

Ms Sarah Storey

Hylton House

Inspection report

34 The Ridgway
Sutton
Surrey
SM2 5JU

Tel: 02086612663
Website: www.choicecaregroup.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Hylton House is a 'care home' that provides care and support for up to 8 people. All the people who live at Hylton House have a learning disability or autistic spectrum disorder. There were 7 people living at the home during the inspection.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were provided with a service that was safe for them to live and staff to work in. There were regular reviews of the service quality, and improvements made to ensure people's care and support needs were met. This was in a way that suited them best. Working partnerships were well-established, promoted people's participation and reduced their danger of social isolation.

Right Care

Staff were appropriately recruited, trained, and in sufficient numbers to support people to live safely, whilst enjoying their lives. Any risks to people and staff were identified, assessed, monitored, and reviewed. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Trained staff administered people's medicines safely.

Right culture

The provider's culture was positive, open, and honest with a leadership and management that was clearly identifiable and transparent. Staff knew what the provider's vision and values were and followed them. Staff were aware of their responsibilities, accountability, and were happy to take responsibility and report any concerns that might arise.

Rating at last inspection

The last rating for this service was Good (published 18 September 2018).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good, rated service for people.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains Good. This is based on the findings at this inspection.

We did not inspect the key questions of effective, caring, and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hylton House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hylton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Hylton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced and inspection activity started on 16 November 2023 and ended on 7 December 2023. The inspection visits took place on 20 November 2023 and was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

All the people using the service had limited use of words to communicate verbally and did not comment on the service. We spoke in person with the registered manager, 4 relatives, 3 staff, and 4 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 5 people's care plans and risk records. We looked at 3 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, safeguarding, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection visit. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People had limited use of words to communicate verbally and did not comment on whether the service was safe. Their body language during our visit was relaxed and positive indicating that they felt safe. A relative told us, "Very safe place for [Person using the service] to live and enjoy their life." A member of staff told us, "I would report any abuse I saw or was told about to my line manager immediately." Another member of staff said, "Abuse is not tolerated here. Not on my watch. I'm fully aware we need to let the local authority and the CQC know about any safeguarding incidents that occur here, and the police if necessary, which I would not hesitate to do."
- Staff received training in how to identify possible signs of abuse and the appropriate action to take. They knew how to raise a safeguarding alert, told us that the provider's safeguarding procedure was available to them, and they had read it.
- Staff said they understood what people's gestures, and sounds meant to communicate. This included different pitches indicating their moods and if they were happy or not and things they wished to do. This was confirmed by relatives. People had any individual areas of concern regarding their safety, recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Staff supported people to take acceptable risks by staff following people's individual risk assessments. The risk assessments covered all aspects of people's health, daily living, and social activities. Staff kept people safe by regularly reviewing and updating people's risk assessments as needs, interests, and activities changed.
- The risk assessments were used in the development of people's individual care plans which were designed to guide staff practice. They included guidance for staff in relation to how to prevent or appropriately manage risks associated with distressed behaviours, choking whilst eating and drinking, moving, and transferring.
- Staff were very familiar with and understood people's routines, preferences, identified situations where people may be at risk and acted to minimise those risks.
- Staff received training in de-escalation techniques and dealt appropriately with situations where people displayed behaviour that communicated distress. We observed staff appropriately dealing with situations patiently and helping people to calm down when they were anxious. A staff member said, "I know the signs to look out for which would indicate if any of the people we support might be becoming distressed and what we need to do to help them alleviate that stress. All the staff know singing a particular song really helps keep 1 person who lives here calm when they become upset." Another member of staff remarked, "My induction

has been excellent so far and it does include positive behavioural support and communication training. This training, along with support from the more experienced staff members and people's individual risk management plan ensures I know how to keep people who live at the care home safe."

- We observed 2 members of staff correctly use moving and handling equipment to transfer a person safely.

- General risk assessments were regularly reviewed, updated, and included equipment used to support people. The equipment was regularly serviced and maintained.

Staffing and recruitment

- There was a thorough staff recruitment process, and records demonstrated it was followed. The process contained interview questions that were scenario-based to identify prospective staffs' skills, knowledge of learning disabilities and why they wished to work in this field. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 month probationary period with reviews.

