

Ms Sarah Storey

# Hylton House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Hylton House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hylton House accommodates eight people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. At the time of this inspection there were eight people using the service.

This inspection took place on 14 August 2018. At our last comprehensive inspection of the service in July 2017 we found the provider in breach of legal requirements regarding need for consent. We also found staff did not feel valued or rewarded by the provider which was having an impact on morale and motivation within the staff team. We gave the service an overall rating of 'requires improvement' as well as in the key questions 'is the service effective?' and 'is the service well led?'.

At a focused inspection in October 2017 we found the provider had acted to improve and had met legal requirements regarding need for consent. We changed the rating for the key question 'is the service effective?' to good and the overall rating for the service to 'good'.

At this inspection we found the evidence continued to support the overall rating of 'good'. Additionally, we found the service had improved to 'good' for the key question 'is the service well led?'. The provider had used the learning from our last inspection to make themselves more available and accessible to staff and had better insight into staff's issues and concerns about their roles. They had also introduced new initiatives to reward and motivate staff. Staff told us they felt better supported by the provider and morale amongst the staff team was now good.

People were safe at Hylton House. Staff knew how to safeguard people from the risk of abuse and understood how to report any concerns about people to the appropriate person or authorities. Risks to people's health, safety and wellbeing were assessed and reviewed and staff followed current guidance on how these should be minimised to keep people safe from injury or harm. The provider acted to make improvements when things went wrong. At this inspection we saw improvements had been made following an injury incurred by a person that would help to reduce the risk of a similar injury reoccurring.

The provider maintained a servicing programme of the premises and the equipment to ensure areas covered by these checks did not pose unnecessary risks to people. Hylton House was clean and clear of slip and trip hazards. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, when cleaning the premises and when preparing and storing food.

There were enough staff to meet people's needs. The provider continued to undertake recruitment checks to verify staff's suitability to support people. Staff received training to keep their knowledge and skills up to date with best practice and were set work objectives that were focussed on people experiencing good quality care and support. Staff knew people well and understood people's needs, preferences and choices. They were aware of people's preferred communication methods and how people expressed their needs.

People and their representatives continued to be involved in planning their care so that they received personalised support. Staff adhered to current best practice, legislation and standards to support people to experience good outcomes in relation to their healthcare needs. People's needs were discussed and reviewed regularly to ensure the support provided continued to meet these needs and to identify any improvements or changes required.

People were supported to keep healthy and well, to eat and drink enough to meet their needs and helped to access healthcare services when needed. People received their medicines as prescribed and these were stored safely and securely.

People participated in a wide range of activities and events to meet their social and physical needs. Staff were kind, caring and attentive and treated people with dignity and respect. Staff ensured people's privacy was maintained when being supported with their care needs. The design and layout of the premises provided people with flexibility in terms of how they wished to spend their time at home. Staff were warm and welcoming towards people's relatives and friends, who were encouraged to participate in social events and occasions at the service.

People were asked for their consent before care was provided. The provider had maintained improvements in relation to need for consent and continued to work within the principles of the Mental Capacity Act 2005 (MCA). Staff supported people in the least restrictive way possible. The policies and systems in the service supported this practice. Although people using the service were heavily dependent on staff due to the complexities of their healthcare conditions, people were encouraged to have as much control as possible when being supported.

Relatives were satisfied with the quality of care and support provided to their family member. People, relatives, external healthcare professionals and staff were asked for their views about the quality of care and support provided. Relatives said managers demonstrated good leadership and were approachable and supportive. The provider worked in partnership with others to develop and improve the delivery of care to people.

The service had a registered manager in post who was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. Managers monitored the quality of care and support provided. They undertook quality surveys and regular audits of the service and took appropriate action if any shortfalls or issues were identified through these. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

## 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?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service had improved to good.

The provider engaged with staff and had introduced initiatives to reward and motivate them. Staff felt better supported and morale amongst staff was now good. Staff and managers worked together to ensure people experienced good quality outcomes.

