

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

Jason Hylton Court

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Tel: 01283552096

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Assessing and monitoring the quality of service provision

✓ Met this standard

Complaints

✓ Met this standard

Details about this location

Registered Provider	Bridgefoot Developments Limited
Registered Manager	Mrs. Wendy Davies
Overview of the service	Jason Hylton Court is registered to provide a care home service with nursing for up to 37 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Jason Hylton Court had taken action to meet the following essential standards:

- Assessing and monitoring the quality of service provision
- Complaints

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 16 August 2013 and talked with carers and / or family members.

What people told us and what we found

This was a short, focused visit, to check that the compliance actions left at our visit in May 2013 had been met.

At our visit in May 2013 systems in place did not ensure that the service was monitored effectively. For example housekeeping practices were not sufficient to ensure the home was maintained to a good standard.

At this visit we found that practices had improved. For example audits were being undertaken to monitor the services people received such as environmental audits, laundry audits and kitchen audits. The home had been awarded a four star rating by the environmental health officer in July 2013.

At our visit in May 2013 one person and their relative told us about a concern they had raised and said they had received no feedback regarding this. The registered manager told us that this person had received verbal feedback regarding the investigation. Following our inspection in May the registered manager sent us a copy of the letter sent to this person and their relative informing them of the outcome of the investigation.

At our visit in May 2013 we were unable to look at how complaints had been investigated as the registered manager advised us that the complaints log had been mislaid.

At this visit a complaints log was in place to demonstrate that complaints were recorded and responded to appropriately.

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

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The systems in place demonstrated that regular monitoring of the service was being undertaken, to identify areas for improvement and act on them accordingly.

Reasons for our judgement

At our visit in May 2013 the systems in place to regularly assess and monitor the quality of service that people received were not adequate. This was because systems were not used effectively to monitor the quality of the service. The systems to monitor the housekeeping standards were not effective which had led to poor standards being maintained.

At this visit we saw an improvement in the standards of housekeeping, for example at our last visit a bathroom, which was used by people living at the home, was also being used to store a mattress and other items that should have been removed to appropriate storage areas. At this visit the bathroom was not being used as a storage room and appeared well maintained.

At our last visit carpeted areas in the communal lounges and ground floor corridor were stained and had not been vacuumed effectively. At this visit these carpeted areas had been vacuumed effectively but some staining was still seen. One visitor spoken with told us, "they have shampooed them recently; the trouble is that they get dirty again so quickly." The registered manager was able to demonstrate that she had received a quote for new carpets and told us that she was waiting for the provider to authorise payment.

At our last visit the toilet and hand basin used by staff had not been cleaned effectively, at this visit these facilities were clean and in good condition.

At this visit we saw that audits were now in place to monitor the services people received such as medication audits, environmental audits, laundry audits and kitchen audits. The home had been awarded a four star rating by the environmental health officer in July 2013.

At our last visit discussions with visitors indicated that there were occasions when staff were not available in the communal areas of the home, most visitors we spoke to believed that this was because staff were taking their breaks together. Visitors we spoke with at this visit said that staff did not take their breaks together, however some people told us that

there were still occasions when there were no staff in the communal areas, they said this was because they were supporting people with their personal care needs. We discussed this with the registered manager who confirmed that five care staff were on duty in the morning with two nurses and four care staff were on duty with two nurses in the afternoon, these staff were divided between the ground floor and the first floor as some people were cared for in bed. The registered manager confirmed that the practice was for care staff to inform the nurses if they were leaving the communal area unattended, so that the nurses could then supervise these areas. The registered manager confirmed that staff would be reminded of this practice to ensure this was followed.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

At our visit in May 2013 one person and their relative had told us about a concern they had raised, which they said they had received no feedback about, the registered manager told us that this person had received verbal feedback regarding her investigation. Following our inspection in May the registered manager sent us a copy of the letter sent to this person and their relative informing them of the outcome of their investigation.

At our visit in May 2013 we were unable to look at how complaints had been investigated as the registered manager advised us that the complaints log had been mislaid.

At this visit a complaints log was in place to demonstrate that complaints were recorded and responded to appropriately. One complaint has been received since our visit in May 2013; this complaint was on going at the time of our visit.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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