

Bridgefoot Developments Limited







Jason Hylton Court

Inspection report

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Ratings

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

Overall summary

The inspection took place on 7 and 8 January 2015 and was unannounced.

At the last inspection on 16 August 2013 the provider was meeting all of the regulations.

Jason Hylton Court provides accommodation and nursing care for up to 37 people with health conditions and physical needs. On the day of our visit there were 34 people living at the home. Accommodation is arranged over three floors and there is a passenger lift to assist people to get to the upper floors.

The service had a registered manager. 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.

People who we spoke with were happy with the care and support they were receiving. They told us that staff did

Summary of findings

respond to their needs but they frequently had to wait for assistance. People were provided with choices about their care and support and how they spent their time. Staff felt well supported in their roles.

We found that the environment at the service varied considerably on different floors of the service. The ground floor was quite lively and busy during the daytime whilst the first and second floors were very quiet. Although this suited some people, we had concerns about the deployment of staff throughout the floors of the building, as some people were unable to summons assistance when they needed it.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received an induction and on-going training to ensure they had up to date knowledge and skills to provide the right support for people. However their knowledge relating to individual's care needs varied and was inconsistent.

We spoke with staff about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who lack mental capacity to make decisions about their care and support, and protects them from unlawful restrictions of their freedom and liberty. Staff's knowledge and understanding of MCA and DoLS varied but we saw that the legislation had been used appropriately. We spoke

with the manager in relation about the recent case law relating to DoLS. The manager advised us that they had been in touch with the local authority following the case law and that they were going to start to reviewing people's needs.

People were involved in decisions about what they had to eat and drink. People were supported to access relevant health professionals as they required. Mental Capacity Assessments had been completed appropriately and where best interest decisions had been made they were appropriately documented. Where people had the capacity to consent to their care and treatment there was evidence that their consent had been obtained.

People told us that staff were caring, however, we observed that staff did not always communicate with people in a caring way. People had care plans in place but these contained very little information about people's personal preferences and had not always been updated when changes had taken place. Changes had not always been communicated effectively with the staff team which led to inconsistencies in people's understanding.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 was not consistently safe.

There were not always sufficient staff available and deployed effectively to meet people's individual needs.

There were not appropriate standards of cleanliness and hygiene in relation to the premises and equipment.

People felt safe and staff had an understanding of safeguarding.

There were procedures in place to ensure that medicines were managed safely.

Requires Improvement



Is the service effective?

The service was effective.

Staff received adequate training and felt well supported.

Mental Capacity Assessments had been completed appropriately and where best interest decisions had been made they were appropriately documented. The registered manager was going to review the need for people to have DoLS authorisations in place following the recent case law.

People were involved in decisions about what they had to eat and drink. People were supported to access relevant health professionals.

Good



Is the service caring?

The service was not consistently caring.

People told us that the staff were caring.

Staff did not always communicate with people in a caring manner.

People who were able to verbally communicate were able to make choices about their privacy and dignity and staff respected these.

Requires Improvement



Is the service responsive?

The service was not consistently responsive.

People had care plans but they contained very limited information about people's choices and preferences.

There was not a consistent understanding from staff about how they were responsive to people's needs.

Complaints, comments and concerns were listened to and acted on.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well led.

Staff were confident that they could approach the manager with any concerns and they would be dealt with.

Changes that had been made to people's care were not recorded and communicated to all staff.

There was not an effective system to identify, monitor and assess risks at the service.

Requires Improvement



Jason Hylton Court

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 8 January 2015 and was unannounced.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of working in adult social care and supporting people with age related needs.

We reviewed notifications that we had received from the provider. A notification is information about important

events which the service is required to send us by law. We contacted the local authority who had funding responsibility for some people who were using the service. We also spoke with two health and social care professionals who visited the service during our inspection. These were a district nurse and a social worker.

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. We completed a SOFI observation for three people who used the service.

We spoke with ten people that used the service and six people that were visiting relatives. We also spoke with the registered manager of the service, the assistant manager, three nurses, three care workers, one member of domestic staff, a laundry assistant and a cook. We looked at the care records of five people that that used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Is the service safe?