Relatives spoke positively about management and leadership at the service. People, relatives and staff were encouraged to get involved and give feedback about how the service could improve.

The provider continued to monitor, assess and improve the safety and quality of the service. The worked in partnership with others to develop and improve the delivery of care to people.

# 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 inspection took place on 14 August 2018 and was unannounced. The inspection was undertaken by a single inspector. Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with the registered manager, deputy manager, the director and three care support workers. As people using the service were unable to speak with us, we observed interactions between staff and people using the service. We looked at three people's care records and four staff records. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

After the inspection we contacted and spoke to three people's relatives to gather their views about the care and support provided to their family member.

## Is the service safe?

### Our findings

Relatives were confident and assured about people's safety at the service. One relative said, "I think [family member] is safe...they always take care moving [family member] and make sure their bed and chair are secure." Another relative told us, "We have no worries about [family member] being and living there." And another relative said, "One hundred per cent feel staff will keep [family member] safe."

The registered manager told us, and records confirmed, no safeguarding concerns had been raised or reported about people using the service since our last inspection. The provider continued to support staff to safeguard people from abuse or harm. Staff had been provided training in safeguarding adults at risk. They were knowledgeable about their duty to follow the provider's procedure for reporting safeguarding concerns to managers and/or to the relevant authorities. Staff said they were confident any concerns they raised would be dealt with by managers appropriately. Staff also received training in equality and diversity to help them identify potentially harmful discriminatory practices or situations that people could encounter. This helped them to identify ways in which they could support people appropriately in these instances to reduce the risk of harm to them.

Concerns and incidents involving people and their safety were well documented and reported promptly by staff to managers for analysis and review. When managers identified that people needed additional support following a concern or incident this was sought in a timely manner. This helped to reduce the risk of the concern or incident reoccurring.

Management plans to reduce risks posed to people by their specific needs and by the environment were current and set out in detail how to reduce identified risks to keep people safe from injury or harm. Staff had a good understanding of the risks to each person and how to support them to stay safe. The provider continued to ensure there was regular maintenance and servicing of the premises and the equipment used, to check these remained in good working order and safe to use. We saw the environment was clear of slip and trip hazards and staff supported people to move around without restrictions.

There were enough staff at the time of this inspection to support people safely. A relative told us, "There's always staff there and around." Another relative said, "Very good level of staff." The registered manager told us when planning staffing levels, they took account of the level of care and support people required each day to ensure there were sufficient numbers of staff to meet their needs. Staff on duty had been trained in fire safety and first aid to help them to respond to emergencies in an appropriate way. Each person had a current personal emergency evacuation plan (PEEP) which provided staff and the emergency services important information about how to support people to leave the premises safely in an emergency.

The provider continued to carry out recruitment checks on the suitability and fitness of any new staff employed to support people. They checked staff's eligibility to work in the UK, took up character and employment references, sought evidence of qualifications and training and undertook appropriate criminal records checks. We noted that some references obtained for new staff were completed electronically by referees so were not signed. We discussed this with the registered manager who advised they would

implement an additional check in these instances to seek assurances about the authenticity of the reference.

People were supported to take the medicines prescribed to them. Our checks of stocks and balances of medicines and people's individual medicines administration record (MAR) evidenced this. Protocols were in place instructing staff when to give people their 'as required' medicines (PRNs) or emergency medicines related to their specific healthcare conditions. People's medicines were stored safely and securely. Staff had received training to administer and manage medicines. Managers regularly audited medicines to check that people were receiving their medicines as prescribed and that staff followed the service's procedures for administering and managing medicines safely.

Systems were in place to reduce risks to people from poor hygiene and cleanliness. Staff had received training in infection control and basic food hygiene. They used materials and equipment appropriately to reduce the risk of spreading and contaminating people with infectious diseases. We observed the premises was clean and tidy. Communal toilets and bathrooms were equipped with soap and hand towels and advice for people, staff and visitors was on display to promote good practice in hand washing. Staff followed appropriate procedures when preparing and storing food to reduce the risk of people acquiring food related infections that could lead to illnesses.

