

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

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Hylton House is a small care home which provides care and accommodation for up to eight adults. The service specialises in supporting people with a learning disability, physical disability and/or sensory impairment. At the time of our inspection there were eight people living in the home. At the last Care Quality Commission (CQC) inspection in June 2015, the service was rated Good.

At this inspection we found senior staff were not fully aware of the requirements of The Mental Capacity Act 2005 (MCA). They were placing restrictions on one person at the service without the necessary legal authorisation to do so. We identified a breach of the regulations. This was in regards to need for consent. You can see the action we have told the provider to take with regard this breach at the back of the full version of this report.

We received mixed feedback about the management and leadership of the service. There was no registered manager in post. A registered manager is a person who has registered with CQC 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.

The provider appointed a new home manager for the service who at the time of this inspection was in the process of finalising their application to CQC to become the registered manager for this service. People's relatives and representatives, staff and healthcare professionals said the home manager and the rest of the senior staff team were open, transparent and supportive. However staff did not feel valued or rewarded by the provider which was having an impact on morale and motivation within the staff team.

Senior staff carried out regular checks of the service to monitor and review the quality of care and support provided to people. They sought feedback from relatives and representatives, staff and healthcare professionals about how the service could be improved.

Notwithstanding the issues above, feedback from people's relatives and representatives, and healthcare professionals, indicated a high level of satisfaction and confidence with the service. The provider maintained appropriate arrangements to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided.

People continued to be safe at Hylton House. Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people in the home and community. There were enough staff at the time of this inspection to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of any new and existing staff.

Staff were kind, caring and attentive. They treated people with dignity and respect and ensured people's privacy was maintained at all times particularly when being supported with their personal care needs.

People at the end of their life experienced comfortable and dignified care that met their needs and wishes.

People had a personalised support plan which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular and relevant training and were supported by the senior staff team to help them to meet people's needs effectively.

People remained active and participated in a broad range of activities and events to meet their social and physical needs. The service continued to work with external organisations to support people, particularly with their communication needs and emotional wellbeing. They used learning from this to develop their understanding of people's needs and how to support people to achieve positive outcomes in relation to their health and wellbeing. Staff communicated with people using their preferred methods of communication.

Staff ensured that people ate and drank sufficient amounts to meet their needs and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought. Staff ensured people could access healthcare services when needed. When people needed emergency support from healthcare professionals, staff made sure these professionals had the information they needed in an emergency to help them determine the treatment the person needed more effectively.

The environment was clean and staff demonstrated good awareness of the importance of infection control and hygiene in the home. The premises and equipment were regularly maintained and serviced to ensure these were safe. Medicines were managed safely and people received them as prescribed.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Requires Improvement ●

Some aspects of the service needed to be improved. Staff were not fully aware of all the requirements of The Mental Capacity Act 2005 (MCA).

However, staff were well trained and supported in their roles.

Staff ensured people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

Some aspects of the service needed to be improved. Staff felt well supported by senior staff but did not always feel valued or rewarded by the provider.

Senior staff carried out checks of the service. They sought feedback from people and others about how the service could be improved.

They also worked proactively with other healthcare professionals and organisations to enhance the quality of people's health and wellbeing.

Hylton House

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 checked 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection took place on 26 July 2017 and was unannounced. It was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

People were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service, during the inspection we observed staff carrying out care and support and the way they interacted with people. We also spoke with the deputy manager and three members of staff that were care support workers. We looked at three people's care records, four staff files, medicines administration records (MARs) for four people and other records relating to the management of the service.

After the inspection we spoke with three relatives, an advocate for two people using the service and a healthcare professional who worked closely with the service. We asked them for their views and experiences of the service. We also spoke with the home manager and a representative for the provider.

Is the service safe?

Our findings

Relatives told us people were safe at Hylton House. One relative said, "Yes, [family member] is safe." Another told us, "[Family member] is very safe and well looked after there. I don't need to worry about that."

Since our last inspection, the provider had ensured people continued to be safe. Staff attended regular training in safeguarding adults at risk. This helped staff to stay alert and aware to signs of abuse and the action to take to ensure people were protected. Staff also received training in equalities and diversity. This helped staff to protect people from discriminatory practices or behaviours that could cause them harm.

