

Hylands House Care Ltd

# Hylands House

## Inspection report

Hylands House  
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Warwickshire  
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Tel: 01789414184

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 2 June 2016 and was unannounced.

Hylands House is a residential home which provides care to older people including some people who are living with dementia. Hylands House is registered to provide care for up to 21 people. At the time of our inspection there were 19 people living at the home.

This service was last inspected on 21 April 2015 and we found two breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. Breaches were found regarding a lack of mental capacity assessments and we did not always receive statutory notifications when important incidents had occurred. At this inspection we looked to see if the home had responded to make the required improvements in the standard of care to meet the regulations. Whilst we found some areas of improvement had been made, for example with statutory notifications, further improvements were required regarding completion of mental capacity assessments for people who lacked capacity.

There was a registered manager in post. 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.

Staff knew how to keep people safe from the risk of abuse. People told us they felt safe living at Hylands House and felt protected from abuse or poor practice.

The provider assessed risks to people's health and welfare and wrote care plans that minimised the identified risks. However, some care plans and risk assessments required updating to make sure staff provided consistent support that met people's needs.

There were enough staff on duty to meet people's health needs although some people told us they wanted more activities and interests to keep them stimulated.

People's medicines were managed, stored and administered safely in line with GP and pharmacist prescription instructions.

People were cared for by kind and compassionate staff, who knew people's individual preferences and how they wanted their care provided. Staff understood people's individual needs and abilities and they received updated information at shift handovers to ensure the care they provided, supported people's needs. Staff received regular training and support that ensured people's needs were met effectively.

Senior and care staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw improvements had been made to

record when people lacked capacity, but more information was required to show what specific decisions people needed support with. The registered manager acknowledged people's care plans did not always record this information but we saw staff knew how to support and encourage people to make choice. Records showed consideration had been made if a persons' liberty may be deprived, as the provider had made nine applications to the local authority that had been approved.

People were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs, which minimised risks of malnutrition. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health, and when their health needs changed.

People and their representatives felt involved in care planning reviews and said staff provided the care required. Care was planned to meet people's individual needs and abilities and care plans were reviewed although some information required updating to ensure staff had the necessary information to support people as their needs changed. People were supported to pursue their interests and hobbies and live their lives how they wished, but people wanted more input from staff, when time allowed. People were encouraged and supported to remain as independent as possible.

Systems to monitor the quality of the service were not always completed. This was partly because the registered manager supported staff and cared for people, instead of ensuring regular checks were completed that identified where improvements were needed, so prompt action could be taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and staff understood their responsibility to report any observed or suspected abuse. Staff supported people who had been identified at risk although risk assessments required updating to reflect people's current health needs. Medicines were administered, recorded and stored safely and were given in line with the prescription or GP instruction.

### Is the service effective?

Good ●

The service was effective.

People were involved in making day to day decisions about their care and support needs. Where people did not have capacity to make decisions, support was sought from family members to see what decisions were in people's best interests. People received support from a staff team that were trained and knowledgeable to meet people's needs. People were offered meals and drinks that met their dietary needs.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate towards people and people felt confident asking staff for support. Staff knew people well and respected their privacy and dignity. Staff promoted people's independence, by encouraging them to make their own decisions.

### Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People took part in activities that kept them physically and mentally involved, but some people wanted more choice of activities personal to them. The registered manager took action

to resolve people's concerns quickly which reduced people making formal written complaints.

**Is the service well-led?**

The service was not consistently well led.

Some systems required better organisation and monitoring to ensure improvements that had been identified, resulted in positive actions being taken. Systems of audits were not managed and were not regularly completed so it was difficult to see what had been identified as requiring improvement and what actions had been completed.

**Requires Improvement** 

# Hylands 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 2 June 2016, consisted of two inspectors and was unannounced.

Before the inspection visit, the provider completed 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. During the inspection, we gave the provider and the registered manager, opportunity to let us know what they do well, and what they had identified as areas to improve and focus upon.

We reviewed the information we held about the service, such as information from whistle blowers, people and relatives of people who use the service. We looked at information received from other agencies involved in people's care. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with the local authority before this inspection but they did not share any information with us that we were not already aware of.

