

Diva Care Limited

Hyperion House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Hyperion House is a care home providing accommodation for up to 45 people who require nursing or personal care. There were 36 people living at Hyperion House at the time of the inspection.

This inspection was unannounced and took place on 19 and 20 December 2016.

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.

The service was not always safe. People were not always protected from the spread of infection through safe infection control measures. The property had not always been maintained to a safe standard. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. The registered manager had carried out the relevant checks to ensure they were employing suitable people at Hyperion House. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). The environment had been adapted to meet the needs of people living at Hyperion House. People were supported to personalise their living spaces.

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 peoples dignity. People had end of life care plans which reflected their wishes and preferences.

The service was responsive to people's needs. Care plans were person centred and contained sufficient detail to provide consistent, high quality care and support. People were supported to engage in a range of activities based on their preferences and interests. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was not always well-led. The registered manager and provider had not always fully assessed risks and taken preventative action to minimise these risks. Quality checks were in place and the registered manager was planning to ensure these were better used to improve the service provided. People, relatives and staff spoke positively about management. Staff morale was good and staff told us this was due to good leadership from the management team.

We found three 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?

The service was not always safe.

People were not always protected from the spread of infection through safe infection control measures.

The property had not always been maintained to a safe standard.

Risk assessments were implemented and reflected the current level of risk to people.

There were sufficient staffing levels to ensure safe care and treatment to support people.

The registered manager had carried out the relevant checks to ensure they were employing suitable people at Hyperion House.

Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

Requires Improvement ●

Is the service effective?

People were receiving effective care and support.

Staff received appropriate training which was relevant to their role.

Staff received regular supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

The environment had been adapted to meet the needs of people living at Hyperion House.

People were supported to personalise their living spaces.

Good ●

Is the service caring?

The service was caring.

Good ●

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 peoples dignity.

People were involved in making decision about end of life care. These had been documented and detailed the wishes and preferences of people.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care plans were person centred contained sufficient detail to provide consistent, high quality care and support.

People were supported to engage in a range of activities based on their preferences and interests.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered manager and provider had not always assessed risk and taken action to minimise these risks.

Quality checks were in place and the registered manager was planning to ensure these were better used to improve the service provided.

People, relatives and staff spoke positively about management.

Staff morale was good and staff told us this was due to good leadership from the management team.

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 inspection took place on 19 and 20 December 2016 and was unannounced. The inspection was completed by two adult social care inspectors.

The last full inspection of the service was on 20 and 21 April 2016. At that time we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we saw evidence of significant improvement.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted five health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service.

Some people were able to talk with us about the service they received. We spoke with seven people using the service. Not every person was able to express their views verbally. We also spoke with relatives of six people using the service.

We spoke with eight members of staff, including the registered manager, a senior care worker and care staff.

We looked at the care records of 10 people living at the service, seven staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People told us they felt safe living at Hyperion House. People used comments such as, "I feel safe here", "I like it here" and "The staff are very good. They go over and above their role". Relatives told us they felt their relative was safe and comfortable at Hyperion House. We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff who supported them. We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided.

We could not be satisfied that there were sufficient infection control practices within the service to protect people from the spread of infection. For example, we observed staff using disposable laundry bags to collect soiled clothing and bed linen. These bags were designed to be fully inserted into the washing machine without removing any of the clothing to prevent the spread of infection. However, when we visited the laundry, the bags were split and some of the soiled linen and clothing had come out. This meant the laundry staff had to handle the soiled items and there was also a risk of them mixing with other non-soiled items.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

We could not be satisfied that maintenance issues were always addressed by the provider. A new maintenance person had been employed at the home and there was some improvement to the identification and rectification of maintenance issues. However, this had not always been consistent. For example, during the last inspection in April, we had identified ripped carpets in the hallways which posed trip hazards to people. When we arrived for this inspection, this was yet to be repaired or replaced. When we raised this with the registered manager and the provider, they sourced replacement carpet and patches of carpets were applied and secured in the hallways to repair the holes. Other than attaining one quote to replace carpets in July, we were not shown any other evidence of work being undertaken to address this issue. We also observed damaged flooring in the dining room but did not see any evidence of plans to repair or replace this flooring.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

During our last inspection we found risk assessments were not always in place or sufficiently detailed. At this inspection, we found people had clear and person centred risk assessments. These identified risks related to the care and support of people as well as environmental risks. The risk assessments contained clear guidelines for staff on how to support the person and manage the risk. For example, one person at risk of skin breakdown. Their risk assessment identified this and provided a clear skin care regime for staff to follow. Where people required assistance to move from one place to another, there were clear plans for their moving and handling needs. The staff we spoke with informed us they felt the risk assessments had improved and now contained sufficient detail for them to feel confident they were providing safe care and treatment to people.