Our findings

Relatives of people using the service told us that they did not have any concerns relating to the cleanliness of the service. However, on our arrival at the service we found a clinical waste bin that had been overfilled with soiled incontinence pads so the lid could not be closed. As a result soiled incontinence pads were exposed. There were also two further clinical waste bins which also contained soiled loose incontinence pads these bins were closed but not secured. This was a concern as the area where the bins were located was within the car park area and this was used frequently by staff, visitors and people using the service. We spoke with the manager of the service about this concern and by the second day of our inspection these concerns had been rectified.

We found that the general environment at the service required more detailed cleaning. We found drips and staining down the walls in the corridors, bedrooms and the dining area. We also saw found people's en-suite bathrooms were often stained and ledges dusty. There was general debris such as food crumbs and bits of tissues on the floors throughout the home including corridors, bathrooms, stairwells and bedrooms. The communal bathrooms were used for storage and the bathing facilities and equipment were dusty. This meant that they were not readily accessible and clean for people to use. There was lime scale on most of the sink and bath taps we observed. There were brown stains in the bath and toilet. There were two fixed hoists in bathrooms that had rust around the bases. A portable raised toilet seat on the ground floor had brown stains on the seat and was rusty around the feet. We confirmed with staff members that these bathrooms were used by people and people received personal care in these areas. We also saw a sling used for hoisting was noticeably stained. This sling was being used to assist people to move. This meant that people were at risk of catching healthcare associated infections and at risk of cross contamination.

We looked at the daily cleaning records and there were substantial gaps. The last cleaning record available was dated 14/10/14, almost three months prior to our visit and it had not been fully completed. We spoke with staff members about infection control and cleaning at the service. Staff members' understanding of cleaning responsibilities and roles varied. We spoke with a member of domestic staff that had just started at the service. They

had carried out cleaning tasks but not been asked to complete any cleaning records on their first day. There was no cleaning schedule in place to ensure that the premises were appropriately cleaned. We did however see some cleaning records that had been produced for domestic staff to complete; we were told that these were going to be used.

We spoke with the manager of the service about our concerns relating to the cleanliness of the environment. The manager told us that they had had a problem recruiting and retaining domestic staff and they were aware that there were improvements required. A new member of domestic staff had started at the service on the second day of our inspection which the manager hoped would enable the service to address the issues.

We looked at two environmental audits that had been carried out within the last 8 months at the service. Issues with the cleanliness had been identified in both but no action had been taken to address them. People who used services and others were not protected against the risk of exposure to a health care associated infection as there were not appropriate standards of cleanliness and hygiene in relation to the premises and equipment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Two people that we spoke with told us that staff responded to the call bell without a delay. Three people told us that they had to wait a long time for their needs to be attended to. They all told us that staff came into their room turned off their call bells and told them they would be back to assist them as soon as they could. One person told us how this had left them requiring assistance with incontinence for 30 minutes another person told us they may have to wait up to an hour. One person told us that staff always responded to their call bell although there were times when they were busy. They told us that 15 minutes was the longest time that they have ever had to wait for staff to respond.

We spoke with four staff members specifically about the staffing levels and they all told us that they felt they were adequate to meet people's needs and keep people safe.

We observed that during our visit staff were all based on the ground floor of the service where the communal areas were. There were a number of people on the first and

Is the service safe?

second floor who either through choice or because of their health needs, spent the majority of time in their bedrooms in bed. We spoke with a person in their room that required assistance. While we were there their call bell rang for five minutes and then stopped. No staff member attended during this time. We went to report this to the nurse on duty who told us that there was a fault with that person's call bell as it should not turn itself off and that they would report it. We noted another call bell that rang for 5 minutes and then stopped with no-one attending. The nurse on duty told us the call bells should not turn themselves off and they should only stop when they have been answered. These people were in their rooms and required staff assistance and there were no staff available to attend. This left one person alone in their room in the dark with their curtains open, no covers on and with no access to a drink. The other person wanted assistance as they were in pain. There was a risk that these people may be requesting assistance in an emergency and no staff were attending to their requests. We observed that people that were in their rooms on the second floor still had pudding bowls in front of them at 2.35pm and there were no staff to be seen on or around the floor. There were not always sufficient staff members on duty to meet people's needs.

People told us they felt safe. One person told us "I feel safe and have no complaints." Another person told us "I am safe and looked after quite well." Relatives told us they felt their loved ones were safe. There were procedures in place to minimise the risk of harm or abuse to people who used the service. Staff had a basic understanding of safeguarding and were able to tell us they would report any concerns to the manager. The manager was aware of how to report any safeguarding concerns. Not all staff were knowledgeable

about whistle blowing or the fact that there was a whistle blowing policy in place. We spoke with a visiting social worker who was following up a safeguarding concern and they advised us that the service had taken appropriate action relating to the person's health care needs.