During our visit we spent time observing the care people received from staff in the lounge and communal areas of the home. We spoke with five people who lived at Hylands House and one visiting relative. We spoke with four care staff and one cook. We spoke with the registered manager and one of the owners of the home. In the report, we refer to them as the provider. We looked at three people's care records and other documentation related to people's care including medicines records, risk assessments and mental capacity assessments.

# Is the service safe?

## Our findings

People told us they felt safe living at Hylands House and said they received the care and support they required from staff, when they needed it. People said staff made them feel safe and secure, as well as at ease and were not worried when asking staff or management for help. One person told us they felt safe because, "I like to spend time on my own in my own room, but staff always come in and check on me." Another person said, "Good gracious yes, the staff are lovely here." No-one we spoke with had witnessed anything that gave them cause for concern or made them feel unsafe. One person explained to us why they felt comfortable receiving support from staff. They said it was because, "Staff are lovely....that's important and I never had a feeling that staff have treated me in a way I did not want to be treated."

Staff described how they protected people from, and recognised indicators for abuse. Staff described how their knowledge of people meant they could identify changes in behaviour that could be an indication of abuse. Staff were aware some people's behaviours could be challenging to others, so kept regular observations to ensure they and others were safe and protected. Staff said if anything happened, they would speak with people to check they were okay, and inform the registered manager.

We gave staff various scenarios involving abusive behaviour and asked how they would respond. A typical response was, "I would report it to the manager and would phone safeguarding, we have telephone numbers to call." Another staff member told us they felt confident to report any concerns by whistle blowing to outside agencies, such as the local authority or CQC. They said even if it was the provider or registered manager, they felt confident raising concerns.

The registered manager was aware of safeguarding procedures and described to us the actions they would take in the event of concerns being raised with them. They told us, "I need to protect them (people) from harm. I am observing and would deal with the situation as it happens." The registered manager understood what was required and knew how to raise incidents of abuse or potential harm. We found the registered manager notified us when they made referrals to the local authority safeguarding team and completed any investigations that were required to help keep people protected.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Staff told us they had a Disclosure and Barring Service (DBS) and reference checks completed before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services.

People felt there were enough staff to meet their physical and emotional needs. People told us staff were excellent in how they looked after them and one person told us, "They are always there to help you." People said if they needed staff to help them, help was always on hand and they did not want long for assistance. During our visit we saw staff met people's needs.

At the time of our visit, 19 people lived at Hylands House. Those people were supported from early morning until mid-afternoon by two care staff and one senior care staff. To support people at lunchtime and up to

21:00, an extra care staff member was included on the rota. The extra staff member supported people with mealtimes and allowed time for staff to support people with activities and hobbies. Most staff told us they felt there were enough staff on duty. However, there were occasions, such as in the morning, when there were difficulties responding to people quickly, especially if people required support from more than one staff member due to a change in their health needs.

The registered manager was confident staffing levels met people's needs. This was based on their knowledge of people, rather than completing dependency tools to assess individual needs. The registered manager told us they knew people well because, "I am always out there, I help, look after them, feed them." The registered manager knew people's needs well and said this gave them confidence staffing levels were right. They said if they needed extra staff, they would speak with the provider. The registered manager acknowledged they would like staff to be able to spend more time with people, sitting, chatting and being more involved.

The provider's policy for managing risks included assessments of people's individual risks to their health and wellbeing. Staff knew how to keep people safe and protected from risk and described to us, how they managed risk. For example, one person's behaviour at times could become challenging to others. Staff told us how they made sure this person and others remained safe. One staff member said staff had to, "Constantly watch and supervise them as they continually walked around the home." This staff member said, "We have to watch, make sure they don't fall or cause others harm." Other staff told us this person's behaviours had changed recently after a medication review, which meant they were more alert and active and needed closer supervision as their behaviours could sometimes trigger negative behaviours in others. One staff member said, "It's about keeping people safe."

Some risk assessments required updating to ensure staff provided people with a consistency of care. We found some risk assessments such as managing behaviours, people prone to falling and some people's personal care routines were not sufficiently detailed or reflected people's changing needs. Senior staff recognised this was an area that needed improving and said this had only recently become a problem since some staff had left. A senior staff member said they had protected hours when not on shift to update records, but this was limited as they had to cover more shifts, reducing time they had to update records when supernumary to the shift.

