

Roseberry Care Centres GB Limited

Hylton View

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hylton View is a residential care home providing personal and nursing care to 34 people aged from 65 and over, some of whom were living with a dementia. The service can support up to 40 people in one large adapted building.

People's experience of using this service and what we found

People told us they were comfortable, happy and safe living at Hylton View. Relatives were positive about the service and were welcomed by staff. Staff positively engaged people in conversations and activities.

Medicines were generally managed safely, and the registered manager had created bespoke checks to remove any potential risks to people through unsafe administration. We found some areas relating to the use of topical medicines needed to be reviewed but these issues did not place anyone at risk of harm.

Care needs were fully assessed and used to create individual care plans. People's support needs were reviewed regularly, and care plans were updated to reflect any changes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were asked for their choices regarding their care and support needs. Sometimes relatives and advocates supported people to make sure their views were heard and recorded

The registered manager had worked to improve the service and regularly asked for feedback from staff, people, relatives and visitors to find new ways to develop the service. There was a robust quality assurance system in place to monitor the care provided. Results from this were used as a direction for improvement by the registered manager.

Staff were safely recruited and were provided with on-going training to make sure they had the essential skills and knowledge to support people. New staff were provided with an induction from the provider and supported by other staff to help them integrate into the staff team. The registered manager supported staff and ensured they received regular supervisions.

The premises were clean, safe and nicely decorated. Risks people may face were fully identified and mitigated. There were emergency procedures in place to keep people safe, for example evacuation and business continuity plans.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 5 May 2018) and there was a breach of

Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to ineffective quality assurance systems and records not being fully accurate.

There was also an inspection on 8 April 2019. However, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the service had made sustained improvements and addressed all of the issues identified at the last inspection.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hylton View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one specialist advisor nurse and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, the regional manager completed a Provider Information Return (PIR). This is a form that the provider sends to CQC with key information about the service, what improvements they have planned and what the service does well. We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and

reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with six people who used the service, five relatives and six members of staff including the registered manager. We reviewed the care records for four people, medicine records for five people and the recruitment records for four members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection the provider had failed to robustly assess or monitor the risks relating to the safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 17.

- Staff fully assessed, mitigated and reviewed any risks that people may face. People felt safe at the service. One person commented, "Oh I feel safe yes."
- Incidents were reviewed and investigated fully by the registered manager. Trends and outcomes from these were used to improve the overall care provided.
- Lessons learned from incidents were shared with staff to allow for improvement to practice. One staff member said, "People without a doubt are safe."
- The registered manager monitored the health and safety of the service to make sure people were safe. Relatives were confident that people were safe. A relative told us, "[Person] is safe we've got no qualms about that."

Using medicines safely

- Medicines were managed safely but we found that the use of topical medicines needed to be reviewed. Staff began reviewing topical medicines during our inspection to make sure they were stored correctly and had correct procedures in place.
- Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. People did not have any concerns relating to their medicines. One person commented, "They make sure I get them on time."
- Improvements to medicines management and additional training had been introduced by the registered manager to make sure medicines were safely administered by staff.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place at the service for staff, people and relatives to use to keep people safe. Information was available to advise people on what to do if they had a concern.
- Staff had completed safeguarding training and could explain the steps they would take if they identified any form of abuse.

Staffing and recruitment

- There were enough staff on duty to safely support people. A relative told us, "They've got plenty of people

about if they were at home you would be worried at night and that they would try to get up, but here there's plenty of staff."

- Staff recruitment continued to be safe and all staff had pre-employment checks in place to make sure they were suitable to work at the service.

Preventing and controlling infection

- The home was clean and staff followed infection control procedures.
- Staff had access to gloves and aprons when supporting people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All DoLS applications were appropriately applied for and reflected the individual needs of the person Staff had completed best interest decisions and mental capacity assessments for any restrictions placed on people who did not always have capacity. Assessments were decision specific and included relatives and other health care professionals.
- The registered manager promoted best practice to staff and shared important updates and changes with them. People's support was delivered in line with best practice guidance and standards, for example the National Institute for Health and Care Excellence (NICE). Staff had training in MCA.
- People's needs were assessed by staff and used to create individualised care plans. People told us they were provided with choices around their care. One person commented, "They're very good they ask me things."
- Staff asked people for permission before supporting them and provided people with choices. A member of staff told us, "We always ask people what they want on the menu using pictures, always ask if they want a bath or shower or their hair done."

Staff support: induction, training, skills and experience

- The provider ensured staff were provided with regular refresher training . New staff were provided with a comprehensive induction from the provider. A staff member said, "I completed an induction when I transferred over to check my knowledge and skills and about the service. All of my training is up to date."
- The registered manager ensured all staff received regular supervisions.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a healthy balanced diet. People were referred to other healthcare professionals if staff identified a risk of malnutrition or choking.
- People were provided with choices for their meals. One person told us, "I go in the dining room for lunch and stay in my room for breakfast and at teatime, that's my choice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records showed involvement from other health care professionals, for example the GP and dietician.
- Staff included advice from other health care professionals into care plans and risk assessments.
- People were able to access other health care services, for example the hospital and dentist, whilst being supported by staff. A relative said, "We've had no problems that way [Person] had a water infection and chest infection and they go through the routine observations and then decide when to get the doctor."