We found that risk assessments had been carried out and reviewed, and although documentation was not always clear, control measures had been put in place to reduce the risks. We saw that accidents and incidents were recorded. We saw that falls were analysed each month but there was no evidence of any changes that had been made as a result.

People told us that they received their medication as and when they should do so. We found that there were procedures in place to ensure that people's medicines were managed safely. However, these did not cover the administration of medicines that were prescribed as 'as required' or the administration of creams. Staff members' understanding of the administration and recording of creams varied considerably. There was no clear guidance in place for staff to follow relating to the administration of creams. This meant that people may not receive their medicated creams as prescribed as there was no guidance for staff to follow and staff had varied understandings of who applied these and how these were recorded. We also found the medication trolley was left unlocked in a communal area for a period of ten minutes. This was a concern as anybody that was within the building could have accessed people's medicines. We reported this immediately to the nurse on duty who ensured it was then locked.

Is the service effective?

Our findings

People told us that staff members appeared competent to carry out their care. One person told us, "I have the same staff to care for me, and there was a new girl who comes some times and she did not make any mistakes, I think she was trained." A relative of a person that used the service told us, "I've never thought the staff are lacking in anyway." Another relative when asked whether staff had sufficient training told us, "90% yes, if they are less experienced they get paired with someone."

We spoke with staff members about the training they had received. They told us they received an induction when they first started and that they received regular training to ensure that their practice was kept up to date. We saw evidence of training certificates of courses that staff had attended.. The provider had identified training needs for the staff at the service and made the relevant training courses available. Staff had received adequate training to enable them to meet people's needs. We also saw that all staff had received one to one supervisions. Staff told us that they felt well supported to carry out their roles.

Staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) although their knowledge and understanding of it varied. This is legislation that protects people who lack mental capacity to make decisions about their care and support, and protects them from unlawful restrictions of their freedom and liberty. We saw that the legislation had been used appropriately. We saw evidence that MCA assessments had been completed. We saw that for some decisions relating to people's care where items such as bed rails had been put in place consent forms were evident. This demonstrated that the service had obtained people's consent in relation to that specific decision where they had the capacity to consent to it. We saw that where a person lacked capacity to make a decision relating to their care, a best interest decision had been made and this was documented appropriately. This showed that the registered manager had a working understanding of the legislation. We discussed the recent case law relating to DoLS with the provider as they had not yet reviewed the need for people to have a DoLS authorisation in place

following this ruling. The manager explained to us that they had been in touch with the local authority following the case law and that they were going to start to reviewing people's needs.

We saw that people were offered a choice of meals verbally by staff. Staff told us they thought pictorial aids would assist people with their choice. One person told us "The food is nice, sometimes it's too hard to eat." A relative told us "The food always looks good and I've got no concerns about [my relative's] weight." We saw drinks and biscuits were offered to people during the morning and the afternoon. We found that most people that spent the majority of their time in their own rooms had drinks available throughout the day.

We found food menus were on display in a communal area of the home and there were two or more choices of meals available. The choices available promoted a balanced diet and we spoke with the cook who advised us that where required people's diets were fortified.

During lunchtime we observed staff supporting people with their meals. We saw very limited engagement with people during this time. We found that lunchtime was an extremely busy time and people were not actively encouraged to eat. We saw that people had been provided with aids to promote their independence but there was not a lot of verbal encouragement from staff.

We spoke with staff members specifically about people's individual dietary needs. We asked five different staff members, including the cook about the amount of people at the service that required a diabetic diet. We received five different responses. This was a concern as there was a risk that these people may not be receiving the right foods to meet their health needs. We raised our concerns with the manager of the service and before we left we found that adequate information relating to people's dietary needs was available in the kitchen.

Relatives told us that people had access to a wide range of health and social care professionals if they needed them. These included GPs, district nurses, occupational therapists, chiropodists, and opticians. We saw evidence of this involvement. We saw that where people required specialist equipment it was in place and being used effectively.

Is the service caring?