To minimise potential for medicines errors, only senior or trained staff administered medicines. Staff told us the registered manager completed competency assessments that made sure they continued to administer medicines safely to people.

Medicines were delivered from the pharmacy in blister packs and were colour coded. Different colours indicated when medicines needed to be given, such as morning, lunch and evening. Staff said this helped limit errors. A photo of the person to confirm their identity was on file which staff said helped ensure medicines were given to the right person. Medicines delivered in boxes and liquid form were kept in a locked cupboard and liquids were marked with the date the medicine was first opened, to ensure they were administered or disposed of within their expiry date.

The medicines administration records (MAR) we looked at were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions. Staff recorded when medicines were not administered and the reason why not. For example, if a person declined to take them. Some people were prescribed controlled medicines by way of a patch. Staff knew where to locate the patch and the time frequencies for change, were clearly marked. Staff told us this ensured people were given the medicines at the right time to reduce any potential for errors.



Staff received guidance to ensure people's medicines were administered appropriately. For example, one person whose MAR sheets we looked at was prescribed pain relief medicines to be taken 'as required'. Staff had written protocols for each medicine which explained how and when staff should offer pain relief. The protocols described how staff should monitor the person for signs of pain, such as showing signs of agitation or discomfort.

The provider had plans to ensure people were kept safe in the event of emergency or unforeseen situations. Fire emergency equipment was checked regularly and the latest fire inspection identified some improvements which had been done, for example all rooms had fire doors and improved door furniture.

## Is the service effective?

### Our findings

People told us they were pleased with the support they received from staff and they felt staff had the skills and experience to care for them. One person said the quality of staff was important to them. They said, "It's no good if the place is good and the staff aren't. It is not like that here." They explained, "The staff are lovely, helpful and it is lovely to have someone to help when needed." One person we spoke with could not remember how long they had been living at the home. We asked them what they thought about the effectiveness of the staff. They jokingly said, "The old me didn't put up with anything, so it must be good."

At our last inspection in May 2015, we found a breach of the regulations because the provider had not assessed people's mental capacity and did not always record decisions that were in people's best interests. At this inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 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.

The provider had made some improvements since our last visit. The registered manager had identified which people lacked capacity and records supported why some people lacked capacity. Looking at some of the records, we found they were not always decision specific so it was not always easy to see what decisions people could or could not consent to. We discussed this with the registered manager who said they had improved their understanding but agreed further work was needed to ensure future assessments were decision specific. We found staff followed the principles of the Act when providing people with support and respected the right of people with capacity to make decisions about their care and treatment. Staff understood the need to support people to make their own choices and staff received training in the Mental Capacity Act 2005 (MCA). People we spoke with told us staff recognised they wanted to remain independent, which included making their own day to day decisions. Staff gave us examples of how they sought consent and how they made sure people had consented before any care was provided. One staff member said, "It's about choice and encouraging people to do things for themselves."

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). The registered manager understood their responsibilities under the legislation. They had identified nine people who could have some restrictions on their liberty as they were restricted from leaving the home on their own and had submitted the appropriate applications to the authorising authority. The registered manager said they would continue to consider and submit DoLS applications for people as required, to ensure people's freedoms were not being unnecessarily restricted.

Staff told us they received training to meet people's health and safety needs and had received some training

specific to the needs of people living in the home. This included caring for people living with dementia or people whose behaviours challenged others. One staff member told us they were a 'train the trainer'. This meant they were qualified to train staff, and had trained staff in moving and handling, basic care and first aid. They said this meant they could provide training promptly which ensured staff knowledge and skills remained effective. The registered manager told us staff had received essential training and they were in the process of implementing a system that identified and recorded what training staff had completed.

We observed the support people received during their lunchtime meal and saw people were given a choice of two meals and if they wanted something else, this was provided. The additional staff member helped at lunchtimes with serving meals which meant people ate at the same time. We spoke with the chef who told us they received information about people's individual dietary needs. They said they made sure people received their foods in a way that did not put them at risk, such as reduced sugars or soft diets to prevent people from risk of choking. They said, "People have choice of a main meal but if they wanted, they can have something else." People who required help received assistance from staff and people's meals were prepared to meet their individual dietary needs. People were complimentary about the food. One person said the food was, "Lovely and the lunchtimes are lovely here." We saw people sat together and people were engaged in friendly conversation.

