

Diva Care Limited

# Hyperion House

## Inspection report

London Street  
Fairford  
Gloucestershire  
GL7 4AH

Tel: 01285712349  
Website: [www.divacare.co.uk](http://www.divacare.co.uk)

Date of inspection visit:  
20 April 2016  
21 April 2016

Date of publication:  
26 July 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 20 and 21 April 2016. This was an unannounced inspection. The service was last inspected in July 2015. There were a number of breaches of regulations. At the time of the inspection, there was evidence that these had not been met.

Hyperion House is a care home providing accommodation for up to 45 people who require nursing or personal care. There were 41 people at Hyperion House at the time of the inspection.

There was a registered manager in post. They told us they had been working as manager in the home for 14 years. 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.'

People did not receive a service that was safe. Risk assessments were implemented but these did not always contain enough detail to reflect current level of risk. This meant there were no clear guidelines for staff to follow to minimise risk to people. The registered manager informed us they did not use a dependency tool to determine staffing levels although one was available through the care records computer system being used by the home. We recommend the registered manager uses this as this will ensure there are always sufficient staff numbers on shift to meet people's needs.

People were not receiving effective care and support. Although staff had received training, staff understanding of training courses was not always assessed. Not all staff were receiving regular supervisions. The service was not adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained people's dignity. The service was providing end of life care but we did not see any evidence on end of life planning.

The service was not always responsive. Care plans were not person centred and did not provide sufficient detail to provide safe, high quality care to people. Care plans were not reviewed or updated following accidents or incidents.

Where complaints had been made, there was evidence that these had been dealt with effectively.

The service was not always well-led. Although quality assurance checks and audits were completed these were not always robust nor did they cover all aspects of the service. The audits did not always identify

actions required to improve the service. Staff spoke positively about the registered manager.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risk assessments were not always in place and those that were lacked sufficient detail to safely provide care.

Storage of medicines was potentially unsafe as temperatures were not consistently recorded.

### Is the service effective?

**Inadequate** ●

The service was not effective.

The service did not comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant people's rights were not protected.

Staff had not received regular supervision.

Staff had received training.

Staff had received annual appraisals. Nutrition and health needs were monitored.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care plans were not person centred and did not contain sufficient detail.

There were sufficient activities for people to partake in.

The service had a robust complaints procedure.

**Is the service well-led?**

The service was not always well-led

Although quality audits were carried out, these did not cover all aspects of the service. Actions arising from the audits had not always been actioned.

The views of people living at Hyperion House and their relatives were sought but actions identified were not actioned.

The registered manager was approachable.□

**Requires Improvement** ●

# Hyperion 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 was an unannounced inspection which was completed on 20 and 21 April 2016. The inspection was completed by two adult social care inspectors. The previous inspection was completed in July 2015. There were a number of breaches of regulation.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at eight people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with eight members of staff and the registered manager of the service. We spent time observing and speaking with eight people living at Hyperion House and spoke with nine relatives.

# Is the service safe?

## Our findings

The service was not always safe. Risks to the health and safety of people living at Hyperion House had not always been assessed or reviewed. Risk assessments were incorporated into care plans but these did not contain sufficient information to fully detail the risk to people. Where an accident had occurred, there was no evidence of risk assessments being reviewed to ensure the risk assessments accurately reflected risk to people.

For example, where people had suffered falls; their risk assessments had not been reviewed or updated following the incident. This meant staff supporting people were not always able to provide care which was safe and minimised risk to people.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Concerns were identified relating to management of medication at the last inspection. For example, creams were not being labelled and the recording sheets for the medication did not identify where the creams were to be applied. There were also concerns regarding stock checking of medication. Although these issues had been addressed, there was evidence medicines policies and procedures were still not always followed meaning medicines were not always managed safely. For example, there were two medication trolleys which were used for the storage of medication. However, there was no temperature monitoring for one of the trolleys and although the temperatures of one trolley were taken, there were gaps in the recording. There were no records of medication storage temperatures for the five days leading up to the inspection. An external audit of medication which had taken place two weeks prior to the inspection had also identified this issue but sufficient action had not been taken.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Although the home had a system of identifying and monitoring maintenance issues. These were not always completed in a timely manner. For example, the maintenance book identified ripped carpets in the hallway in February 2016 but these had not been repaired or replaced at the time of the inspection. This meant there were trip hazards for people walking along those hallways. At the time of the inspection, there was no evidence of new carpets being ordered.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

There was sufficient staff supporting people living in the home. This was confirmed in the staff rotas. One member of staff we spoke with informed us staffing levels had improved significantly in recent months and this had made a positive impact to staff morale. The registered manager informed us they did not use a dependency tool to determine staffing levels although one was available through the care records computer

system being used by the home. We recommend the registered manager uses this as this will ensure there are always sufficient staff numbers on shift to meet people's needs.