Senior staff monitored that staff understood how to protect people from abuse or harm through supervision (one to one meetings) and in staff team meetings. Staff told us they were encouraged to raise any concerns they had about poor working practices or behaviours that could pose a risk to people. There were processes in place to support staff to report any concerns they had about a person promptly. This meant they could take necessary action to ensure the person's safety.

Staff had access to current information about how they should protect people from identified risks. Senior staff assessed, monitored and reviewed risks to people posed by their specific healthcare needs. There was clear written guidance for staff to follow on how to reduce these risks to keep people safe around the home and in the community. Staff demonstrated good awareness of the specific risks posed to people and how they should support them to stay safe. For example, a staff member told us the action they would take to support a person if they were to experience a seizure in the home or in the community to keep them safe. This included using emergency medicines, when required, which they had been trained to administer.

The provider ensured the premises continued to be safe and hygienically clean for people. Regular maintenance and servicing of the premises and equipment was undertaken. On the day of our inspection the home's lift developed a fault and an engineer was on site promptly to diagnose the issue and the action required to fix this. We saw the home was clean and staff were observing good practice in relation to infection control and hygiene.

There were enough staff at the time of this inspection to support people safely. We observed staff were visibly present and providing appropriate support and assistance to people when this was needed. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of any new staff to support people. They also carried out criminal record checks at three yearly intervals on all existing staff to assess their on-going suitability to support people.

Staff supported people to take the medicines prescribed to them. These were stored safely. People's records contained up to date information about their medical history and how, when and why they needed their medicines. We looked at people's individual medicines administration record (MAR) and the current stock and balance of their medicines and found these had been given as prescribed. Staff received appropriate training to support people with their medicines. Senior staff used monthly audits of medicines management to assure themselves of staff members' on-going competency to support people safely.

Is the service effective?

Our findings

During the inspection we checked to see whether the service was continuing to meet the requirements of The Mental Capacity Act 2005 (MCA). The 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 Act 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Where applications had been made to deprive people of their liberty, these had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to these authorisations. However we found senior staff were not aware that these requirements of the MCA would also apply to people in receipt of a package of temporary respite care. One person was in receipt of respite care at the time of our inspection and they lacked capacity to consent to specific aspects of their support, which placed restrictions on their liberty whilst at the service. There was no evidence that meetings had taken place between professionals and others involved in the person's care to decide whether these restrictions were in the person's best interests. This meant the service was unlawfully depriving the person of their liberty as they did not have the necessary legal authorisation to do so.

Senior staff took action following our inspection to submit the necessary application to the appropriate body. Nevertheless this issue amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the issue identified above, people's relatives and representatives told us staff had the skills and experience required to support people effectively. One relative said, "Yes, they seem quite well trained." An advocate for two people told us staff worked well with all the healthcare professionals involved in people's lives so that people experienced prompt and appropriate support when this was needed.

Since our last inspection all staff continued to receive relevant training to help them to meet people's needs. This included specialist training to meet the complex healthcare needs of people such as epilepsy training, diabetes care and pain management. Staff also received appropriate support from senior staff through a programme of supervision which appraised their work performance. Through these meetings senior staff checked that staff were up to date with the knowledge and skills required for their roles. Staff were also encouraged to reflect on their working practices, discuss any concerns they had about their work and identify opportunities to learn and develop further in their role.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Staff recorded people's food and fluid intake to help them monitor whether people were eating and drinking enough. As people had complex dietary needs, staff had maintained good working relationships with the relevant

healthcare professionals to ensure people received appropriate support to meet these. The deputy manager also continued to support staff in their capacity as the service's dysphagia champion. Dysphagia is a medical term that is used when people have difficulties swallowing which can lead to complications when eating such as choking. People's individualised eating and drinking plans set out for staff how people should be supported in such a way as to reduce these risks.

People also continued to be supported by staff to maintain their health and wellbeing. Staff ensured people attended their scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist healthcare needs. People's individual health action plans set out how staff should support them with their specific healthcare needs. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. When people were unwell or needed additional assistance with their healthcare needs, staff sought prompt support from the appropriate healthcare professionals.

When people needed emergency support from healthcare professionals, staff made sure these professionals had access to the person's individual 'Red Bag' which contained current information about their general health, any existing medical conditions they had, the medication they took and any current health concerns. 'The Red Bag' was part of the Sutton Homes of Care vanguard initiative and aimed to provide ambulance and hospital staff with the information they needed in an emergency to help them determine the treatment the person needed more effectively.