Our findings

People told us the staff were caring. One person told us, “They are very good,” another said, “The care is very good and I’m very well looked after.” A relative that we spoke with told us “My [relative] loves the atmosphere, the carers are fine and overall 90% everything is fine. My [relative] does not like to be a nuisance, but their room and the general atmosphere is good.” Another relative told us “The quality of the staff is very good and the nurses are excellent.”

Staff members had a good understanding of how they were able to support people with privacy and dignity. We observed some good examples of care where staff listened to people and responded to them appropriately. However, we also observed staff caring for a person that had been unwell. We saw staff talking over the person about what they needed to do.

We also saw examples when staff were providing support where if people did not respond immediately staff raised their voice and repeated what they were saying only louder assuming that the person had not heard them. We saw one example of this where a staff member put their face directly in front of the person’s face and repeated what they were saying only louder and then when they still did not receive a response they shouted directly into their ear. The staff member told us this person was hard of hearing. We spoke with a relative of this person who told us they were not hard of hearing. We saw staff later in the day communicating with the same person with a normal level of voice.

We looked at the care plan of another person that staff had raised their voice to communicate with and we saw that

the person had a communication plan that stated ‘do not raise voice, speak clearly and precisely and with respect’. This was a concern as staff had not communicated with people in an appropriate way.

People told us they were able to choose where they wanted to spend their time. We saw one person being assisted into a communal area they told staff, “I want to sit with my friend over there.” We saw that this was facilitated. We found that if people were able to verbally communicate their needs with ease then they were actively involved in making decisions about their care and support. We found that where people’s communication needs required further time and support this was not always provided to enable them to be actively involved in decisions relating to their care.

People told us that they were able to choose whether they had their bedroom doors open. We saw that staff respected people’s choice and so where people were able to verbally communicate this, their choice and their privacy was respected. Where people were unable to verbally communicate we saw that their bedroom doors were left open. We did not see these people being given the choice about the positioning of their bedroom door and there were no details recorded about whether this was/would be their preference or how their privacy was maintained.

Relatives that we spoke with told us that they were able to visit their relative at any time and that they were able to have privacy if they wanted it.

There was a policy in place for accessing advocacy services but we did not see any information on display relating to advocacy services that are able to speak on people’s behalf. We discussed this with the manager who informed us that they were going to take action to ensure that this was readily available for people.

Is the service responsive?

Our findings

People told us that they had care plans in place. A relative of a person told us, “Staff recently reviewed the care plan.” Another said, “I’ve seen [my relative’s] care plan, the staff ask me to sign it.” We found that people had care plans in place and they were reviewed to ensure that they continued to meet people’s needs but the length of time between reviews varied. We saw care plans included very limited information about people’s choices and preferences. We also found that where control measures had been put in place to reduce risks associated with people’s care that these were not always being carried out.

We spoke with staff specifically about people’s needs and received inconsistent responses. This showed that they did not have a good understanding of the care that people should be receiving. We spoke with four different staff members about the specific care needs of people that spent long periods of the day in bed and required regular assistance to reposition to prevent pressure sores from occurring. Each staff member had a different understanding of who these people were, how frequently they should be assisted and how this should be recorded. We spoke with the manager of the service who told us they had recently reviewed people’s needs in relation to repositioning and advised us that this was why staff were confused. This was a concern as there was not a consistent approach and understanding from staff about how they were going to be responsive to people’s needs. People’s care plans had not been updated to reflect these reviews.

We saw that two people on the second floor at the service did not have access to their call bells on the first day of our inspection. One person did not have a call bell at all. We were told that this was because the call bell cord was seen to be a risk. We were told that this had been assessed and was recorded in their care plan. We were unable to find any evidence of this in their care plan. Another person had a call bell in place but on the first day of our inspection it had been tied up and was not within the person’s reach. On the second day of our inspection this person had the call bell on their bed but they were unable to use as it had been

placed on the side where they had limited movement in their arm. This was a concern as these people were not able to summons assistance and no staff members were based on the floor of the service where they were. One of these people was uncomfortable and required a drink but had no way of alerting staff to this. These people did not have access to staff and were not receiving personalised care to meet their needs. We found that other people that were in their rooms did have access to their call bells.

One person told us, “I have no activities here but read the newspapers paid for by my daughter.” During our inspection we did not see any activities taking place. We saw that posters detailing some planned activities were on display in a communal area of the home, these were not presented in an accessible format. The activities included gentle exercise, quiz ball, dominoes/cards, hand/nail care and a general knowledge quiz. These were all group activities. There was an activities co-ordinator in place but she had been providing domestic support during our inspection. The manager told us how the hours of the activities co-ordinators had recently been increased to enable them to spend more time to focus on one to one activities in addition to the group activities. At the time of our inspection activities were not specifically planned to reflect people’s hobbies and interests.