At our last inspection, we saw evidence medicines were not being stored safely and regular temperatures of medicine trolleys were not being taken. At this inspection we saw evidence of improvement to the management of medicines. Temperatures were recorded for each medicine trolley to ensure medicines were stored safely. We were shown policies and procedures relating to the safe handling, storage and recording of medicine. Staff had been trained in the safe handling, administration and disposal of medicines and their competency was updated annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff completed safeguarding training as part of the induction and on-going training programme. They were provided with information regarding what is meant by safeguarding people, what constitutes abuse and what their responsibilities were to keep people safe. Staff told us they would report any concerns they had about a person's safety or welfare to the nurse in charge or the registered manager. They knew they could report directly to the local authority, the Care Quality Commission (CQC) or the Police. Staff we spoke with knew about 'whistle blowing' to alert management to any poor practice.

We received positive feedback from people using the service regarding whether there were enough staff to meet their needs. People said, "They always respond quickly" and, "There is always somebody to help if I need it". Relatives we spoke with felt there were enough staff.

There were sufficient numbers of staff supporting people living at Hyperion House. This was confirmed in conversations with staff and the rotas. Staff rotas showed sufficient staffing levels were provided consistently. Staff said they felt there was enough staff. Throughout the inspection, we observed a strong staff presence in communal areas and where people requested support, staff were quick to respond to this.

People were protected from the risk of unsuitable staff being employed because relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the registered manager.

The registered manager told us new staff members would initially 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 before staff completed their induction.

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 available to staff.

Is the service effective?

Our findings

During our last inspection we identified that staff competency following training had not always been assessed. This meant the effectiveness of staff training could not be gauged by the leadership at Hyperion House. We also found that where people had specific responsibilities such as staff supervision, they had not received any training around this. We looked at training records as part of this inspection. The records showed staff received a range of training to meet people's needs. Staff told us they had received training in basic first aid, safeguarding vulnerable adults and moving and handling. At our last inspection, some staff informed us they had not received training in working with people living with dementia. The training records we looked at during this inspection confirmed this training had now been provided to all of the staff working at Hyperion House. The staff we spoke with confirmed they had received training around dementia care. One member of staff said "The training was great. It has made me understand it (dementia) much better". Other staff members commented on how they had found the training to be informative and they felt their practice had improved as a result.

Some of the professionals we spoke with told us they had offered to provide specific training to staff but these offers had never been taken up. A member of staff at the local authority also told us there were various training courses available to supplement existing staff training from the local authority. We recommend the provider and registered manager liaise with the professionals who visit the home and the local authority to access further training which may be of benefit to staff.

When we last inspected, not all staff were receiving regular supervision. These are one to one meetings a staff member has with their manager. Staff we spoke with and records we looked at confirmed that the staff working at Hyperion House were now receiving regular supervision every three months which was in line with the provider's supervision policy. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff told us they found supervision to be productive and they were able to discuss their practice as well as any future learning and developmental needs with their supervisor. Staff said they found their individual meetings helpful.

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 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).

At our last inspection we found that assessments of capacity were not decision specific and had not been reviewed regularly. 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. We also found that staff did not have an understanding of the principles of the MCA.

During this inspection, we found that the provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All staff had received training on MCA and DoLS and had a good understanding of the principles of the act. When speaking with staff, they demonstrated a good understanding of the principles of the MCA. Where there were concerns about a person's level of capacity, an assessment of capacity had been completed. Where people's freedom and liberty was being restricted, the relevant authorisation for this had been sought from the local authority. The provider showed us a new mental capacity assessment document they were planning to implement. This will further ensure people's capacity is assessed appropriately.

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 generally gave positive feedback regarding the food. Comments included, "Food is good. There is a good choice and always enough" and "I can't complain. The food is good and there is always enough". One person told us they had very specific preferences about their meals and the home did their best to provide food which met their preferences. Relatives gave positive feedback. One relative said, "The food is good". Another said, "I feel the food is good and there is good choice".

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. One visiting healthcare professional told us they felt the service met people's needs.

Each bedroom was decorated to individual preferences and the registered manager informed us 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

People told us staff were caring. One person said, "The staff are very friendly". Another person said, "The staff are kind and caring". Relatives also said staff were caring. One told us, "X (name of family member) is very happy here". Care plans were regularly reviewed and attempts had been made to involve people and their families in the care planning process.

Staff said they felt the service provided was caring. A number of staff we spoke with said they would be happy for a relative of theirs to use the service. One member of staff said "I really enjoy working here. All of the people here are fantastic".

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 with 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 told 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.

Staff had received training on equality and diversity. People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had plans in place to meet people's cultural and religious needs. For example, the registered manager told us how people were supported to engage in faith specific activities. The registered manager was also able to outline plans to meet the dietary needs of people who may have specific religious beliefs. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. One person explained they had specific dietary requirements and that these were met.