Is the service caring?

Our findings

People's relatives and representatives, and healthcare professionals, spoke positively about staff and said they were kind and caring. A relative said, "They are very much kind and caring. Everyone is friendly and we're always made welcome when we visit." Another told us "The staff are lovely and so nice. When we visit we're always offered a cup of tea and cake or biscuits." A healthcare professional said on a recent visit to the home on a hot day they had observed staff with people in the garden. They told us staff had been attentive and considerate to people when they were carrying out a musical activity with them whilst ensuring people were well protected from the sun and heat and had access to plenty of drinks to stay well hydrated.

People had complex communication needs and information about these and their preferred communication methods continued to be well maintained. This meant there was up to date guidance for staff on how people wished to communicate and express themselves through sound, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support so that they could respond accordingly. Staff used this information to assist healthcare professionals supporting people with their healthcare needs. For example they used their knowledge about how people expressed pain to enable healthcare professionals to determine people's tolerance to this when treatment was required.

We observed good interactions between people and staff. People responded positively to staff. Staff gave people their full attention during conversations, speaking in a gentle and considerate way using people's preferred method of communication wherever possible. Staff sat with people and maintained good eye contact at all times. They gave people the time they needed to communicate their needs and wishes and then acted on this. They used gentle touch to reassure people and let them know they were close by if they needed assistance. When supporting people with their meals staff did this in a calm and measured way, enabling people to take their time and eat at their own pace.

People's right to privacy and to be treated with dignity was respected. Records were kept securely so that personal information about people was protected. We saw staff did not enter people's rooms without first seeking permission to enter. Staff kept doors to bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. When talking about the people they supported, staff were respectful and knowledgeable about their needs, likes and dislikes and preferences for how they received care and support. It was clear they knew people well.

People received support at the end of their life that was comfortable and dignified. A relative spoke to us about the support they and their family member received and said about staff, "They are very good. Everything's being handled with dignity." The service was participating in a pilot initiative through the Royal Marsden Hospital aimed at improving end of life care for people with a learning disability. A healthcare professional who was working closely with the service through this initiative told us staff had received training and support in pain assessment, advanced care planning and communicating with families. They said staff had worked proactively with them and people's family members to ensure that the care and support people received in their final days was well co-ordinated and managed so that people would be

afforded the comfort and dignity they deserved at the end of their lives.

Is the service responsive?

Our findings

Feedback we received from people's relatives and representatives, and healthcare professionals, indicated a high level of satisfaction and confidence with the service. One relative said, "I couldn't fault the place. The support is fantastic." Another told us their family member was participating in activities that were supporting them to live an active and rewarding life. They said, "What they've done for [family member] has been amazing." A healthcare professional told us, "I've only ever seen beautiful care." And an advocate for two people described the service as "fantastic." The positive comments we received was echoed in feedback obtained by the provider from recent quality surveys completed by relatives and others.

Senior staff confirmed no formal complaints had been received about the service since our last inspection. The provider maintained appropriate arrangements to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. This would ensure any complaints they received would be fully investigated and people would receive a satisfactory response to the concerns they raised.

People continued to receive personalised support which met their specific needs. People's care records contained current and detailed information about their life histories, their likes and dislikes and their specific preferences for how support should be provided to them. For example there was detailed information about how people should be supported with their personal care needs that reflected their preferences for how this was provided. This ensured people received support that was personalised and focused on how their needs should be met. Senior staff ensured people's support plans were reviewed annually or sooner if there had been changes to people's needs. People and their relatives or representatives were involved in these reviews. Where changes had been identified, people's plans had been updated and information about this was shared with all staff.

People remained active and participated in a broad range of activities and events to meet their social and physical needs. These included shopping trips, going for meals, attending community discos, day trips and outings and holidays. People also undertook individualised activities such as bike riding. The service continued to work with external organisations to support people, particularly with their communication needs and emotional wellbeing. For example, 'Us in a Bus', an independent, not-for-profit organisation specialising in working with people who have profound learning disabilities and complex needs, regularly visited the home. They supported people to express themselves which provided valuable insight for staff on how people communicated their needs.