The provider acted to make improvements when things went wrong at the service. We were notified by the provider in May 2018 that a person suffered an injury following a suspected seizure. The provider said they would put appropriate measures in place to reduce the risk of this type of injury reoccurring. At this inspection we could see improvements had been made and measures were in place to protect the person from the potential risk of injury in a similar situation. The registered manager told us that the service's procedures for assessing risks to people had been updated in light of this incident to ensure this would be considered and assessed for all people using the service at risk from seizures related to their healthcare conditions.

## Is the service effective?

### Our findings

At our last comprehensive inspection of the service in July 2017 we found the provider in breach of regulation as they had not been meeting the requirements of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). After that inspection, the provider wrote to us with a plan for how they would meet legal requirements in relation to the breach. We undertook a focused inspection in October 2017 and found the provider had taken action to improve and was meeting legal requirements.

At this inspection we found the provider had maintained these improvements by continuing to work within the principles of the MCA and DoLS. 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 make 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.

People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. Staff sought people's consent before providing any support. Managers ensured people's representatives and healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so. We saw applications made to deprive people of their liberty continued to be properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. Managers reviewed authorisations regularly to check that they were still appropriate.

Managers carried out comprehensive assessments of people's needs in line with best practice and current standards to ensure a holistic and person-centred approach to planning and delivering the support people required. People's records contained detailed information about how their personal care needs, their dietary needs, their physical and psychological health and their social needs should be met by staff to help people achieve good outcomes and enhance the quality of their lives. Staff were clear about these intended outcomes and how they could help people achieve these through the support they provided.

Staff were well supported and trained to meet people's needs. A relative told us, "I think they are really good staff." Another relative said, "I feel like staff are committed there." Staff continued to receive regular and relevant training to help them meet people's needs and keep their knowledge and skills up to date with current best practice. New staff were required to successfully complete a programme of induction before supporting people unsupervised. Staff had supervision meetings and an annual performance appraisal with their line manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning.

People were supported to eat and drink enough to meet their needs. People's meals were individualised to meet their needs and preferences. Some people had specialist diets due to their healthcare conditions. Staff



demonstrated good understanding and awareness of this and prepared and provided meals in line with specialist guidance and requirements. When they had concerns, staff sought advice from the relevant healthcare specialists about how people could be better supported with their nutritional and hydration needs. We saw a good example of this for one person who staff were successfully supporting to gain weight by following a nutrition plan provided by a healthcare specialist.

Staff supported people to manage their health and medical conditions and to access the services they needed to support them with these such as the GP, dentist or other healthcare specialists involved in their care and treatment. Outcomes from people's health and medical appointments were documented and shared with all staff so that they were aware of any changes or updates to the support people required. Staff referred any concerns they had about a person's health or wellbeing promptly to the relevant healthcare professionals. A relative told us staff had been quick to seek support from the GP for their family member after they became concerned about their health. The relative said, "Staff are very good at picking up any changes and responding to that." Relatives told us staff kept them up to date with any changes in their family member's health and wellbeing and fed back the outcome of healthcare appointments.

People's individual preferences reflected how their bedrooms were decorated and we saw these were highly personalised. A relative told us they were able to decorate and furnish their family member's room to their specific taste, prior to them moving in. They said this had helped their family member settle in more quickly into surroundings that they were instantly familiar and comfortable with. In addition to their own room people could spend time in the communal lounge, dining room, and the large garden, with no restrictions. We noted the dining room had been improved since our last inspection and was now more spacious. The deputy manager told us a smaller table and chairs had been purchased to make more room for people's wheelchairs to manoeuvre around more easily.