Adapting service, design, decoration to meet people's needs

- The service was nicely decorated with large corridors to allow people to easily access all areas of the service. There was pictorial signage around the service, so people could easily navigate to the dining room, toilets, bathroom and lounge areas.
- The service had created dementia friendly areas around the service. There were bright coloured doors, memory items to start conversations and contrasting hand rails to help people stay safe whilst walking.
- People had access to a garden area at the rear of the service to enjoy time with relatives and to carry out activities.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were observed to be kind and caring with people. One person told us, "I get looked after and everything."
- Staff were able to tell us details about each person they supported. Staff were positive about working at the service and thought highly of the people they supported. A staff member commented, "People are looked after very well. It's a lovely group of carers and we work together well and there are no problems. People are very safe and cared for."
- Equality and diversity policies were in place at the service to make sure everyone was respected and treated as an individual by staff. One staff member commented, "We check over the care plan for equalities and diversities, what things people like and what choices they have."
- People were able to access the local church and attend religious meetings with the support of staff.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans were created in partnership with staff, people and relatives. One person told us about how they were involved in decision making around their care and how staff listened to them. They said, "They're very good they ask me things."
- Relatives were invited to people's care reviews. A staff member said, "Families are involved in people's care, we work together when making referrals and have them in reviews."
- The service promoted advocacy and there was information available for people and relatives to access these services. Advocacy services are used to support people to express their views and choices when they may not be able to fully do this themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent. One staff member commented, "We ask them to walk to activities and dining areas and assist them with personal care. We ask if they would like to do things and then support them to be independent."
- Staff respected people's privacy and dignity. Staff knocked on doors before entering and asked permission before supporting people. One person said, "They would knock before coming in."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff completed initial assessments of people's needs which included personal preferences and physical, social and emotional requirements. These were then used to create individual person-centred care plans which were easy for staff to follow.
- The registered manager was looking at ways to further improve these and make them more detailed and tailored to the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of AIS and provided us with specific examples of how they communicated with people. For example, a staff member told us, "Some people are hard of hearing, we make sure there are regular checks of hearing aids and go face to face when talking. We make sure they understand and re-ask them to see if they are okay with everything."
- Communication needs were fully assessed and detailed in care records. Care plans included advice from opticians and the dentist to support people with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to join in activities within the service and in the local community. We observed a reminiscence activity during inspection and people were actively engaging with this.
- Care records detailed activities people enjoyed and had been part of. One person told us, "I went to the carol service at the church." A staff member commented, "People go out a lot and there's things on at the church next door that they go to and the bus takes people out once or twice a week. We have people coming in and the staff do work 1:1 with them too."
- Some people did not wish to participate in activities and staff made sure they regularly engaged in conversation with them to reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People knew how to raise a complaint. Relatives told us that the 'Friends and Family' leaflet included details on who to contact if they wished to raise a concern.
- Any concerns were fully investigated by the registered manager and the outcomes were shared with

people, relatives and staff. People and relatives we spoke to did not have any concerns at the time of inspection.

End of life care and support

- People were supported by staff with end of life care. Care plans were individual and reflected how the person wished to spend their final days. Relatives were also included within plans and provided with support from staff.
- Staff had received training around delivering end of life care. One staff member told us, "I supported someone with end of life care and the family too. We get everything in place and so it's nice and peaceful and comfortable."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The quality and assurance systems in place had been developed and improved since our last inspection. This allowed the registered manager to monitor and improve the care provided to people to ensure care was safe and at a good standard.
- The registered manager was fully aware of their legal responsibilities and was working to improve the service as much as possible.
- People and their relatives were asked for feedback about the service and for ideas for improvements. Staff were asked for improvement ideas during team meetings. One person told us, "They have resident's meetings and there are surveys and questionnaires."
- Feedback and results from audits, lessons learned from incidents and trend analysis were used to create improvement plans by the registered manager. For example, an audit had identified past issues with medicine administration. The registered manager noticed this trend and introduced photo labels on medicines so that staff could easily identify what each medicine was.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and inclusive staff culture at the home. People and their relatives said they could approach the registered manager and staff at any time. A staff member told us, "The staff team work quite well together and have a nice bond. They all work together no matter what the role."
- People were complementary about the staff team and their efficiency. Relatives were positive about the staff and how they treated people. One relative said, "It's definitely like a family (at the service). [Person] is smiling when the carers walk into the room."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff apologised to people if things did go wrong. Investigations into incidents were fully recorded and used as a learning tool to improve the overall quality of care provided.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible.

- We saw involvement from other health care professionals in people's records.