A drama therapist also visited the service and worked with people to support them with issues that may be having an impact on their emotional wellbeing. Senior staff told us how one person when they first started to use the service, was bed bound and had poor mobility. They supported the person to engage and participate in activities and in drama therapy to help them to cope with the loss of a loved one. This had had a positive impact on their physical and emotional health, which had significantly improved. For example they no longer required medicines to manage their mental health.

Staff helped people to stay in close and regular contact with their family and friends. They maintained an

open and welcoming environment within the home and family and friends were encouraged to visit when they wished. Comments we saw about the service in the quality surveys included, "positive atmosphere and feel welcomed...always a pleasure to visit" and "relaxed, comfortable, welcoming and inviting."

Is the service well-led?

Our findings

Since our last inspection the registered manager left the service in October 2016. The provider appointed a new home manager in March 2017. At the time of this inspection the new home manager was in the process of finalising their application to CQC to apply to become the registered manager for this service. In the interim the provider had arrangements in place to ensure that they continued to fulfil their legal responsibilities particularly with regard CQC registration requirements and the submission of notifications of events or incidents at the service. This information enabled us to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

During this inspection we received mixed feedback about the management and leadership of this service. People's relatives and representatives, staff and healthcare professionals spoke positively about the senior staff team which consisted of the home manager and deputy manager. A relative said, "The managers are quite approachable and I find they are very helpful." A staff member told us, "I get good support from the managers...I can go any time to them with questions." And an advocate for two people said, "The new manager seems to be managing quite well. They seem on top of things."

However, staff members also told us they did not always feel valued or supported by the provider. Since the last inspection, the provider had closed another of their services and moved people and staff from that location to Hylton House. They had submitted an application to CQC to increase the maximum number of people that could use this service from six to eight which was subsequently approved. Although staff said the merger had gone well, they did not feel that staffing levels were continuously reviewed to account for the changing level of dependency and people's needs. Staff also felt morale amongst the staff team was low. We looked at minutes of staff meetings over the last six months and it was evident from these that morale and motivation was an issue within the staff team. When we asked staff how this could be improved they said the provider needed to listen to staff and be more accessible and responsive to their needs.

We discussed these issues with the senior staff team and a representative for the provider. The senior staff team told us decisions about the management of the service, particularly those around finances and staffing, were taken at provider level. The provider's representative confirmed they did not routinely review staffing levels in the home. They acknowledged that this should be reviewed more frequently, with input from the senior staff team, so that assurances could be sought that people's needs were being fully met at all times. The provider's representative said they took on board staff's concerns and would take steps to identify ways that morale and motivation within the staff team could be improved. We will review progress against this at our next comprehensive inspection of the service.

Notwithstanding the issues above, the senior staff team continued to seek the views of people, their relatives and representatives, staff and healthcare professionals about how the service could be improved. They did this through quality surveys and through meetings, minutes of which evidenced this. Recent feedback obtained from people's relatives and representatives indicated a high level of satisfaction with the service with very few suggestions for improvement being made. A healthcare professional told us senior staff were 'transparent and open' and responded positively to any feedback they had about how the service

could be improved.

Records showed senior staff made regular checks of key aspects of the service to assess the quality of care and support people experienced. We saw recent checks had been made around the safety of the environment, people's care records, records relating to the management of the service and medicines administration. When areas requiring improvement were highlighted, senior staff took appropriate action to address shortfalls or gaps in the service. In this way senior staff were ensuring people experienced good quality safe care and support.

Senior staff worked proactively with other healthcare professionals and organisations to enhance the quality of people's health and wellbeing through an integrated approach to their care. For example the service's collaboration with the Sutton Homes of Care vanguard initiative helped to ensure people would receive effective treatment from ambulance and hospital staff in an emergency, because the quality of information about them and their needs had been improved.

The service was also participating in a pilot initiative aimed at improving end of life care for people with a learning disability. The outcomes from this work will be used by NHS England to design and deliver best practice guidance and support to relevant care providers nationally. A healthcare professional who was working closely with the service through these initiatives told us staff were 'positively engaged' and 'well supported' by senior staff to think creatively about how people's experiences could be improved.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Staff were not fully aware of the requirements of The Mental Capacity Act 2005 (MCA). They were placing restrictions on a person at the service without the necessary legal authorisation to do so.