People told us they felt safe living at Hyperion House. One person told us, "I feel safe here" and "The staff are nice and friendly to me". Another person said "I feel safe here". We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the people they were supporting them and not rushing them to ensure safe care was being provided. For example, we observed staff supporting a person to transfer to the dining table using a hoist. Staff were explaining to the person what they were doing and were reassuring them throughout the task. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. We looked at the recruitment records of the last three staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character.

The registered manager told us new staff members would have shadow shifts to enable them to learn from established staff. These shifts would be at different times of day and night to ensure staff had experience of working all shifts required. The registered manager told us new staff would also have an induction pack which they needed to complete to ensure they had completed core training and had the right levels of skill for the role. This would need to be signed off by the manager after staff completed their induction.

The provider had implemented a robust safeguarding procedure in the home. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the registered manager. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. Staff had received training in safeguarding. Safeguarding issues had been managed appropriately.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation.

The home was clean and tidy and free from odour. A housekeeper was employed for seven days a week. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke to demonstrated a good understanding of infection control procedures.

Staff showed a good awareness in respect of food hygiene practices. Different types of foods were kept on different shelves in the fridge and freezer. For example, there were separate shelves for vegetables and meats. Food was clearly dated when put into the fridge. We were shown records of the temperatures for the fridges and freezers which were taken daily. We were also shown records of food temperatures being taken for all meals before they were served to people.



## Is the service effective?

### Our findings

Staff had received training in core areas but there was no system in place to determine staff competency levels following on from attending training sessions. Staff who had supervision responsibilities had not received any training around this. Although people had received certificates confirming their attendance at training, this was not always recorded accurately on the training matrix used by the manager. This meant it was difficult for the manager or other people who used the matrix to plan future training to determine which staff needed to attend specific courses. For example when we were shown the training matrix during the inspection, it indicated a substantial number of staff had not received training in core areas such as person centred care, health and safety, first aid, dementia care and infection control. For example, the matrix showed that from the 47 staff employed at the home, 14 had not received any safeguarding training, 25 staff members had not received any training around person centred care, 22 staff members had not completed manual handling training, 34 staff members had not completed mental capacity act training and 38 staff had not completed emergency first aid at work training. However, when we were sent the training certificates following the inspection, it was evident staff had received the training but this was not reflected on the training matrix.

Staff were not receiving regular one to one supervision with a manager. The registered manager, administrator and staff we spoke with confirmed to us supervision had lapsed at the home. One member of staff who had recently commenced work at the home was unaware of what supervision was. This meant staff were unable to discuss their development and learning needs with their manager. For example, staff had completed training around the Mental Capacity Act (MCA) 2005 but were unable to demonstrate a full understanding of the principles of the act. Due to a lack of supervision, the registered manager was unaware of the need for further training in this area for these members of staff. The home's supervision policy stated staff were to receive formal supervision every three months and an annual appraisal. Records indicated staff had received an annual appraisal.

This was identified at the last inspection and the provider had provided plans to increase staff training levels and ensure staff supervision was taking place by January 2016. However, people were not receiving regular supervision at the time of this inspection.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people were assessed as having capacity, there was evidence of family members consenting on their behalf. However, there were no records of these people permitting their relatives to consent on their behalf.

Where assessments of capacity had been completed these were not decision specific and there were no records of these being regularly reviewed.

The registered manager had not identified where people's liberty had been restricted and as a result had not made applications to the relevant authorities. For example, the records of five people indicated they lacked mental capacity and bed rails were being used to minimise the risk of them falling from bed. However, no DoLS application had been made for these people. One person was deemed to have been lacking capacity but his sister in law had consented to lock his bedroom door. This was unlawful as he was being deprived of his liberty. There was no evidence of a DoLS application being made for this.

