

A & D Rhoden

The Hylands Retirement Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

We inspected The Hylands Retirement Home on 30 November and 20 December 2016. Day one of the inspection was unannounced and we told the registered provider we would be visiting on day two.

The service was last inspected in April 2016 and was rated requires improvement. We found the registered provider had breached three regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to lack of staff supervision, training and appraisal, lack of people's preference recorded within their care records and a lack of formal assessment of quality and safety by the registered provider. The provider had also failed to submit statutory notifications which we dealt with separately.

We saw improvements had been made in all areas at this inspection. Following the last inspection the registered provider had enlisted various specialist consultants to support them to improve systems and process. This had included specialists in care, health and safety plus staff training. The registered provider was still working with the consultants when we inspected and improvements in some areas were still needed. The registered provider was committed to making further improvements and we were confident this would happen.

The Hylands Retirement Home is a large property which offers numerous communal lounges for people to spend time in. They have views across the bay and access to the promenade in Filey. The service is close to all local amenities. The service provides accommodation for up to 46 people who require personal care, some of whom may be living with dementia. At the time of the inspection 34 people lived in the service.

The home had a registered manager who was also the registered provider. 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.

We saw staff had received supervision on a regular basis and the registered provider had commenced annual appraisals with staff who had been in post longer than 12 months. Staff training was better organised and all training needed was booked to ensure staff received the knowledge they required to enable them to perform their role.

We have recommended the provider review good practice surrounding the environment, activities and staff support for people living with dementia to ensure they deliver the best care they can for people.

A new dependency tool had been used to determine the staffing levels required to meet people's needs. This had led to the registered provider increasing staffing in the service to safe levels. We found recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. The full work history of applicants had not been documented which may mean that the provider

would be unaware of important information. The registered provider told us they would improve the system following the inspection.

People's care plans were person centred and written in a way which described their care needs. We saw evidence to demonstrate people were involved in all aspects of their care plans. Individual risks to people's safety had been assessed by staff. Recognised assessment tools to aid staff understanding in key topics such as pressure area care and nutrition were not used. On day two the registered provider had started to use these. Key information from the outcomes of such assessments and risk needed to be better linked to care plan descriptions to ensure staff had all the information they needed.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. A recent health and safety audit completed by external professionals had led to an action plan to improve safety systems and process. The registered provider was using this to improve the service.

Staff understood the requirements of the Mental Capacity Act (2005) and worked to ensure they supported people to make their own decisions. The required documentation to evidence assessment of capacity and best interest decisions was not fully understood or always in place. Staff were due to attend a training session to improve their knowledge in this area.

Systems in place for the management of medicines required reviewing so that people received their medicines safely. We have made a recommendation about the management of medicines.

The registered provider had a system in place for responding to people's concerns and complaints. People said they would talk to the registered provider or staff if they were unhappy or had any concerns. The minor day to day concerns were not captured to analyse patterns and trends.

Systems in place to monitor and improve the quality of the service provided had been improved since our last inspection. These were not yet fully implemented or embedded. We saw the views of people were gathered and formal meetings for residents and relatives were due to recommence early 2017.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Observation of the staff showed they knew the people very well and could anticipate their needs. People told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. Where people required monitoring for their nutrition and hydration this was in place. People had been referred to see health professionals where required. People were supported to maintain good health.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. People enjoyed the activities on offer but had asked that more be available. The registered provider had started to implement new initiatives to support this. Staff encouraged and supported people to access activities within the community.

Overall we saw significant changes and initiatives at this inspection where the commitment and hard work of the providers and their team to drive improvement were very apparent.

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 always safe.

Some medicines management systems required reviewing so that people received their medicines safely.

Records showed recruitment checks were carried out. However, a full employment history had not been recorded.

Health and safety had been reviewed and improvements such as care plan risk assessments and fire evacuation were part of an action plan the registered provider was implementing.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained. Systems were in place to protect people from the risk of harm and abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had received supervision and support. Training had been completed or was scheduled.

We have recommended that the provider refers to good practice guidance to improve the environment, activities and staff approach for people living with dementia.

