Sunderland City Council

Hylton Bank

Inspection report

28 Hylton Bank
South Hylton
Sunderland
Tyne and Wear
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01 June 2017

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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

The inspection took place on 19 May, 24 May and 1 June 2017 and was announced. We gave the registered provider 48 hours' notice as it was a small service and we wanted to make sure people would be in. We contacted relatives both before and after the site visits.

This is the first time the service has been inspected since it was registered on 20 May 2016.

Hylton Bank provides care and accommodation for up to nine people with learning and physical disabilities. The home has two separate areas named Bank side and Lake side as well as a self-contained bungalow within the grounds. At the time of our inspection there were nine people living in the service.

The home had a registered manager who had worked in the service for a number of 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.

Relatives told us their family members were happy living at Hylton Bank and they were cared for and safe. Staff showed a good understanding of safeguarding adults and were confident of how to keep people safe.

Risk assessments were in place for people when required with clear links to care and support plans. General risk assessments regarding the premises and environment were available.

Medicines were administered in a safe way by staff who had received training and had their competencies checked. Records we viewed were up to date and fully completed for the most. We noted one gap from the day of inspection. The registered manager investigated and took appropriate action.

Staff were recruited in a safe and consistent manner with all appropriate checks carried out. Staffing levels were consistent with people's needs and varied accordingly with planned activities and on weekends when people were spending some time away from the home.

Staff had up to date training in relevant areas, such as safeguarding, moving and assisting and the Mental Capacity Act 2005 (MCA) including the deprivation of liberty safeguards (DoLS).

People were supported to maintain a balanced and healthy diet, and to access health services when required.

Staff understood the principles of MCA and DoLS. People had MCA assessments that were decision specific. The Registered Manager made DoLS authorisation requests to associated local authorities in a timely way and maintained a record of applications made and when authorisations had been received.

Staff received regular supervision, observations and annual appraisals.

The service provided personalised care. Staff had good knowledge of each person and knew how to support them in a way that met their specific needs. Relatives told us they felt people were looked after and well cared for in the home.

Each person had a weekly planner of activities they took part in to meet their social needs and interests as well as to promote their independent living skills.

Staff were aware of how to communicate with each person using methods most suitable to each individual.

Relatives and Advocates were involved in care planning for people. Relatives told us they knew how to raise concerns but had no complaints about the service.

Relatives and staff felt the service was well run and the home was well managed. The atmosphere in the home was calm, relaxed and friendly.

Staff felt supported in their roles and were kept informed and updated in relation to any changes with people, the service and with the provider.

The provider had a quality assurance system in place to check the quality and safety of the service provided to people.

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.

Staff knew how to safeguard people. Identified concerns were reported to the local authority safeguarding team.

Risks to people's safety and welfare were assessed and managed.

Staffing levels were determined based on people's needs and planned activities. Staff were recruited in a safe way with appropriate pre-employment checks carried out.

Is the service effective?

Good

The service was effective.

Relatives told us and staff demonstrated they knew people's needs and how to support them.

Staff received regular training and supervisions as well as annual observations and appraisals.

People were supported to access a range of health care professionals.

Is the service caring?

Good

The service was caring.

People and relatives said they were happy with the service and staff were really good.

Staff spoke to people in a friendly, polite manner and treated them with respect while providing support.

People were supported by appropriate Advocacy Services when required.

Is the service responsive?

Good

The service was responsive.

People had personalised support plans in place that were detailed and contained their preferences and wishes.

The service supported people to enjoy a wide range of activities, depending on their individual interests. Each person had a personalised activity planner.

Relatives knew how to raise concerns. Complaints received were investigated and appropriately acted upon.

Is the service well-led?

Good

The service was well-led.

Relatives and staff told us management were approachable and accessible if they needed to speak with them.

Regular audits were completed to monitor the quality of service provision.

Staff meetings took place on a regular basis to discuss and share relevant information about the service.

Hylton Bank

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.

The inspection took place on 19 May, 24 May and 1 June 2017 and was announced. We gave the registered provider 48 hours' notice as it was a small service and we wanted to make sure people would be in. We contacted relatives both before and after the site visits.