We saw people were offered a variety of drinks during our inspection visit and staff understood the importance of keeping people hydrated. Staff said where people were identified at risk, people were weighed more frequently and if their weight caused concern, support from dieticians or other health professionals had been requested.

People told us they saw other healthcare professionals when required. One person said, "I have seen the doctor, chiropodist and the optician... they really look after you." A senior staff member told us they had good communication links with the local GP surgeries. They told us GPs would visit regularly to see people and conduct medicine reviews to ensure people's medicines continued to be effective. We were told one person's medicines had been reviewed and this had a positive impact on their health and wellbeing.

During our visit we spoke with a community care assistant and we asked them what they thought about the care people received. They were complimentary about the care, describing it as, "The best in Stratford." They said, "The care is fantastic and when you visit, staff take you to the person which is important" They also told us the people they checked were well and had no concerns. They explained if they needed to give staff any guidance, this was followed. They said if staff had concerns, they would contact them but felt they did not contact them unnecessarily.

## Is the service caring?

### Our findings

People were complimentary and gave us positive feedback about their experiences of living at Hylands House. People were positive about the staff who they described as a friendly and caring team. People classed Hylands House as their home and supported this by saying, "Very nice staff" and "If you have to live in a place like this because you have to, I can't think of anywhere better." One person said the home felt caring because, "You couldn't have better staff." During our visit people chatted and laughed with each other, and were relaxed and comfortable in staff's presence. People said they enjoyed spending time with the staff team. One person pointed to a care staff member and said, "(Name) is lovely, they are lovely to me."

People said staff provided help and support when required and said they received assistance when needed. People said they did not have to wait when they asked staff for help. Some people told us 'they were not as young as they used to be' and staff were attentive and patient, often waiting for them or walking with them at a pace that was safe and unhurried.

A relative told us they had heard we were visiting and came in specifically to speak with us to say how pleased they were with the quality of care. They said people were supported to maintain relationships with those important to them. They described the home as the, "Hylands family" and said why they chose this home. They said it was the, "Managers hands on approach, leading from the front attitude to care." They told us they had unrestricted access when visiting and they told us how as a relative, they themselves felt cared for. They said they valued this and was very impressed with the staff team who they said, "Cared for people with dignity." A person supported this relative's view of the family atmosphere at the home. They said, "We have a laugh and I am a big believer in families, it feels like that here."

From speaking with people and relatives, we found staff were kind, considerate and caring when they carried out their duties. The atmosphere in the home was relaxed. Some people sat in quiet areas reading or talking with each other, while others played games with the provider or spent time stroking the owner's dogs and a visiting pet therapy dog.

Staff spoke about people respectfully and we saw staff explained what they were doing as they supported people to move around the home, or if people were upset or agitated. Staff gave people choices, such as where they wanted to sit, what they wanted to do and offering choices of drinks for people.

Most people we spoke with were able to express their views and opinions so we asked them if they were involved in their care decisions. Some of the people we spoke with had not been involved in how their care plans were designed around their needs, but people did not seem to be concerned. Some people said their family members were involved in those decisions and people were pleased with the care they received. A relative told us they were pleased and confident staff knew how to provide the individual care that their relative needed. The registered manager said and we found, care plans were reflective of people's needs although some care plans required reviewing to ensure they remained accurate.

People told us they were supported with their personal appearance and people were very well presented, in

clothing that was clean and age related. People said they chose their own clothing but if they couldn't, staff made choices with their input.

People told us staff respected their decisions and staff respected their privacy and dignity. One person said when staff supported them with personal care, "I have never felt uncomfortable." People said staff helped promote their independence and supported them to do things for themselves, such as washing, dressing and making their own day to day choices. One person told us, "I am very independent, too much for my own good. I can do a lot for myself but it is lovely to have someone to help when needed." They said staff supported them, but only when they needed it, or to help minimise them from risk. Staff told us they recognised that it was important to respect and promote people's independence.