Staff worked to ensure they empowered people to make their own decisions. Better understanding of how to document the process around the Mental Capacity Act 2005 was needed.

People were supported to make choices in relation to their food and drink and to maintain good health.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Good ●

Staff were able to describe the likes, dislikes and preferences of people who used the service.

People were supported to maintain their independence and skills.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained person centred detail to ensure people received support how they wanted it. Better links to risk assessment information was needed to make the document more robust.

A complaints process was in place and people told us they felt confident raising concerns. Minor day to concerns were not reflected upon to look for patterns and trends to improve the service.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities and had asked for more to be available. The provider had responded to this request.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality assurance systems had been reviewed and improvements made. Systems were not yet fully implemented or embedded to demonstrate it was effective. The registered provider had committed to this on-going continuous improvement.

People were regularly asked for their views and their suggestions were acted upon.

The service had a registered manager who was also the registered provider and they understood the responsibilities of their role. Staff we spoke with told us the registered provider was approachable and they felt supported in their role.

The Hylands Retirement Home

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.

We inspected the service on 30 November and 20 December 2016. Day one of the inspection was unannounced and we told the registered provider we would visit on day two. The inspection team consisted of an adult social care inspector and an inspection manager on both days, plus an expert by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. This included information we received from local authority safeguarding and statutory notifications made to us since the last inspection. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion who gathers and represents the views of the public about health and social care services in England.

The registered provider was not asked 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.

At the time of our inspection visits there were 34 people who used the service. We spent time with eight people and six of their relatives and/or visitors. We spent time in the communal areas and observed how staff interacted with people. Some people showed us their bedrooms.

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.

During the visits and following the visits we spoke with the registered manager/ provider, three senior care workers and five care workers. We also spoke with the chef and kitchen assistant.

Following the inspection we spoke with or sought feedback from four professionals who spent time in the service regularly.

During the inspection we reviewed a range of records. These included five people's care records, including care planning documentation and medication records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

At the inspection in April 2016 we recommended the registered provider sought advice around documenting risk assessments which would provide clear guidance to staff.

At this inspection we found that the registered provider had used the expertise of a care consultant to devise a new format of risk assessment in the care plans. This meant each area of need had its own corresponding assessment of risk. We saw this provided detail to ensure staff were aware of hazards and the care plans contained detail of what staff should do to prevent harm. For example; a care plan described the assistive technology used for a person at risk of falling during the night, which included the use of door sensors and sensor mats. We saw the risks were reviewed regularly and also following a change in need or accident.

Introduction of the new care plans had seen the removal of recognised assessment tools such as Waterlow to assess skin integrity and malnutrition universal screening tool (MUST) to assess the risk of malnutrition. Such tools provide guidance to staff on what control measures or monitoring should be put in place to prevent harm and when it may be necessary to refer to health professionals. We discussed this with the registered provider and they agreed to re-commence using recognised tools. We saw on day two, falls risk assessments and Waterlow among others had been reintroduced in some people's care plans. They were also seeking an appropriate bed rails assessment, which they provided following the inspection.

The system for assessing risk and documenting control measures was not yet fully embedded and members of staff lacked some confidence using the documentation. We found improvements and staff using the system were keen to ensure it worked. They understood by providing staff with the detail they needed, this would keep people safe. The improved assessment of risks to people's health and wellbeing had ensured staff had more awareness. This meant people received care and treatment when needed to keep them safe and this reduced the likelihood of avoidable harm.

The kitchen staff were not always aware of people's needs such as the need for fortified diets, diabetic diets or where people required their food to be softer to aid swallowing. The care staff served the meals and ensured people received the correct diet. We saw on day two a person who should have received a diet which included no foods with skins had peas on their plate. The person was at risk of choking. Staff had ensured the person did not eat the peas, because they had recognised the person should not eat them. Additional kitchen staff involvement would further ensure nobody came to any harm. We discussed this with the registered provider who told us they would ensure kitchen staff were aware of people's needs immediately via verbal and written communication.