The inspection was carried out by one adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch. Healthwatch is the national consumer champion for health and social care.

The people who lived at this home had complex needs and this limited their communication, so we spoke with relatives and asked for their views. We also spent time with people and staff in the home to observe interactions.

During the inspection we spent time with some people who lived in the home and observed how staff supported them. We also spoke with four members of staff, including the registered manager, a service coordinator, a support worker and the regional service manager. We looked at three people's care records and medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

We asked relatives for their views about whether people were safe at this service. One relative told us, "[Family member] is cared for."

The registered manager and staff had a good understanding about safeguarding people and how to protect them from abuse. All staff had completed relevant training that was up to date as well as completing annual safeguarding questionnaires to ensure they maintained their knowledge.

The service had a safeguarding file in place which contained the safeguarding policy and procedure and blank copies of alerts were available. During our inspection we noted safeguarding concerns identified had been reported and the provider had taken appropriate action. For example, additional training for staff and revising a person's support plan.

There was a whistle blowing policy in place that was readily available and accessible for staff. Copies of the policy were displayed around the home for staff information to ensure they knew how and when they could use it. Staff we spoke with were aware of the procedure and would feel confident using it if they felt it necessary. The registered manager told us, "I discuss it with staff in meetings. They are aware of it and know where to access it."

Risks to people's safety and health were assessed, reviewed and updated when required. All identified risks had associated management plans which detailed how people should be supported to manage those risks. For example, people a person at risk of becoming anxious and unsettled, which could result in them presenting behaviours that may challenge. Staff supported people to enjoy specific activities to encourage a feeling of calm.

We saw a range of risk assessments relating to the premises and environment. These included fire, first aid, medicines, slips, trips and falls, legionella, lifting equipment, asbestos and bed rails. All risk assessments were reviewed on a regular basis to ensure they were up to date and relevant to the service.

Each person had a personal emergency evacuation plan (PEEP) in place. Plans included full instructions of how to support each person to evacuate the service in the event of a fire and details of issues which may arise. For example, people being anxious or presenting behaviours that challenge. Plans also included other practical details such as where each person's bedroom was located and any issues they would have using the stairs.

People had weekly planners of activities they did each day and these were used by the registered manager when creating the staff rota each week. A relative commented that they felt there wasn't always enough staff in the home on a weekend as there appeared to be less than during the week. They told us they were unsure of the reason and if it related to staff sickness, although they were aware that some people went home over the weekend.

The registered manager informed us there was typically ten care staff during the week but staffing levels reduced on a weekend when some people were visiting family. They explained how they monitored staffing level requirements based on people's needs and their plans each week and adjusted rotas accordingly. For example, one person went home all weekend while others visited relatives for a few hours. Also, some people required one to one support in the home but two to one support when out in the community.

We viewed staff rotas for four weeks and found staffing levels were consistent with people's individual needs and plans. Throughout our inspection we saw plenty of staff on duty, supporting people either in groups or on a one to one basis, in line with their individual needs. The registered manager said, "We use existing staff to cover." They went on to tell us, "We attend staff rota meetings weekly. We discuss across the hub (a designated area of services under the provider) the staffing needs." The registered manager explained that the existing staff were really good at covering shifts as a result of staff absence but that they could go through the internal hub as a contingency plan if they struggled to cover shifts. The registered manager told us, "If we use staff outside the home we tend to use the same people for continuity."

We looked at the recruitment records for three members of staff who had recently been appointed. We found that recruitment practices were thorough and included application forms, interviews, the requesting and receiving of two references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions by preventing unsuitable applicants from being employed to care for or support vulnerable people using services.

Records confirmed medicines were stored and managed safely. We viewed the medicine administration records (MARs) for three people. Most records were completed accurately, with staff signatures to confirm medicines had been administered at the prescribed dosage and frequency. Annual competency checks were completed for all staff administering medicines to ensure they were safe and experienced to do so.