The provider had developed plans to improve staff awareness on the Mental Capacity Act (MCA) 2005 following the last inspection by 31 January 2016. However, it was evident when speaking to staff and looking at records, understanding of the principles of the MCA were still lacking.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

We observed people being given choice as to what they would like to eat. Where people required visual prompts, pictures of the different meals on offer were provided to people to enable them to make a choice. During our lunchtime observations, it was evident people enjoyed the meals. Where people had chosen to have their meals in their rooms, staff supported them with this. For example, one person was unable to leave their bed and we observed a member of staff supporting them with their meal. People and their relatives informed us the quality of meals at the home was "Good" and "There is always enough to eat". Where people's nutritional needs required monitoring or people required specialist diets, there was evidence of involvement from other health professionals such as the person's GP. People's care files contained records of their nutritional intake and weight being monitored.

People had access to a GP, dentist and other health professionals. The outcomes from these appointments were recorded and detailed any issues arising from the appointments. A GP who visits the service stated, "The manager collates a list of patients to be seen the day before and sends the details to the surgery which gives us time to review their notes before attending. On the visit I have the dedicated attention of one nurse to go through the list to answer queries and see patients".

Each bedroom was decorated to individual preferences and the registered manager informed us that the people had choice as to how they wanted to decorate their room. Relatives told us that people were able to personalise their room as they wanted and they were also involved in this process.

There was parking available to visitors and staff. There was a secured garden at the back of the property which people could access if they wanted to.

## Is the service caring?

### Our findings

Staff treated people with understanding, kindness, respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom.

When speaking to staff, they were clear in their understanding of privacy and informed us they always knock and seek permission before entering a person's room. Staff also informed us they ensured doors were closed when providing personal care. This demonstrated staff were conscious of maintaining people's privacy and dignity. Staff were observed respecting people's wishes. For example, some people wanted to remain in their room and the staff respected this.

There was a genuine sense of fondness and respect between the staff and the people using the service. We saw people laughing and joking with staff. People using the service told us they felt the staff were caring. Relatives we spoke to informed us they felt the staff were caring. People used statements such as "The staff are caring" and "The staff are friendly", to describe the staff at Hyperion House.

At mealtimes we saw that people who required assistance to eat their lunch were supported appropriately. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they need, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people

We observed positive staff interactions and people were engaged. Examples of this were observed throughout the inspection where staff were present in communal areas and engaging with people. The activities coordinator ensured she provided all of the people in the lounge area an opportunity to engage in activities if they indicated a preference to do so.

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. Staff were observed using touch as a form of communication and also to put people at ease when speaking to them. Staff evidently knew people well and had built positive relationships. Family members we spoke to stated they felt the staff knew their relative's needs well and were able to respond accordingly.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative stated, 'there have never been any restrictions on visiting'.

The service was providing end of life care but we did not see any evidence on end of life planning. Although people had 'Do Not Attempt Resuscitation' (DNAR) orders in place. There was no clear end of life care plans which enabled people and their relatives to detail their preferences for how the care was to be provided when they near the end of their lives.

We recommend the provider seeks advice from a reputable source on planning end of life care.

## Is the service responsive?

### Our findings

The service was not always responsive to people's needs.

Care plans were not person centred or sufficiently detailed. For example, people's personal care support plan had areas of the body which required washing highlighted but there was no detail in regards to people's preferences or specific details for staff to follow. Where people had suffered a fall, care plans were not always updated to reflect the current level of risk. There was no consistency in the care plans as all care plans contained different documents and there was no consistent order to the care plans. This meant it was difficult to find information relating to people's needs.

Staff members informed us care plans did not contain sufficient information about people's needs and they did not have enough time to read care plans. Staff members informed us they could only provide a satisfactory level of care due to the length of time they had known people. Although there was some key information in people's rooms regarding their essential care routines such as personal care, these did not contain sufficient information to provide a good level of care to people.

Following the last inspection, the provider had provided plans to implement a new care planning computer system to ensure people's care plans were more detailed and person centred. These were due to be implemented by 31 January 2016. Although the new care planning system had been implemented, care plans were not person centred and did not contain sufficient levels of detail to ensure people were receiving care which was safe and specific to their individual needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

People were supported on a regular basis to participate in meaningful activities. There was a full time activities coordinator employed at the home. Each person had their own activities plan which was person centred and had taken their preferences into account. During the inspection we observed daily activities in the mornings and afternoons. When observing these, there was evidence staff involved all the people in the communal area if they indicated a preference to participate in activities. Relatives we spoke with informed us they felt there were enough activities. One person told us their relative preferred to remain in their bedroom but the activities coordinator would ensure they had opportunities to engage in meaningful activities.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs during the assessment process prior to moving to the home. The provider also stated they used evidence from health and social care professionals involved in the person's care. One relative informed us their family member had previously been at a different home and explained how the registered manager had carried out a robust assessment of the person's needs which included the involvement of the person, their family, professionals and staff from the previous home. The registered manager informed us information from these meetings is used to develop the person's care plans at

Hyperion House.