We looked at records which confirmed checks of the building and equipment were carried out to ensure people's health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire system and that gas safety checks had been completed.

Personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the

premises in the event of an emergency. Records showed no evacuation practices had been undertaken. A health and safety consultant was working with the registered provider to ensure evacuation procedures were sufficient. They told us once the evacuation procedure had been confirmed a programme of practices would be commenced. Staff we spoke with told us they had received fire training and instruction with regards to fire evacuation. Records we saw confirmed this.

Further improvements to the health and safety systems were planned in 2017 following the consultant's report.

Following the last inspection the accident reporting process had improved. A new accident form was now used. Staff completed them and passed them to the registered provider for review. The registered provider had not fully appraised the quality of some of the recordings staff made. This had not impacted on the support people required following an accident but had meant full and clear information was not always available. The registered provider told us they would ensure this happened in the future. They also told us they would look for training to improve staff skills regarding completing documentation robustly.

The registered provider had started to develop as part of their quality assurance system the analysis of accidents and incidents. This was not yet fully embedded but the registered provider had started to look for patterns and trends in the information to help them decide if systems required improvement to prevent future accidents or incidents.

The arrangements in place for the safe management, storage, recording and administration of medicines were safe overall, but required some improvements to ensure all the systems incorporated good practice guidance and thorough audit. For example; the service did not use topical creams body maps or 'as and when required' protocols which told staff members where the medicine was to be used and why. During the inspection senior care workers started to implement such systems and showed examples of the improvements they had already made.

We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. The service had a medicines policy in place, which staff understood and followed. Staff responsible for administering medicines had received training.

We checked peoples' Medicine Administration Record (MAR). We found two examples of errors made. One error related to staff not signing for a medicine they had administered. The senior care worker was able to demonstrate how they knew it had been given because the medication count was correct. The second error related to two doses of a medicine being administered in one day when the prescription was for one dose in 24 hours. The errors we found had not been highlighted by the registered provider's own quality assurance system. On day two the senior care workers were able to describe how the system had been altered to ensure errors were highlighted by their audit process. We saw this was working to identify any issues.

We recommend that the service consider current guidance and take action to update their practice around medicines management accordingly.

People and their relatives were happy with the support around medicines. One person told us "I do my own, they are locked in a tin and staff check I am ok." A relative told us "My mother's medication is controlled and the staff make sure she takes it all. This wouldn't happen without their vigilance."

The recruitment process required improvement. We looked at three staff files and saw the staff recruitment process included completion of an application form, a formal interview, reference checks and a Disclosure

and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We saw full employment histories were not always recorded in staff files. Documents such as applications forms and interview sheets were not always dated or fully completed. Overall we found the recruitment process was safe. The registered provider told us they would ensure candidates full employment history was recorded. Also ensure robust completion of all documents to ensure a full audit trail of the process which evidences a candidate's suitability to work with vulnerable people.

We looked at the arrangements in place to ensure safe staffing levels. People we spoke with told us they felt safe. One person said "I am more safe here than at home" another person told us "I'm safe, staff check on you every two hours at night."

The registered provider had sourced a dependency tool to determine the required staffing levels which would meet people's needs. This had not been used at the time we inspected. Following feedback from staff, people who used the service/ families and our own observations we requested the tool be completed to help the registered provider to decide how many staff they needed to provide direct care for people to keep them safe. The results were shared with us by the registered provider after the inspection. The tool showed direct care staffing levels were below average and on the borderline of unsafe.

The registered provider discussed with us how members of staff in other roles complemented the staff providing direct care to keep people safe for example, housekeeping, activities and catering staff. They also explained during the week the registered provider was on site and a senior care worker who was allocated to administration duties. The registered provider reviewed their direct care staffing levels and told us they would be increasing both night time and daytime staffing to make them safer. They told us they would use the new tool frequently in future to ensure safe staffing levels were maintained.