During the inspection we found a gap in one person's record for that day. We raised this with the registered manager who discussed with the member of staff responsible for medicines that day. The registered manager informed us that the person had refused their medicines earlier in the day and the staff member had administered them at a later time but hadn't signed the MAR sheet at that point to indicate this. The registered manager assured that they would discuss the matter further with the member of staff and take appropriate action. Regular audits were carried out regarding medicines by the registered manager and service co-ordinator.

A log of all accidents and incidents was recorded and maintained. Appropriate records were kept which included details of events that had happened, who was involved and any immediate action taken. The registered manager then checked records to ensure all accidents and incidents were dealt with appropriately. The registered manager said, "I would record if any care plans need changing or any other action I need to take. I then send the form to the health and safety officer at the council."

The service coordinator attended monthly health and safety meetings where all accidents and incidents were discussed, any trends were identified and all possible preventative measures were discussed to ensure they were implemented. For example, supporting a person to move into the self-contained bungalow within the grounds of the home as they didn't like being around other people.

Good

Is the service effective?

Our findings

People were supported by staff who knew them and their needs. One relative said, "The majority of staff are very, very good. I can speak to anyone at Hylton and they know [family member] and their needs." They went on to explain that some staff were fairly new to the service but were settling into their roles.

Staff completed a comprehensive induction at the beginning of their employment and prior to supporting people in the service. The regional service manager told us, "It's standard company wide – everyone must complete the care certificate when they commence employment regardless of if they have an NVQ level 2 or not."

Staff had up to date training in areas such as safeguarding, moving and assisting, health and safety, first aid, fire safety and food hygiene. The registered manager had a planner in place to monitor staff training and identify when refresher courses were due.

Staff records showed that staff supervisions were completed at least six times per year. Staff supervision discussions included safeguarding issues, people, quality assurance, health and safety and learning and development. Any actions agreed were recorded and reviewed during the following supervision session. As part of the supervision process management completed an observation of each staff member carrying out their role. All observations were recorded and discussed during staff supervisions and appraisals.

The provider had a policy for each staff member to receive an annual appraisal, also known as an annual colleague evaluation. This involved the staff member and management completing a preparation form, reflecting on their performance over the past 12 months. As part of the appraisal meeting areas such as achievements, training and future goals were discussed and reviewed.

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 and hospitals are 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 were being met.

The registered manager completed MCA assessments for each person living in the home and applied for DoLS authorisations with the associated Local Authorities. People's care records contained information relating to DoLS authorisations to ensure the least restrictive options were considered for people.

Staff had up to date training in MCA and DoLS and understood the principles of when MCA assessments should be completed. Staff also knew that every person at Hylton Bank were subject to a DoLS how to support people in the least restrictive way. For example, observing people from a distance or incorporating them in an activity when in the communal garden.

People's care records contained information about their nutritional needs about their eating and drinking. For example, one person required their food to be cut up into bite size pieces. The registered manager told us, "At breakfast times they all go in and pick their own from the cupboards. We've been promoting active support." They went on to tell us that people prepare their own breakfast (where appropriate) with support from staff. One person had previously struggled to maintain a healthy weight so staff supported them with healthy eating where possible. This included using picture strategies to help them choose and limit unhealthy snacks such as chocolate and crisps. While one person was enjoying their afternoon meal they told staff they were going to have a 'Double Decker' for their evening snack.

Staff asked another person if they wanted juice or coffee following their meal. The person responded saying, "Tea." Staff informed us this meant coffee as the person didn't drink tea but used the word for coffee. Staff brought the person coffee and they appeared to enjoy it. We checked the person's care plan which reflected what staff had told us.

People were involved in menu planning each week. The registered manager told us, "Every Sunday staff sit with people and plan the menu for the week. People are shown pictures of meals; they all pick and that makes the menu for the week." We asked the registered manager what would happen if everyone didn't agree on the same meals. They told us, "If everyone didn't agree and someone wanted something else they can have it."

We observed an afternoon mealtime in the Bank side of the home. The atmosphere was calm with some people choosing to eat in the dining room and others in the lounge. We observed a member of staff bring one person a prepared sandwich and some crisps. They told the person what was in the sandwich and asked "Is that a good choice?" The person smiled and said "yes". The staff member explained when they had asked the person what type of sandwich they wanted, the person had asked them to choose for them. Staff sat with people during the mealtime and ate their own lunch while engaging people in conversation. When people were finished eating staff encouraged them to take their plates and cups to the kitchen, explaining they would be washed and put away for next time.

