

Review of compliance

Bridgefoot Developments Limited Jason Hylton Court

Region:	East Midlands
Location address:	Wilmot Road Swadlincote Derbyshire DE11 9BJ
Type of service:	Care home service with nursing
Date of Publication:	October 2011
Overview of the service:	<p>Jason Hylton Court is a new development located in Swadlincote, South Derbyshire and is owned by Bridgefoot Developments Limited.</p> <p>Jason Hylton Court is registered to provide a care home service with nursing for up to 37 older people.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Jason Hylton Court was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 September 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People using the service and visitors that were spoken with were positive about the home and the services provided.

One visitor told us, "We are very happy with the care mum gets. Staff communicate well with us and keep us informed of any changes." Another visitor said "the care here is very good, the staff are friendly and have been very supportive to me".

One person using the service told us, "it's very nice here, the staff are helpful, the food is good quality I enjoy it"

People spoken with told us that they were able to follow their preferred routines.

People confirmed that their support needs were met by the staff team and that they were involved in the development and reviews of their support package.

Comments included, "they're all nice and there's always enough staff around if you need them." And "I don't have any concerns, there staff are around if you need them and very friendly".

What we found about the standards we reviewed and how well Jason Hylton Court was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account to ensure they were involved in making decisions about their daily life and the care they received.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People received coordinated care and treatment that was safe and met their needs and preferences.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The protection of people using the service was enhanced by staff training and the policies and practices in place.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Equipment was available to support people's needs as required but further adaptations in some areas would benefit people using the service.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Although staff had access to training, a more detailed induction at the start of employment would ensure that new staff achieved the required competencies.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The quality of the service that people receive is monitored to ensure it is managed in their best interests. This could be further enhanced by ensuring medication audits are undertaken and recorded.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The layout of the home provided three communal areas which enabled people a choice on where to sit.

People spoken with told us that they had their preferred routines, which included where they sat when in the communal areas but confirmed that they were able to move around the home freely. One person who had their own specialist chair told us that they were quite happy with the area their chair had been placed as it gave them a good view of people coming and going into the home. The atmosphere and interactions observed between people was positive. People were observed in conversation with each other and with staff.

People confirmed that their support needs were met by the staff team and that they were involved in the development and reviews of their support package.

Other evidence

Records were looked at for two people that used the service. Care plans and risk assessments were in place. These records were clear, easy to understand and demonstrated that people and their representatives were involved in and in agreement with this support.

Care plans were written in an inclusive way which demonstrated that people were supported to maintain their independence and preferred routines.

Information was recorded regarding individuals cultural and faith needs and how these were to be met. A Christian service was provided at the home on a monthly basis for anyone who wished to participate. The registered manager confirmed that this service was well attended by people using the service. Contacts were also in place with specific religious denominations such as the Catholic Church and the Church of England as and when required.

An activities coordinator was employed at the home five days a week although during the week of our visit this person was providing activities for three days of the week and covering for kitchen staff on the other two days.

Activities were provided in house such as quizzes, chair aerobics, hand and nail care and hair dressing services.

The registered manager confirmed that a fundraising bingo event had taken place and stated that this had proved successful. It was also confirmed that a country and western evening was booked for the near future.

Information in quality assurance audits confirmed that more community activities and events were sought after. People that we spoke with confirmed that they had not taken part in any community activities. The registered manager told us that there were plans to organise a Christmas shopping trip in the local area. Information in quality assurance audits stated that suggestions for other activities were going to be discussed at the residents meeting and that senior staff would investigate ways to arrange outings. Although the service did not have its own transport, the registered manager confirmed that they were able to hire local community transport for people using the service.

Our judgement

People's views and experiences were taken into account to ensure they were involved in making decisions about their daily life and the care they received.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People using the service and visitors that were spoken with were positive about the home and the services provided.

One visitor told us, "We are very happy with the care mum gets. Staff communicate well with us and keep us informed of any changes." Another visitor said "the care here is very good, the staff are friendly and have been very supportive to me".

One person using the service told us, "it's very nice here, the staff are helpful, the food is good quality I enjoy it"

Other evidence

People's health and social care needs were recorded in their care plans. Their preferences and preferred routines were recorded and provided a clear picture of all the measures in place that were needed to support them.

Risk assessments were in place and regularly reviewed to ensure that people were supported in a safe way.

There was evidence of continuity of care with other care providers. Records were seen to demonstrate that health monitoring was in place, such as monthly weight recordings, visits from health care and social care professionals. Information was also provided to demonstrate that when needs changed the correct advice and support was sought from the relevant specialist services.

Nutritional requirements and preferences were recorded in care plans and risk assessments. This included information regarding any cultural and religious observations, intolerances, allergies, specialist equipment and assistance with meals.

People were supported to take their medication in a safe way. Medication was stored safely. The medication held for two people was checked against the records held and corresponded. This demonstrated that people received their medication as prescribed.

Our judgement

People received coordinated care and treatment that was safe and met their needs and preferences.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke to that used the service did not identify any issues or concerns with the staff employed at the home.

Other evidence

No staff training matrix was in place, therefore the training certificates and records held for nine members of the staff team were looked at. The records seen demonstrated that all of these staff had undertaken training in safeguarding adults in September 2010.

Staff spoken with demonstrated a good understanding of the Safeguarding procedure.