We spoke with the registered provider about safeguarding adults and actions they would take if they witnessed or suspected abuse. The registered provider told us all incidences were recorded and the service investigated concerns and reported them to the local authority. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. One care worker told us "We make sure residents are safe from abuse, we treat people like you would like to be treated. I would report anything to [Name of registered provider] who is approachable and here most days." They told us they had all been trained to recognise and understand all types of abuse. Records we saw confirmed staff had received training and where a refresher was overdue dates were planned to update members of staff.

Is the service effective?

Our findings

At the inspection in April 2016 the registered provider had not ensured staff had received appropriate training and support to enable them to perform their role. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 18.

The registered provider had completed a piece of work with their care consultant to determine the frequency for each training topic they deemed mandatory. The training had then been mapped onto a matrix which had been used to understand which staff required updated training. A training source had been found for all mandatory topics and staff had started to attend training they required.

Not all staff had been fully trained at the point we inspected. The registered provider knew who was due and had the dates agreed for courses. The matrix was being managed well and was up to date.

Staff we spoke with told us they felt confident enough to complete their role with the level of training they had received. One staff member told us "We have done some distance learning in dementia, the district nurses completed some training in pressure care for us and we have worked with St Catherine's Hospice around supporting people at the end of life. I feel I have enough knowledge." The district nursing team confirmed staff had been supported to develop their knowledge of pressure area care. They told us, "Staff have taken on board our advice and are now doing better, they are building their confidence and refer everything to us they need to."

The liaison nurse from St Catherine's Hospice feedback, "They [Staff team] have progressed well and have recently been awarded seven stars which acknowledged and supports their ability to care for palliative and end of life residents."

The most recent survey completed by people who used the service and their relatives contained feedback from a family member which said 'Staff appear knowledgeable and well trained'.

Members of staff who were new to the service told us they had the opportunity to shadow colleagues to get to know the routine and people they would be supporting. For staff employed to work nights this included shadowing staff on daytime shifts to build relationships with people. One staff member told us, "I have started my Care Certificate and my training; we did loads of stuff. In the end I was nervous before my first shift but I felt confident." We saw the induction records did not reflect the volume of information staff told us they had received. The registered provider sent us an updated induction following the inspection and they told us they were working to improve this further with the help of the care consultant.

All staff employed who were new to care work were being supported to complete the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected from staff. This meant that people who used the service were cared for by staff with good basic knowledge and

skills on which to base their practice.

Staff we spoke with during the inspection told us they felt well supported and they had received regular supervision. Records we saw confirmed this. One member of staff told us, "I feel I can talk to [Name of registered provider]. I have her email and contact number; she always comes back to you straight away with anything you need."

The registered provider had started completing staff appraisals for people who had been in post for longer than 12 months. This meant staff had appropriate support and training to enable them to complete their role.

We discussed with the registered provider the needs of people they supported who were living with dementia. We saw staff had received only basic training to support them in their approach and to understand how to intervene when a person displayed anxiety. The environment had not been adapted for example; to support a person living with dementia to be more independent by helping them navigate to different rooms using appropriate signage and ensuring hazards such as staircases were made safe. We recommended the registered provider review best practice around dementia support with regards to environment, activities and staff approach. The registered provider explained they would in the future assess what was required to develop their dementia services to ensure support delivered included best practice initiatives.

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 Act requires 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All staff were due to receive training in MCA and DoLS in January 2017. Members of staff understood the practicalities around how to make 'best interest' decisions when delivering day to day support such as personal care. They told us they always provided choice and respected peoples decisions if they refused support. Care plans reflected that people need more time to make decisions and also more explanation to help them. We saw this happened during the inspection.

We saw people who had capacity to make their own decisions had signed to consent to their care and treatment. Where people lacked capacity to consent documentation was not always available to evidence that MCA assessments or best interest decisions had been made. We did see some excellent examples of best interest decisions supported by professionals, which were very thorough but others were not so clear. The registered provider told us the planned training would help members of staff understand the documentation process.

At the time of the inspection one person was authorised to be deprived of their liberty, the service had highlighted where some people required an application to deprive someone of their liberty and had made relevant applications. The registered provider following the inspection confirmed more applications had been submitted.