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. People's needs and preferences regarding this had been clearly recorded in their care files. People had Do Not Attempt Resuscitation (DNAR) orders in place, where appropriate and these were clearly visible in the care files.

Is the service responsive?

Our findings

During our last inspection, we found care plans were not sufficiently detailed or written in a person centred manner. Following on from the inspection, the provider had implemented a new care planning system and had plans in place to review the files of everyone living at Hyperion House and re-write them under the new format. At this inspection, we found care files contained specific information for staff as to how each person wanted their personal care to be provided. For example, there were detailed plans in each person's care file as to how they would like to be supported with their personal care, communication, daily living, eating and drinking, identified risks, personal safety and emotional well-being.

Although the care file for every person living at Hyperion House had not been transferred over to the new format at the time of this inspection, we found that the files which had been transferred over to the new format were person centred and reflected people's individual needs. The registered manager and provider were able to show us that the process for transferring each person's care file over to the new format had commenced and work was continuing to ensure they were completed in a timely fashion.

People living at Hyperion House and their relatives told us they had been consulted regarding their care needs and they felt their opinions had been taken into account when developing care plans. The staff we spoke with told us they felt the new care plans were much more detailed than the previous ones and provided clear guidelines for staff to follow. It was evident from speaking with staff that they had taken the time to read people's care files and had a good level of knowledge regarding people's individual needs. For example, one nurse was able to tell us about the medical needs of various people living at Hyperion House without consulting the care files.

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 of 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 activities coordinator had recently commenced their post at Hyperion House but it was evident they had made a positive impression on people. One person said "She is an angel. She is very enthusiastic". Another person said "She is great. Always planning something for us". Relatives also praised the activities coordinator. One relative said "There has been a massive improvement since she started. My mother is always doing something".

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 registered manager also told us 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 thorough 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 told us information from these meetings was 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.

At the last inspection, there was no system in place to record feedback provided regarding the care provided at Hyperion House. Since then a compliments and feedback file had been implemented. We saw a number of positive comments praising the management and staff. These included comments such as "I would like to thank everyone for the infinite care and love shown to my mother" and "Thank you so much for the lovely care you gave to my grandmother".

Is the service well-led?

Our findings

The service was not always well-led.

The registered manager and provider had not always fully assessed risks and taken preventative action to minimise these risks. For example, during the last inspection in April, we had identified ripped carpets in the hallways which posed trip hazards to people. When we arrived for this inspection, this was yet to be repaired or replaced. When we raised this with the registered manager and the provider, they sourced replacement carpet and patches of carpets were applied and secured in the hallways to repair the holes. Other than attaining one quote to replace carpets in July, we were not shown any other evidence of work being undertaken to address this issue. We also observed damaged flooring in the dining room but did not see any evidence of plans to repair or replace this flooring.

This was a 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 15 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 people living at Hyperion House spoke positively about the registered manager and praised their approach. One person said "The manager is very good. She always listens to you". Another person said "She is never too busy to make time for me. She is more like a friend to me".

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. We discussed this with the provider who told us they were recruiting to the deputy manager post and had received applications for the role. The interviews would be taking place at the beginning of January 2017.

The registered manager told us they were due to leave their post shortly after the inspection. This was discussed with the providers who told us a new manager had been recruited. The provider told us there would be a short hand over period between the two managers before the current manager left their post.

Systems were in place to check on the standards within the service. These consisted of a schedule of audits. These audits looked at; health and safety, infection control, record keeping and the monthly completion of a care home audit tool. These audits were carried out as scheduled and corrective action had been taken when identified.

At our last inspection, we found that although the audits had been completed, they had not always recognised the actions arising from them. This had improved by the time of this inspection. For example, one audit had recognised that there was an issue with hot water in people's rooms. When this was investigated, it was found that the water tank had developed a fault. The providers and registered manager had taken prompt action to replace the old water tank. In another audit, it was found that some of the wheelchairs were not clean. Remedial action had been taken to address the issue.

People living at Hyperion House had been consulted for their opinion on the care being provided. This was done in the form of questionnaires. For example, one questionnaire focused on the level of choice people had with their meals and the quality of the meals. The feedback from these questionnaires was positive. The registered manager told us questionnaires were also sent to staff and relatives for their opinions. The provider and registered manager told us they would read the responses and any issues raised would be used when developing the action plan for the coming year.

We discussed the value base of the home with the registered manager and staff. The registered manager and staff told us 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.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use.

The registered manager had a clear contingency plan to manage the home in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

From looking at the accident and incident reports, we found the registered 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 15 HSCA RA Regulations 2014 Premises and equipment People were not always protected from the spread of infection through safe infection control measures. 15(2). The property had not always been maintained. 15(1)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager and provider had not always fully assessed risks and taken preventative action to minimise these risks. 17(2)(b)