## Is the service caring?

### Our findings

Relatives commended staff for the kindness, care and attention shown to their family members. One told us, "Staff are very nice. Very attentive and patient and caring towards [family member]. They speak to [family member] and talk to them and keep up conversations. It makes us happy as we can see [family member] is happy." Another said, "We think they're (staff) very good." The positive feedback we received was echoed in responses the provider had recently received from relatives and healthcare professionals that regularly visited the home, through their annual quality survey. Comments included: "The staff are wonderful and [family member] is settled and happy"; "Hylton House continues to provide a loving home for its residents with the positive ethos of the home running through the whole staff team" and "In my opinion the home is a wonderful environment for the clients to live in. The staff are warm and caring and talk to the residents with respect and affection". In our conversations with staff we noted they spoke about people with affection and were enthusiastic about the support they provided to them. One staff member said, "Our main goal is to support people and meet their needs. I feel the staff team are very respectful of people and have conversations with people...it's like one big happy family."

During our inspection we observed warm and kind interactions between people and staff. Staff were friendly and continually engaged with people through conversations and activities. We saw a good example of this where a staff member took their time to explain in detail to a person what they would be doing that day. They checked that the person understood what they would be doing and asked if what was planned for them was what they wanted to do. People were not rushed and given the time they needed to eat their meal or to participate in an activity. We saw a staff member undertaking a musical activity with people and they did this in a careful, considerate way constantly checking that people were comfortable and enjoying the experience.

Staff clearly knew people well and understood their needs and what they needed. A relative said, "[Staff] have got to know residents well and have good interaction with them...I feel the staff have a good understanding of [family member] and they are happy." Another relative told us, "The staff have really got to know [family member] really well. They asked us for loads of information...and they are always learning about [family member]." There was good information for staff on people's care records about how people communicated and expressed themselves which helped staff understand what people needed in terms of their care and support.

Staff maintained people's right to privacy and to be treated with dignity. People's care records prompted staff to provide support in a dignified and respectful way. Staff knew how to respect people's privacy and dignity which included ensuring people were offered choice, were not rushed and given the time they needed to do things at their own pace. Personal care was provided in the privacy of people's rooms or in the bathroom. When people wanted privacy, staff respected this so that people could spend time alone if they wished.

Although people using the service were heavily dependent on staff due to the complexities of their healthcare conditions, staff told us they still tried to encourage people to have as much control as possible

when being supported. A staff member told us when they provided one person with personal care they encouraged the person to take part in the activity so that they were fully included. We also saw adapted cups were used for some people to encourage them to drink more independently.

## Is the service responsive?

### Our findings

Since our last inspection people had continued to receive personalised care. People and their relatives remained involved in planning and reviewing the support people required to meet their needs. This was evident from feedback we received from relatives and from people's care records. People's views were taken on board so that staff took full account of their preferences and choices, their social and cultural needs and their values and beliefs when planning the support people required.

People's care records were current and contained detailed information about the support they needed with their personal care needs, dietary needs, their physical and psychological health, the support required to manage personal finances and with their social needs. People's support plans instructed staff on how people's needs should be met whilst maintaining their safety from identified risks. When changes to people's needs were identified, their records were updated promptly so that staff had the latest information about how to support people appropriately. New staff were encouraged to read people's support plans prior to providing any support so that they understood the specific care people required and how people wished for this to be provided.

People remained active and participated in a wide range of activities and events to meet their social and physical needs. A relative said, "I think [family member] prefers Hylton House as there is always something going on. Always busy with activities." Another relative told us, "[Family member] has a very active life... [family member] likes music and they take him to the theatre. [Family member] also goes out for meals and holidays." And another relative said, "They take [family member] out and about which we couldn't do when [family member] was at home." Staff had planned a range of activities for people to do on a daily and weekly basis that reflected people's interests and preferences. This included a range of social and physical activities such as boccia, shopping trips, going out for lunch or dinner, going to the disco and day trips and outings, for example, to the seaside or theatre. People were also supported to go on holidays. Staff helped people to stay in touch with their family and friends. The provider maintained an open and welcoming environment and family and friends were encouraged to visit. Relatives told us they were encouraged to participate in social events and occasions at the service. A relative said, "We go to functions and it feels like a family." Another relative told us, "We were invited to the summer barbeque. All the families were there, and all the staff and their children came. Had a lovely day."