The nine people who lived at Hylton Bank were physically healthy. There were 'hospital passports' in place for each person that described how to communicate with them, what was important to them and how best to support them. This important information about each person could be shared with health care professionals if the person needed to go hospital in an emergency.

People had access to a range of health professionals and were supported by staff to attend appointments such as psychiatrists, GPs, opticians, epilepsy nurse, pharmacists, phlebotomist and challenging behaviour team.

Good

Is the service caring?

Our findings

We observed people interacting with staff in a positive way. Staff asked one person, "Are you happy [person's name]?" They replied "yes" and giggled. A relative told us, "Staff are really good. [Family member] is happy and settled there."

The atmosphere in the home was relaxed, warm and friendly. During our inspection we saw people spending time with staff members in communal lounges, dining rooms and the garden area. People appeared happy and comfortable in the presence of staff. Staff chatted with people about recent events. For example, asking a person how their party had gone. They replied, "It was okay." We observed another person asking staff to say particular words and phrases then smiled when they did and repeated the same words or phrases back to them. We also observed staff using appropriate touch to give people reassurance such as patting their shoulder or stroking their arm. People responded positively and warmly to this.

We observed staff treated people with dignity and respect. People communicated their wishes to staff in different ways. Staff were able to explain different methods each person used. We observed staff communicated effectively with people and were able to understand what they wanted. For example, one person was in a communal lounge with a member of staff. The person knelt on the floor where there were some building blocks. They took hold of the staff member's hand and gently pulled. The staff member responded and said, "Oh do you want me to help you build something?" The staff member then knelt down next to the person and followed what they were doing the person was smiling and responding positively.

We observed people received verbal support of encouragement and prompts from staff in relation to their care and positive behaviour. This promoted their independence in doing things for themselves. For example, tidying away their dishes after meals and tidying areas ready for activities. We saw staff encouraged people through praise when they demonstrated positive behaviour. For example, one person was tidying and preparing one of the lounges for one of their favourite activities. Staff were prompting them supportively and saying things like "good job". The person was smiling and was clearly excited about the upcoming activity.

Staff supported people to maintain contact with their relatives where possible. Some people had diaries which staff updated with details of what they had been doing over the previous week so relatives could read these. During the inspection a member of staff showed us a diary they updated daily with information of activities one person did and general news about their daily routine. The staff member told us relatives recorded updates of what their family member did when they visited them for the weekend to inform staff and stimulate conversation on their return.

At the time of the inspection two people received regular support from Independent Mental Capacity Advocates (IMCAs). The registered manager explained that IMCA supported two people living in the service as they didn't have relatives who could support. They went on to tell us the IMCA was invited to all review meetings and "She visits quite regularly and spends a few hours with them (people). She speaks with staff and looks at their care files." Everyone else living in the home had relatives who were their active Relevant Person's Representative (RPR).

Each person had a large single bedroom with wash basins. Bedrooms were decorated and furnished to reflect people's individual interests and hobbies. For example, posters, pictures and photos on display. The home was decorated in a modern style that suited the age range of the people who lived there. Staff made sure the home was clean and comfortable for people and included them in housework duties as part of their development. One person lived in their own private bungalow within the grounds of the home. This allowed the person to have their privacy and quiet time away from other people who lived in the main building.

To the rear of the home there was an enclosed garden and patio area with potted plants which some of the people helped to plant and maintain. People could enjoy the garden area whenever they chose to as it was fully enclosed and safe for them to do so. During the inspection we observed people enjoying spending time in the garden in the sunshine.

Good

Is the service responsive?

Our findings

During our inspection we noted each person had individual weekly planners which detailed what activities each person planned to do each day. Each person's activity plan was tailored to their individual interests and things they liked to do. Some activity plans included periods of working with people to build up to particular tasks such as having a haircut. Other activities included attending day centres, shopping, discos, craft sessions, baking cakes and listening to music.