During the first day of our inspection a person raised a concern with us and advised us that they wanted to discuss it with the manager. On the following day of our inspection the manager had been to see the person. They had listened to their concerns and taken immediate action to address them. Two relatives that we spoke with told us they would be happy to raise any concerns and felt that anything they had raised had been addressed although it had not always been sustained. We saw evidence of where concerns had been raised the issues had been addressed. We saw a comments box in the reception area where people were able to leave any comments relating to the service that they had, this was checked by the manager. The service had a complaints policy in place that included details of where people could go to if they were satisfied with the provider’s response.

Is the service well-led?

Our findings

A satisfaction survey of the service had been carried out by the manager four months prior to our visit. We found that out of 37 people that used the service 17 people had returned their questionnaires. From the survey results we saw that people were satisfied with the service and that where suggestions had been made they had been acted on. For example people had asked for larger plates at tea time and during our visit we saw that this had been addressed. People who were not able to complete the survey themselves had not been provided with any additional support to do so. This meant that the survey had only captured the views of those that were physically able to complete the surveys or had relatives that visited to enable them to do so.

We were concerned about the consistency of staff's understanding of people's care needs and requirements. We received different responses about people's needs from different staff members. If people's needs had changed these had not always been amended in their care records and staff were not all aware. This may lead to an inconsistent approach in people's care. We found changes had been made to people's care and not communicated effectively with all staff. There was no quality assurance checks of people's care plans carried out. There were no audits carried out of care plans or medication. There was a risk that people would not receive their medicines or care and support as required as audits to ensure this was happening were not taking place.

We saw that a falls audit was carried out on a monthly basis and although the times of the falls were analysed, it was not clear from the audit how many falls one person had had. This made it hard to identify if any further action was needed for any one person and to provide a thorough analysis of the falls. This meant there was a risk that if one person had a sudden increase in the amount of falls they were having the fact that they were suddenly having more falls was not being identified and no action to look at the cause of their falls or to reduce them was being taken.

We found that some audits relating to the environment had taken place. We were concerned that where issues had been identified, there were no recommendations of the actions required for improvement or details of any action that had taken place. We saw that for three consecutive

audits concerns about the cleanliness of the premises had been identified but no action had been taken to address this. There was not an effective system to identify, monitor and assess risks at the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

There was a registered manager at the service who oversaw the care and support being provided. The manager at the service had a purely managerial role and did not carry out shifts where they actually provided care and support, the manager told us this enabled them to maintain an overview of the service. We spoke with the manager about notifications. Notifications are events or occurrences that providers are required to notify us of by law. We found two incidents within the last few months that we should have received notifications of. We have since received one of these from the service. The manager is aware of their legal responsibility relating to notifications and when they should send them.

Staff told us that they were able to raise any concerns with the manager at the service and felt they would be listened to. They all told us the manager was very approachable and had a good understanding of the staff's needs. One staff member told us "I have raised a couple of small things with the manager and they have been dealt with." Another staff member told us, "The manager has a really good relationship with everyone."

Relatives and the manager told us about a care home improvement group that had been set up. This group had been put together to help improve the resident, relative and staff experience through the creation of enhanced communication channels. We saw evidence of actions that had been taken at the service following recommendations made at this meeting. One thing that had been requested was larger plates at tea time. We saw that larger plates had been provided although some people preferred to still have the smaller ones which were available. The manager advised us that these meetings were continuing to take place on a six monthly basis and people that used the service, relatives and staff were all welcome to participate. However, there had been no consideration given to how they could actively involve people that remained in their rooms on the first and second floors at the service.

Is the service well-led?

We saw that staff meetings took place approximately every two months where changes to the service were discussed and staff were able to make suggestions and provide feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations
2010 Cleanliness and infection control
How the regulation was not being met: People who use services and others were not protected against the risk of exposure to a health care associated infection as there were not appropriate standards of cleanliness and hygiene in relation to the premises and equipment. Regulation 12 (2) (c) (i) and (ii).

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service provision
How the regulation was not being met: There was not an effective system to identify, monitor and assess risks at the service. Regulation 10 (1) (b).