- There were enough staff employed to meet people's care and support needs, flexibly, safely, and staffing levels matched the rota. They were visibly present throughout our inspection providing people with the care and support they needed to stay safe. A relative said, "I visit quite regularly and [Person using the service] is always happy and smiling it's a great place for him to live." A staff member said, "4 care staff on in the morning, 3 in the afternoon and 2 waking staff at night is enough staff to meet the needs of all 7 people that currently live here. The [registered] manager also makes sure we have additional staff on shift when we need it. Say if we're all planning to go out as a group on a day trip for example."

Using medicines safely

- People received their medicines safely.

- Medicines were safely administered, regularly audited, and appropriately stored and disposed of.

- People's medicines records were fully completed, and up to date. Staff received medicines administration training that was regularly refreshed.

- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered.

Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.

- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff received infection control and food hygiene training that people's relatives said was reflected in their work practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons, if required.

- There was a written procedure for identifying, managing, and reporting possible and confirmed COVID-19 cases.

- The care home was clean and tidy.

Visiting in care homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely. A person's relative told us, "I can visit my [family member] whenever I choose, and the staff always make me feel welcome."

Learning lessons when things go wrong

- Staff told us they would be comfortable using the provider whistle-blowing procedure.
- Safeguarding concerns, complaints, accidents, incidents, and whistleblowing were reviewed and analysed to ensure any emerging themes were identified, necessary action taken and to look at ways of preventing them from being repeated. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The home had a culture that was open, positive, inclusive, empowering, and person-centred. This meant people experienced good outcomes.
- People had limited use of words to communicate verbally and did not comment on the service management and leadership. Their relaxed, positive body language towards the registered manager and staff demonstrated that the service was well-led and met people's social as well as health needs. We saw a lot of positive interaction between people using the service and staff involving much smiling and laughing. A relative said, "I have nothing but good things to say about Hylton house and the staff and the way they care for [Person using the service]." A staff member told us, "I feel very supported by the manager [registered] and all the staff who work here. We work well as a team here and have an excellent team spirit. This is a great place to work."
- Relatives said the home was well-run, and the registered manager was approachable. People were able to enjoy their lives as staff made an effort to meet their needs in a positive, supportive, and encouraging way. This reflected the organisation's vision and values. A relative said, "The staff regularly engage with us on all aspects of [Person using the service] care and wellbeing. Our experience is that the home is well managed." A staff member told us, "The service is very well run by the [registered] manager. She's approachable and often works with us on a shift so she's always available to have a chat with."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider knew their responsibilities regarding duty of candour and was open and honest with people. People and their relatives were told if things went wrong with their care and support and provided with an apology.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The registered manager and staff knew and understood their roles, the quality assurance (QA) systems and there were clear lines of communication and boundaries in place.
- Staff understood that they had specific areas of responsibility such as record keeping, medicines management and carried them out. This was reflected in the positive comments from relatives.
- The QA systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators

(KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.

- There were thorough audits carried out by the provider, registered manager, and staff that were regularly reviewed and kept up to date. The internal audits checked that specific records and tasks were completed. These included staff files, training, the environment, health and safety and there was also a service development plan. It meant that people received an efficient service that was focussed on them.
- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. Our records told us that appropriate, timely notifications were made to the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, staff and the public were engaged by partnership working, listened to and people's wishes acted upon.
- Staff made sure local resources such as community-based activity services were made accessible to people.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures that facilitated how to achieve continuous improvement and work in co-operation with other service providers.
- Staff told us they were encouraged to discuss what they could do better and that's what made this was such a good place for people to live and them to work in. A staff member said, "The manager [registered] always acts upon what we have to tell her."
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service.
- The home and provider received regular feedback from people and their relatives that identified if the care and support given was focussed on their needs and wishes. Feedback from people who could not use words to communicate was taken by interpreting their positive or negative body language to activities and towards staff.
- Performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home had close links with services, such as local authority learning disability teams, commissioners, and community speech and language therapists. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- People, their relatives or advocates and staff said they were provided with the opportunity to give their opinions about the service. A relative said, "The [Registered] manager and staff do listen to us." A staff member said, "We have lots of team meetings and quarterly 1 to1 supervisions with our line manager here, so you have plenty of opportunities to share your views about the care home with the management. They listen to what we have to say."
- During our visit, the registered manager and staff frequently checked that people were happy and receiving the care and support they needed. This was provided within a warm family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, 3 monthly supervision and staff meetings took place where they could have their say and contribute to service improvements.

- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.