At our inspection in April 2016 the registered provider had not ensured statutory notifications were received by the Care Quality Commission with regards to DoLS. We had received appropriate statutory notifications

at this inspection.

People told us they were involved in making choices about the food they ate. They were asked for feedback each quarter. People said, "Food is quite good they know what I like" and, "It is very reasonable and I have no grumbles." Survey results confirmed this. A relative told us, "Food is excellent and mum who used to be choosy happily eats everything."

We observed lunchtime on both days. People were supported to eat in the dining room and in their own room if they chose this. The tables were laid in the dining room so people had everything they may need, the atmosphere was relaxed and the food looked appetising. Staff served people the option available and where required or requested people were served alternatives. People were supported to be as independent as possible to eat their meal and those who required assistance were supported in a dignified way. We saw adapted cutlery and crockery was not used to aid independence which people may benefit from.

We saw the staff delivered food through the large dining room directly from the kitchen. This led to some delays for people who were sat towards the end of the dining room. One person told us they found this frustrating.

Staff were aware of people's needs and preferences but this information had not been shared with the chef. This lack of communication could lead to people receiving the wrong type of diet. The registered provider told us this was something they would remedy immediately following the inspection.

Staff knew which people were being monitored around their food intake and hydration. We saw referrals had been made to health professionals when people had lost weight and where staff required support or advice. This meant people received appropriate support around nutrition and hydration.

People told us they received good medical support when needed. One person said, "Yes they deal with it very quickly." One family member told us, "If they need to see a doctor this is arranged very quickly."

People had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor and records were kept of those visits. The registered provider said they had good links with the doctors and district nursing service. We saw protocols were in place to deal with situations when people may require emergency support with their health. In addition agreements were in place so people could receive support at the service rather than having to visit the hospital. Families were fully involved in decisions about people's health where required.

One visiting professional told us they had worked with the staff team to ensure each time they visited a chaperone from the staff team worked alongside them. This meant people had a familiar person there when the professional was examining a person or providing treatment.

We saw a 'personal passport' in each person's care plan which was used to provide hospital staff with essential information about the person should they need to be taken to hospital. Staff told us a member of the staff team always supported people to hospital in an emergency.

Is the service caring?

Our findings

People we spoke with during the inspection told us they felt the service was very good, caring and friendly. One person said, "Care staff are caring and I watch how they treat other people" and, "Most are caring, they spend time talking to you and as they pass they ask if you are ok." A visitor told us, "It is very welcoming here; everyone including the kitchen staff are cheery." A family member said, "I've been coming here three years and have no complaints. In fact I have asked if I can put my name down for when I need care."

A visiting professional told us, "They do care for some very frail elderly people and during my visits I have witnessed the interaction between residents and carers which has always been empathic and dignified. I frequently experience examples of person centred care" and, "They seem caring and the patients are well looked after." And "When I am here I hear and see they are caring and quite compassionate, they work hard. People are comfy, clean and well fed. People always have their hair styled."

Although people were observed to be well cared for some of the documentation did not evidence that personal care around bathing and showering had been delivered. We discussed this with senior care workers. They told us people had received appropriate support based on their individual preferences and that they would improve documentation in this area.

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout both days of the inspection we saw staff interacting with people in a very caring and friendly way.

Staff treated people with respect. They did not rush people and spoke to people gently. Observation of the staff showed they knew the people very well and could anticipate their needs. For example, we saw one person who was anxious. Staff approached them gently and with kindness to allay their fears and support them to relax and become less anxious.

Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. One person told us, "Staff provide dignity very much so and respect our privacy." This showed the staff team was committed to delivering a service that had compassion and respect for people.

Staff we spoke with told us they enjoyed supporting people. They could tell you their preferences, likes and dislikes. For example, one staff member knew the particular way a person liked to get ready for bed so they had a good night's sleep. The way in which staff spoke about people showed they were committed to ensuring people's health and wellbeing.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted to.

During the inspection people showed us their bedrooms. They were personalised and people had brought family pictures, furniture and ornaments to help make them feel at home. Family members and visitors told us they were welcome to visit at any time and were always made to feel at home. One family member told us, "I am coming in on Christmas Eve and staying until Boxing Day. It's good I can spend time with my husband at Christmas."