When people required assistance with their personal care, staff managed this discreetly and made sure all doors were closed. People's bedrooms were individually furnished and people could bring in their own personal items such as pictures, photographs and other personal memorabilia. People we spoke said their rooms were lovely and people said they were comfortable.

Staff understood the importance of caring for people and they described to us the qualities staff had at Hylands House. All staff said there was a good team spirit which meant the atmosphere in the home remained positive. People we spoke with agreed. Some staff had worked at the home for a long time which meant people and staff knew each other well and were familiar. This helped staff know people's needs, but also meant people knew staff which encouraged the family feel of the home.

We spoke with the registered manager and asked them how they were confident staff respected people's choices and supported people in a caring and dignified way. They told us they spent time observing staff practices because they worked on shifts themselves, and supported staff during unexpected absences. They said this provided opportunities for them to talk with people and observe how staff supported people, as well as caring for people on a regular basis.

## Is the service responsive?

### Our findings

People told us they were happy with the support they received from staff and were complimentary about the staff who provided their care and support. Comments people made to us were, "Very nice", "Staff lovely" and "Couldn't be better, they are there to help."

People told us staff were responsive to their requests for help, although some people said at certain times, usually in the mornings, if they rang their call bells for help there were occasional delays. People said if staff could not help them immediately, staff explained that they would come back and provide the support they required as soon as possible. Everyone we spoke with said they did not wait long, usually a few minutes which people did not mind. People said if they asked for support at night, this was provided with minimal delay.

People told us they were cared for by staff in a way that they preferred. People said staff understood them and treated them as an individual because staff understood them, their needs and knew their likes, dislikes and preferences. One person gave us an example of how staff were responsive to their individual needs which as a result, had a positive impact on their wellbeing. This person said they were 'very' independent and did not want much help from staff. They said, "I like and want to do things myself. I am lucky and want to continue as long as I can." This person said they could do most things for themselves and staff respected their choice. This person told us staff asked them if they needed help but respected their decision. This person said, if they could not do something, staff did help and they appreciated the support. They said staff did not take it for granted that they would always want help and continued to ask and respect their response.

Some people told us they enjoyed the range of activities provided, whether individually or as a group. Some people enjoyed their own company and were supported to do this. Others enjoyed taking part in group activities, such as watching visiting entertainers, taking part in arts and crafts or taking part in pet therapy visits (meeting visiting animals). During our visit, a pet therapy session took place and people enjoyed meeting and stroking the dog. People told us they enjoyed going out locally, some family members took people out and people enjoyed going out into the garden.

One person said, "We get bored, we have television but I am not a television person." They told us they enjoyed the singers and stroking the dogs but said they wanted more things to do that kept them stimulated. We spoke with the registered manager who agreed this was an area they wanted to improve. They told us current staffing did impact on activities, particularly at certain times of the day. We spoke with the provider who during our visit was helping a person with an activity. They felt there was enough for people to do, however this differed from comments we received. We told them what people had said to us, and they agreed to look at ways to improve this.

We looked at three care plans and found some examples that required further improvement to ensure they remained responsive to people's needs. For example, one care record showed a person's behaviours presented challenges to others. There was limited information that told staff potential signs or triggers to

look out for. This person's manual handling record recorded they needed assistance sometimes from two care staff with personal care, however personal care records showed one staff member. Other care records did not always record where people lacked capacity and staff gave us conflicting information about what those people could or could not agree to, based on their understanding. We spoke with a senior staff member who reviewed care plans. They said they had not recently had time because they spent their time on shift, supporting people. Although time was put to one side for this, it rarely took place. The registered manager recognised this was an area that needed improving and agreed to update care plans to ensure they remained responsive to people's needs.

Staff said they found daily 'handover' provided them with useful and relevant information to help meet people's needs. Staff said this was important, especially if they had been off or if people's needs had changed since they last supported them. We found staff did not always have time to read care plans which put greater emphasis on the handover providing staff with up to date knowledge and information.