Relevant policies were in place regarding safeguarding adults and information was available to people using the service regarding advocacy services.

We looked at the systems in place to protect people from financial abuse. Transaction sheets were in place for each person who had monies held in safe keeping by the service. Records demonstrated that all money transactions were recorded on each person's financial transaction record along with a running balance to protect each person's finances. The administrator and registered manager were the only people with access to people's monies. However when they were not on duty, this meant that people were unable to access their monies if they wished to. The administrator told us that to date this had not been an issue. However it was suggested that a small float accessible to the person in charge of the shift would ensure that people would have access to their monies should they require it.

Our judgement

The protection of people using the service was enhanced by staff training and the policies and practices in place.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

People spoken with did not raise any concerns regarding the equipment used at the home. One person told us that they did not like to be lifted using the hoist and told us that the staff had found alternative methods. It was confirmed by staff that other moving and handling equipment was used to support this person appropriately.

Other evidence

We looked at this outcome area following two anonymous concerns that were raised. The concerns raised were that there was a lack of supplies in continence wear for people using the service and that staff were not provided with sufficient training. We looked at staff training and this is reported on in outcome 14.

We looked at supplies in continence wear by checking the supplies available on the day of our visit and by looking at the invoices of supplies delivered to the home. The invoices and supplies of continence wear corresponded with the required amount for each person as assessed by the continence nurse. We therefore concluded that people had sufficient supplies of continence wear to meet their needs.

We undertook a partial tour of the building. As the home was not purpose built there was some areas that would benefit from some adaptations. For example two bathrooms did not have a hoist. We were informed by staff that these bathrooms were seldom used. There were two bathrooms with hoisting facilities and a wet room that was used on a regular basis.

One relative that we spoke with stated that one of the communal toilets was difficult to manoeuvre a wheelchair in. This person did confirm that there was another toilet that was large enough for people that used wheelchairs near to the communal areas. All of the bedrooms were fitted with en suite facilities.

Our judgement

Equipment was available to support people's needs as required but further adaptations in some areas would benefit people using the service.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People that we spoke with told us that that they were happy with the support provided to them by them by the staff team and confirmed that there were sufficient members of staff on duty to meet their needs.

Comments included, "they're all nice and there's always enough staff around if you need them." And "I don't have any concerns, the staff are around if you need them and very friendly".

Other evidence

As stated earlier in this report there was no training matrix in place at the time of our visit. The administrator of the service told us that a matrix was not yet in place but said that one was going to be developed.

Certificates of training were in place within individual staff files and individual records were held in staff files although not all of these records were up to date.

We looked at nine staff files and all had training certificates in place which demonstrated that staff were kept up to date in all areas of mandatory training. Other certificates were also seen that related to the specific needs of people using the service. Certificates were also seen in staff files to demonstrate that they had a National Vocational Qualification in care. The registered manager told us that all care staff had or were working towards level 2 in care and that senior staff had or were working towards level 3 in care. Staff that we spoke with said that they were kept up to date with training.

Staff spoken with told us that they had received an induction at the start of their employment and this had included working alongside experienced staff for the first few weeks of employment.

The homes training and development policy stated that new employees must not work unsupervised until all competencies have been observed, achieved and documented. The policy stated that this it was expected that this level would be obtained within four weeks of taking up a new post.

We looked at some induction records and found that these did not cover all areas as stated in the Skills for Care common induction standards. This means that staff were not receiving a full induction at the start of their employment to ensure they met the appropriate competencies.

Staff spoken with told us that they received regular supervision sessions from the registered manager and records of supervision sessions were seen to support this.

Our judgement

Although staff had access to training, a more detailed induction at the start of employment would ensure that new staff achieved the required competencies.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People using the service confirmed that their opinions and preferences were listened to by the staff team. As stated earlier in this report one person told us that alternative moving and handling methods were used to support them as they did not like to be lifted in a hoist.

Other evidence

Records and discussions with the registered manager confirmed that quality monitoring systems were in place. This included surveys and questionnaires sent out to people using the service and their relatives. The information from surveys was then audited and any actions required addressed by the registered manager.

Care plans were evaluated on a monthly basis and adjusted as required to meet people's current needs effectively. Care reviews were held and included involvement from people using the service and their family along with all professionals involved in that person's care. Care plan audits were conducted on a monthly basis along with risk assessments.

Audits were undertaken to ensure the quality of the service provided was maintained and improved as required. Records of monthly cleaning audits, kitchen audits and laundry audits were seen.

The registered manager confirmed that medication audits were not undertaken and stated that these would commence in the near future.

Staff confirmed that staff meetings were held on a regular basis and minutes of team meetings demonstrated this.

Residents meetings had not commenced at the time of our visit, however the registered manager has since confirmed that the first residents meeting was held on the 23 September 2011.

Our judgement

The quality of the service that people receive is monitored to ensure it is managed in their best interests. This could be further enhanced by ensuring medication audits are undertaken and recorded.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>Why we have concerns: Equipment was available to support people's needs as required but further adaptations in some areas would benefit people using the service.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns: Although staff had access to training, a more detailed induction at the start of employment would ensure that new staff achieved the required competencies.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: The quality of the service that people receive is monitored to ensure it is managed in their best interests. This could be further enhanced by ensuring medication audits are undertaken and recorded.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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