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. People were supported to mobilise independently and staff made sure people could walk if they were able. Some people managed their own medicines. One family told us how staff had encouraged their relative to improve their mobility through promoting their independence.

People told us about the independent life they had outside of the service as they visited local churches, clubs and family members. One person said, "I can go wherever I want as long as I tell staff where I am going and if I will be late back they will keep a dinner for me." Another person told us, "I go out for a walk every morning and afternoon as long as the weather is good, it keeps me fit."

We discussed the changes being made following the health and safety consultants report with the registered provider. They told us part of the process would be the upgrade to some equipment in the home to enable people to access the toilet and bathing facilities better when they have physical disabilities. For example, we saw a shower unit which required people to step up into it which may pose a risk and are not considered suitable for care settings. The registered provider agreed to look at the equipment as part of their refurbishment plan.

People told us they were involved in developing their care plans and staff included them and their families in reviews. One person said, "My daughter and I are involved; they ask if the care is ok and they listen to you."

Is the service responsive?

Our findings

At the inspection in April 2016 the registered provider had not ensured people and their families were involved in care planning to ensure preferences were gathered. Also, complete and accurate records in relation to peoples care were not maintained. This was a breach of Regulation 9 (Person Centred Care) and Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw improvements had been made. New care plans which contained relevant and person centred detail were in place. This meant the registered provider had achieved compliance with Regulations 9 and 17.

We reviewed the care records of five people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about their care and developing their care plans. One person said, "They ask me and write to my family and ask them [about care plans]."

We saw each person had a document called 'My life before you knew me' which contained information and memories to help staff get to know a person. Care plans were person centred and contained very detailed information about how the person liked to be cared for and their needs. A person told us, "You choose what you want to do, go to bed when you want and get up when you want."

We found care plans were reviewed on a regular basis. Staff were enthusiastic about the changes to the care plan documentation and told us they would improve as they became more confident. All of the information was within the care records and just needed to be linked together so it was clear for everyone to follow from the care plan record. For example, where a falls risk assessment identified a person required a bed sensor at night, this needed to be reflected within the night time/ sleep care plan to alert staff to put this in place.

Person centred planning means putting the person at the centre of the process in order to plan their own care. The aim of the plan is to ensure people remain central to any plan which may affect them. The care plan for one person told us they liked have a wet shave and one person told us, 'I was never a lover of gravy, but nowadays I do not mind a bit of gravy on my meal.' We saw one person's care plan stated, 'I prefer radio four.' Staff we spoke with knew people's history and preferences and they used this knowledge to care for people how they wanted. All of this detail confirmed people and their families had been involved and that staff were committed to providing responsive person centred support.

People told us they were involved in the activities. One person said, "I am able to maintain my interests, friends come and visit whenever they want. I go out." Another person told us, "I went to the bingo but I don't go to the rest. It is all too noisy for me."

The most recent survey included a comment that 'people could do with more stimulation'. We were told by staff that local schools came to sing at Easter and Christmas. Care workers were responsible for the activities

and recently a key staff member had been recruited to focus on activities. The registered provider had listened to feedback and was trying to find the best solution which meant everyone felt they had enough social stimulation to prevent isolation.

We saw dominoes, skittles, bingo, memory games and singing were all on the planner for people to join in. We were also told the local library visited once a fortnight. People were keen to tell us they had helped with the Christmas decorations and were pleased with the results.

We saw people had formed relationships and were keen to sit together chatting. Others were seen occupying themselves reading and doing puzzles.

The registered provider was keen for people to have a varied activity programme which worked and they had sourced a qualification for staff to complete around activities.

We were told there had not been any formal complaints in the past 12 months. We saw the procedure was advertised on the notice board for everyone to see and use. People told us they knew how to raise concerns. One person told us, "Yes I know how to complain and I do." Another person told us, "I have complained and I am listened to and it gets sorted."