Relatives were satisfied with the support their family members received. One relative said, "I think they provide a very good service. I think quality of life is as good as it can be." Another relative told us, "All I can say is good things. It's all good. Lovely friendly environment. [Family member's] well looked after, staff are lovely and welcoming and [family member] seems really content there." Relatives told us they felt comfortable making a complaint if they needed to and were confident this would be dealt with appropriately by the provider. The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in an accessible format for people to raise their concerns.

Staff at the service had received training to support people at the end of their life. This had been delivered

and accredited by an external specialist service. Although the need for this support was not required at the time of this inspection these skills and knowledge could help give people the comfort and dignity they deserved at the end of their lives if this need should arise.

## Is the service well-led?

### Our findings

At our last inspection of the service in July 2017 we found improvement was needed because staff did not feel valued or rewarded by the provider. This was having an impact on morale and motivation within the staff team.

At this inspection we found improvements had been made by the provider. The director told us they had used the learning from our last inspection to make themselves more available and accessible to staff at the service. This included spending more time in communal areas of the home with people and staff, participating in conversations and events and sitting in on staff supervision meetings to gain better insight into issues or concerns staff may have about their role and responsibilities. We saw initiatives to reward and motivate staff had also been introduced since our last inspection. Staff had been awarded a pay rise and were granted an extra day's annual leave if they could demonstrate consistent and continuous attendance at work. Staff were also rewarded for referring potential employees if they were successful in taking up a role at the service.

The director told us because of these improvements they believed staff morale and motivation had significantly improved. This improvement was evident based on responses received from staff in a recent employee survey. Staff reported greater levels of satisfaction in their roles. Staff also told us they felt better supported by the provider and morale amongst the staff team was now good. One staff member said, "[The director] is listening...they understand issues better with staff." Another told us, "They [managers] are there working alongside us...more involved and [the director] comes and chats with people and is very involved. And another told us, "[The director] is very good and asks us for our opinions about how we can improve."

Since our last inspection the provider had appointed a new registered manager for the service. 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. The registered manager understood their registration responsibilities and submitted statutory notifications when required about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

Relatives spoke positively about management and leadership at the service. One relative told us, "Communication is the key and they are fantastic with this. They keep [family] in touch with everything that goes on... [The director] is such a nice guy. Everyone seems to be, there. We get good feedback from everyone. All good staff and they get on and do their job." Another relative said, "[Registered manager] is great. She joins in activities and makes things fun. I feel I can talk to [registered manager] whenever I need to, about anything. I've got nothing bad to say about the home. It's a lovely place. They make you feel welcome as soon as you walk in there." And another relative told us, "I think they are really good staff, it's a well-run home and we as a family have always been very appreciative of the service they provide."

The provider had clear values and vision for the service which were focussed on people experiencing good quality care and support. Staff had work objectives which reflected these values and vision. Managers used supervision and staff team meetings to check staff were achieving these objectives and making positive contributions to the overall quality of people's lives. Staff told us they and managers were focussed on working together to ensure people experienced good quality outcomes in relation to their care and support. A staff member told us, "I feel we have a good staff team here. Very responsible." Another said, "I feel staff team work is very good."

People, relatives and staff were encouraged to get involved and give feedback about how the service could improve. People's views were sought through 'house meetings'. Relatives and external health care professionals involved in people's care were asked for their views about the quality of support provided, through quality surveys. Staff's views about the service were sought through individual supervision and staff team meetings. The provider also undertook an annual employee survey and used this to identify where improvements were needed to increase staff morale and productivity.

The provider continued to monitor, assess and improve the safety and quality of the service. Managers undertook regular checks of key aspects of the service. Checks covered areas such as medicines management arrangements, the quality of people's care records and support plans, the management of people's finances, records relating to staff and environmental health and safety checks. When these checks highlighted aspects of the service that fell below required standards, managers responded appropriately to make the required improvements. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider worked in partnership with other agencies. For example, managers worked collaboratively with local authorities funding people's care so that were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.