Everyone we spoke with told us they were satisfied with the service and had no reason to make a formal complaint. People knew how to make a complaint and a typical response was, "I would tell the manager". People said the registered manager was available should they want to speak with them. Records showed formal complaints had not been received. The registered manager said they had not received written complaints because people usually came to see them or staff to discuss any issues. They said the need to raise a formal complaint was reduced as potential issues were resolved at an early stage and to people's satisfaction.

## Is the service well-led?

### Our findings

Speaking with people, it was clear they were pleased with the quality of care people received. One person said, "We are like a big family" and another person said, "We do have a laugh." People said the home felt 'homely', calm and friendly. One person described their personal experience which was Hylands House was, "A good place to be." Another person echoed what most people told us, "There is a family feeling about the place."

At our last inspection visit, the registered manager had not notified us about important events and had not submitted statutory notifications, which was their legal requirement to do so. When planning this inspection, we checked the statutory notifications and we found these matched what we found during this visit. The registered manager told us improvements had been made and they used guidance which helped them determine when a statutory notification should be submitted to ensure their legal obligations were fulfilled.

The registered manager said following our last visit, they felt disappointed with our findings and had taken steps to improve. For example, they had improved fire safety and completed the recommendations made. They told us they had improved the fire doors to people's rooms and had everything fire guarded, to reduce the risk of fire. Door handles and locks had been made safer, with a design that limited potential injury. They told us they had implemented outstanding actions from a water quality check and they had improved their care records and staff knowledge regarding the Mental Capacity Act. The registered manager had not displayed their rating from the last inspection and we explained why this was important. Whilst we were there, they displayed a full copy of our last report and assured us future ratings would be displayed in accordance with the regulations.

The registered manager said their individual management style was to help care for people first, office work secondary. This was clear from the positive comments we received from people and a relative who said the registered manager 'put people first'. We asked people what they thought about the management of the home and whether the registered manager was effective and approachable. We received positive comments, saying the registered manager was approachable, they had confidence in them and they were able to speak with them whenever they wanted. Some people chose to spend time with the registered manager, sitting in their office and we saw this happened during our visit. People and staff said the registered manager was an integral part of the team, involved in the day to day running of the home and always on hand to support people and staff when necessary.

The registered manager told us Hylands House was the provider's only home which meant they did not have other managers to contact for support or advice. They explained that following the last inspection and the improvements they needed to make, they did not always feel supported by the provider's actions, or have known sources of information to tap into. They said, "Big homes and providers have the support, HR etc, we haven't." They told us policies and procedures used to be given to them by the provider, now they were not. The registered manager said they were unclear where to find changes in legislation or laws, and if those changes had any effect on the running of the home. They said they found it difficult to access or know what



was going on within the health and social care environment that could give those ideas or new ways of working. They also explained, that recent loss of staff meant they had to spend more time on the floor helping people which had a negative impact on the quality assurance system.

We asked the registered manager what checks and audits they completed at the home. By the registered manager's own admission, they told us there was limited information available that showed what checks were completed and the actions they had taken. The registered manager said, "My records are not complete, I know that." Because of the lack of recorded checks, it was difficult to see what had been completed. The registered manager told us they reviewed incident and accidents, care plans and medicines but records were not available to support this. Staff told us the registered manager had reviewed care plans and told them when changes had occurred. The system to record complaints required improving. We were told no formal complaints were received but people had raised minor issues which had been addressed, yet there was no evidence that showed the improvements taken. The registered manager had started an 'Annual timetable' of what audits they planned to complete, but this was not yet established. The registered manager agreed the office duties was an area that required their attention and assured us they would be committed to making those improvements.

People felt able to provide feedback within the home by talking with the registered manager and staff. People said there were meetings held where they could share ideas and opinions and when people had made suggestions, those were listened to. For example, time spent improving the garden so people could spend time outside had happened and people asked for certain meals they wanted, which they now received.

People received a regular newsletter which kept them informed about important events at the home. The April newsletter welcomed new people and staff into the home and told people what social events were planned in the near future. The registered manager told us in May 2016 they had sent out quality assurance surveys to people and relatives to capture feedback about people's experiences. We were told these would be analysed and any actions would be taken to improve the service. We saw previous survey results had resulted in the provider taking action to improve the service.

People's personal and sensitive information was managed appropriately and kept confidential. Records were kept securely in the office so only those staff who needed to, could access those records.