We discussed this with the registered provider who explained day to day concerns were dealt with swiftly and without the need for the formal procedure. The registered provider communicated with senior care workers about concerns when they arose. They told us they would gather and use this data in future to analyse patterns and trends about low level issues to improve the service they delivered.

Is the service well-led?

Our findings

At the inspection in April 2016 the registered provider had not assessed, monitored and improved the service to ensure quality and safety. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. Overall we saw a positive start to the introduction of a quality assurance system which when completed and embedded should ensure safety and quality at the service. We were confident that the investment we saw so far displayed a commitment to drive change and continuous improvement. This meant the registered provider had achieved compliance with Regulation 17.

The registered provider had invested in multiple specialist consultants to help them understand and develop safe systems of work and quality systems. This included support with health and safety, care and training. The impact of the work they had completed had been positive. The registered provider acknowledged they still had to implement actions recommended and seek further support in areas such as infection control and dementia design.

The quality assurance systems in place at the time of this inspection were improved and included checks on medicines, peoples weights, safety and accidents and incidents. Their implementation was in its infancy; even so they had identified areas for improvement such as activities and maintenance. The registered provider was open and transparent during the inspection and keen to seek feedback where systems could be improved. We discussed some of the audits which had not picked up areas for improvement such as medicines management. This was taken seriously and the registered provider worked with the team to improve their practice for day two of the inspection. This demonstrated a commitment to continuous improvement.

We saw a survey had been carried out in 2016 to seek the views of people and their families. Only a small percentage had responded and feedback overall was very positive. One comment received was, "More than happy with mum's care wouldn't hesitate to recommend The Hylands to anyone." Where people had commented around areas for improvement the registered provider had actioned changes. An example was how they had reviewed how activities were delivered.

The registered provider told us they had planned to re-start residents meetings in November 2016. However; due to unforeseen circumstances this meeting had been cancelled. Another date was booked and we saw this was advertised for early 2017. People told us they saw the registered provider frequently and they felt able to discuss their feedback. A regular newsletter was also produced to keep people up to date about the service. We saw the most recent one on the notice board for people to read. All of these activities ensured people were involved in the running of the service and that changes were in people's best interests.

At the inspection in April 2016 the registered provider had failed to ensure the Care Quality Commission was notified of deaths and other incidents as is required by law. This was a breach of Regulation 16 and 18 of the

At this inspection we spoke with the registered provider and a senior care worker responsible for such notifications and they were able to explain fully their responsibilities in relation to this regulation. Since the last inspection we had received statutory notifications as required. This meant the registered provider was compliant with the regulations.

A registered manager was in post who was also the registered provider. People who used the service spoke positively of the registered provider. One person said "[Name of registered provider] is open and honest and you can chat to her." Another person said "The owners are very approachable and the [name of registered provider] is very good."

Visiting professionals told us, "The manager/ owner is very much on the ball" and "I have always found the manager to be very supportive of their staff and clients."

The staff we spoke with said they felt the registered provider was supportive and approachable, and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, "I feel supported. We are told when something is not right, but she also listens and takes on board what you say and 99% of the time it is sorted."

Staff told us their morale was good and they were kept informed about matters which affected the service. We saw regular staff meetings took place and senior meetings and kitchen staff meetings had also taken place to give all staff the opportunity to discuss the issues which affected their role. A member of staff told us, "Staff meetings mean we get things resolved. We are always asked for agenda items" and "The staff meeting was relaxed which meant I could say how I felt."

The registered provider discussed with us their plans to develop staff knowledge and skills in key areas over the coming year so they could be champions in specific topics. This would help their colleagues develop and aid the registered provider to improve quality. The registered provider is a member of the Independent Care Group which is a group representing independent providers of care services. Within this group providers share good practice and meet to discuss matters relating to health and social care. This meant the registered provider was keeping up to date with current thinking in social care and were keen to improve.

When we asked staff what the best thing was about working at The Hylands Retirement Home they said, "We provide personal individual care. We know people's needs and we want to see a smile that makes us smile" and "It is a lovely place, we are part of people's family and our rapport with people shows this."