Complaints were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. The registered manager informed us about one complaint she had received recently. When looking at the records, it was evident this had been dealt with appropriately and there had been learning taken from the complaint. One relative informed us how they had made a complaint regarding continence management for their relative. The relative informed us this was dealt with promptly by management and they were satisfied with the outcome.

We did not see any evidence of a system to record compliments. We recommend the provider to implement a system to record compliments as this recognises good practice and provides people with opportunities to leave positive feedback regarding the service.

# Is the service well-led?

## Our findings

The service was not always well-led.

Where accidents or incidents were recorded, these did not contain any information of who had made the recording. There was no evidence of these records being audited to identify common themes or implement plans to manage risks. Although there were audits of the service taking place these were mainly relating the premises. We did not see any evidence of audits of care plans or risk assessment. Where audits had been completed, these had not always recognised actions arising from these checks. Where actions had been identified, there was no clear timeline in place as to when work would be completed and work was not always carried out promptly. For example, a ripped carpet in the hallway was identified and recorded in the maintenance book in February 2016. There was no record of this in the March audit and the carpet had not been repaired or replaced at the time of the inspection. When looking at people's risk assessments we found one person had suffered a number of falls but their care plan or risk assessment had not been updated. Had there been a robust audit process in place, this issue may have been identified.

We were informed surveys had been sent out to staff and families. However, although these had been returned, there was no action plan in place to address any issues raised. For example, people and their relatives complained of the conservatory being too hot. The registered manager informed us this was because the air conditioning required repairing. Although this had been identified, there was no action plan for the repair of this.

This had been identified at the last inspection and the provider had developed an action plan to implement more robust governance systems. The action plan detailed these would be ongoing. However, there was evidence that this has not occurred sufficiently to ensure the service always had good governance systems in place.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

There was a registered manager working at Hyperion House. They told us they had been working at the home for 14 years. Staff spoke positively about the management style of the registered manager. A member of staff told us they felt supported by the registered manager. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff informed us there was an open culture within the home and the registered manager listened to them. Staff informed us they used team meetings to raise issues and make suggestions relating to the day to day practice within the home.

The staff described the registered manager as 'being a part of the team' and 'very hands on'. We observed this during the inspection when the registered manager was regularly attending to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the home.

Staff and relatives we spoke with felt the registered manager was overworked and needed a deputy manager to support with some of the management tasks. This was supported by the registered manager who felt she was unable to take any leave due to her workload and concerns around the management of the home in her absence. This was discussed with the providers during the inspection who advised they are recruiting to the post.

There was a new administrator who had been in post since the end of last year. Staff felt the administrator had a positive impact on the service. Staff used terms such as "She is very good" and "She has been a breath of fresh air" to describe the administrator. When looking through records at the home, it was clearly evident things had started to improve since the administrator had started in her role. For example, staff informed us policies used in the home had been updated and the filing system in the home had been improved so it was easier for staff to find key documents.

We discussed the value base of the home with the registered manager and staff. The registered manager and some staff stated Hyperion House was the home of the people living there and staff needed to ensure people were safe and well cared for in their own home. However, not all staff we spoke with were clear on this value base. We recommend the registered manager uses team meetings and supervisions to discuss this with staff.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care plans were not person centred or sufficiently detailed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	DoLS application had not been made where people lacked the mental capacity and were being deprived of their liberty.
Treatment of disease, disorder or injury	Where assessments of capacity had been completed they were not decision specific and there were no records of these being regularly reviewed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risk assessments did not contain sufficient information to fully detail the risk to people. Where an accident had occurred, there was no evidence of risk assessments being reviewed to ensure the risk assessments accurately reflected risk to people.
Treatment of disease, disorder or injury	Medicines policies and procedures were not always followed meaning medicines were not always managed safely.  Maintenance was not carried promptly resulting in enhanced risk to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Audits of the service were taking place but these had not always recognised actions arising from the audit. Where actions had been identified, there was no clear timeline in place as to when work would be completed.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff training needs were not being met.
Treatment of disease, disorder or injury	Staff were not receiving formal supervisions or appraisals.