staff had recently completed first aid training. We did not see documentation confirming all staff attendance at first aid training whilst inspecting the home.

We saw peoples' care and treatment had been delivered in a way that ensured their safety. We reviewed two peoples' records. Personal information had been provided through one person's "Getting to know you" document which we saw identified people's personal attributes, needs and preferences. A personal information document was also completed which identified details such as diagnosis, reason for admission and medication on admission.

People's needs and preferences had been identified. Each person's file contained a number of personalised care plans to reflect their needs and abilities. We saw that people's medical and nursing assessments had been reviewed monthly by a care worker. We found evidence of multi-disciplinary involvement in people's care for which visits, treatments and consultations had been documented. For example: District nurse, dental

and optician visits to the home for individual people had been recorded.

The relative of one person using the service told us she had consented to her mother's care on arrival to the home and that the home had reviewed her mother's care plans with her regularly. She said she had been involved in her mother's continuing care assessment which had taken place last month and had received a completed decision tool following the conference.

Individual's risks had been identified and captured through risk assessments relating to people's needs, for example: falls and moving and handling assessments, nutritional assessments and monthly weights. We saw that risk assessments had been reviewed monthly.

The provider may like to note that we observed guidance from the nutritional, monthly weights and body mass index risk assessments had not been followed for one person. The monthly weights charts identified from the 14 October 2012 the person required weekly weights. We reviewed all the documentation and found that weekly weights had not been undertaken or documented. The nutritional risk assessment for this person identified them as 'At Risk'. There was no guidance available for staff to follow on how to monitor or what actions should be implemented for this person. We also reviewed this person's nutritional intake plan and found that the care plan had not identified any new measures or monitoring since the 14 October 2012 weight check for that person.

We saw that people's ongoing health needs had been attended to, for example; dental, chiropody and optician checks. One person living at the home confirmed they had attended an optician appointment in 2012.

The relative of the person using the service told us that activities were offered at the home. We were told her mother had been involved in cake making, making decorations and had been supported by care workers to take trips out locally. One person said they had been taken out by a family member. On the day of the inspection we observed a group of people had been involved in a game of catch using a large ball. We saw that people had enjoyed the game and were encouraged to take part.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that the provider had taken some steps to identify the possibility of abuse and prevent abuse from happening. The deputy manager said the home had had no safeguarding events during the last 12-months. We spoke with one person using the service who said "Staff listen to you."

One friend of a person currently using the service said "If there is a complaint the manager sorts it out." A relative of another person using the service told us that "When I raised a concern it had been dealt with quickly."

We saw that guidance was available for staff on: Management of residents' money and valuables, advocacy, safeguarding vulnerable adults' process flow chart, Warwickshire Vulnerable Adult Protection Committee Multi-agency procedures and a whistle blowing policy. Contact details were also available for the Leamington Spa Safeguarding Team, the Police and Care Quality Commission.

The provider may like to note that discussions with two care workers at the home identified that they did not have a good awareness of the local safeguarding policy and how to manage safeguarding events. We were told that any safeguarding concerns would be reported to the manager who would then undertake an investigation.

The deputy manager identified that there had been no safeguarding of vulnerable adult updates for staff in 2012. We looked at four care worker training records and noted that they had not received any safeguarding of vulnerable adults update training in 2011 or 2012. We saw two completed workbooks called 'Recognising and responding to adult abuse and neglect'. These work books belonged to two care workers. One care worker we spoke with also confirmed that she had completed this work book and had given it to the manager.

The deputy manager said staff had not received mental capacity update training in 2012. We reviewed four care workers training records and noted that none had attended mental capacity update training in 2011 or 2012.

We saw that people's mental capacity status was documented on arrival to the home. The

two people's care profiles we reviewed showed that one person had been identified as not having capacity. This person had a 'Psychological Care Plan' which identified their general needs and what support was required. The provider may like to note that we did not see reference to the person's mental capacity status in these care plans or the frequency of review of their mental capacity status.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There was enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The staff we spoke with said: "I like working here " and "There are just enough staff." One care worker's comment was: " Plenty of time to dress people and undertake activities with them."

We also spoke with one relative, one friend of a person living at the home and one person living at the home. The relative and friend both confirmed that staff had dealt with any issues which had been raised immediately and the friend said staff "listen to what you have to say." The person living at the home said "They've been very kind."

The deputy manager said the home had 23 staff to care for 14 people who were currently using the service. We were told that where staff shortages had occurred support had been provided through existing staff. The deputy manager said the home had had no staffing incidents. Discussions with two care workers and the deputy manager confirmed that there had been enough qualified, skilled and experienced staff to meet people's needs at the home.

The staff we spoke with confirmed that their performance had been monitored through staff appraisal and that supervision was in place at the home. One care worker told us that staff meetings had taken place every six months.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were care for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw that staff were supported in relation to their responsibilities, to enable them to deliver care and treatment to people safely and to an appropriate standard.

We were told that all new staff had attended an induction day, were allocated a mentor and had completed induction packs. We saw one care workers completed induction pack. The deputy manager said the majority of staff with the exception of new staff had attended training in dementia care and all staff had just completed their first aid training.

The home did not have a training matrix or training policy in place. The deputy manager said that the manager was currently reviewing the training courses which staff had attended. The provider may like to note that we could not ascertain whether the home had identified mandatory training requirements for the staff as there was no written information available at the home which identified mandatory training requirements for staff. When asked, the deputy manager identified health and safety, food hygiene and moving and handling as mandatory training for staff.

We saw that staff were able, from time to time to obtain further relevant qualifications. The care workers we spoke with had been working at the home for two months and one year respectively. They both confirmed they had completed an induction and a variety of training courses since starting work at the home. One care worker said she was currently completing a national vocational qualification in health and social care at college. We saw a diary which contained information relating to care worker attendance at identified training. This information identified that currently six care workers were completing a national vocational qualification in health and social care.

The deputy manager told us that care workers had received some practical supervision which had been managed by the manager. We reviewed three care workers personnel and training files and saw that no supervision sessions had been documented by the manager. One care worker told us they had received ongoing supervision. Staff supervisions are meetings where staff have the opportunity to discuss their role and performance and identify any training needs. One care worker told us that she had an appraisal in 2012. We undertook random checks of care workers personnel records which confirmed that the majority of care workers had received an appraisal in 2011.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our inspection we observed people's records had been kept securely. The deputy manager said that archived records were kept in two lockable rooms at the home and that an archived records risk assessment had not been completed. The provider may like to note that archived records should be kept securely; currently they are being stored in two lockable rooms.

We asked the deputy manager whether the home had a records management policy in place. On looking through the home's policies and procedures we found that a records management policy did not exist.

We reviewed two people's care files and generally found records to be comprehensive; care plans personalised and risk assessments in place. The provider may like to note that one person's 'Thinking Ahead and Getting to know you' information had not been completed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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