People also enjoyed outings to places such as The Centre of Life, Beamish and Hancock Museum as well as other outings to pantomimes and restaurants. One staff member told us, "We've (staff and people) been for a three hour walk today. We got dropped off at the beach. We all got fish bites and chips and sat on a bench. It was lovely. They all enjoyed it."

We observed people making decisions in relation to activities, food and drinks. Staff supported people to make decisions and responded positively to decisions people made. For example, a staff member asked one person, "Are you coming outside to give me a hand to plant some onions." The person said "yes" and followed the member of staff into the garden.

People had a range of support plans in place including personal care, sleeping, eating and drinking and activities, as well as more specific care plans for things such as epilepsy. Support plans were personalised to each individual and included strategies, where necessary, to guide staff in how to support people in the most effective way. For example, strategies in place to support people during epilepsy seizures or to de-escalate situations that may otherwise lead to people presenting behaviours which may challenge.

People also had communication support plans in place. These contained details of how to communicate with people including specific phrases people may say or signs they may show if they were unable to verbalise their wishes. For example, one person's support plan stated they may tap on things they weren't happy with or that were irritating them. The registered manager informed us the person was recently observed tapping their ear. Staff read this as a sign they may be unwell arranged an appointment with their GP. The person had an infection and received immediate medical treatment.

We reviewed people's care records and noted they were personalised, regularly reviewed and reflected the needs of each person. We saw personal preferences and choices were included in care plans. For example, one person's personal care plan stated they 'prefer to have a bath in the morning.'

People had behaviour support plans in place to guide staff how to support them effectively to reduce the likelihood of them becoming anxious or agitated and displaying behaviours that challenge. For example, taking part in particular activities or staff using specific distraction techniques with people to calm a situation. Support plans contained information about potential reasons individual people may become anxious or display behaviours that challenge. They also included both proactive and reactive strategies and approaches staff should use where necessary.

We saw from care records that people and their relatives or advocates were involved in the ongoing planning of their care and support. Relatives told us they attended review meetings and were involved in discussions about their family member's needs and preferences and how support should be provided. A relative told us, "I can ring up and ask for things for [family member] and they always act." They gave an example of taking their family member to get their haircut.

People were encouraged and supported to be as independent as possible. Support plans reflected people's capabilities of what they could do themselves and what they required support with. For example, one person's personal care support plan stated, '[Person's name] cannot wash her own hair but can brush her own teeth.' We observed one person struggling to open a bag of crisps. Staff gave the person time then offered to open the bag for them. The person replied "no" and continued to try themselves and managed to open them. They had an expression of pride when they succeeded and staff praised them.

Staff we spoke with were able to tell us about people's individual needs and how best to support them. They were also able to explain people's routines, preferences, likes and dislikes in relation to daily routines. For example, what time people preferred to get up, what they usually had for breakfast and what their day usually entailed, including people's individual set routines. This meant staff had a good level of knowledge about people.

The registered provider had a compliments, comments and complaints policy in place called 'Tell us what you think' that was available to people and their relatives in pictorial format. One relative said, "I have no complaints with the service but I can raise any issues. I know I could go to [service co-ordinator] or [registered manager] about anything. If they didn't do anything then I would take it higher but I've never needed to."

The registered manager maintained records of all complaints received, including details of any investigations and action they had taken. One complaint we viewed included details of an alternative strategy management that had been introduced to alleviate the issue. This was discussed with relatives and communicated to all staff through an impromptu staff meeting. The person's care plan was also updated to reflect the changes.

Good

Is the service well-led?

Our findings

Relatives told us they felt the registered manager and the service co-ordinator were approachable and the service was well-led. One relative said, "They are approachable and helpful. Many times I've gone in the home on a weekend and either [registered manager] or [service co-ordinator] have been there. I had an informal meeting with [service co-ordinator] one Sunday afternoon." They told us they wanted to speak to management about their family member and said they "popped in to see [service co-ordinator]."

The home had a registered manager who had worked in the home for a number of years. We noted during the inspection that statutory notifications had been submitted. Statutory notifications are changes, events or incidents the provider is legally required to let us know about.

The registered manager and service coordinator operated an open door policy. During the inspection we observed staff openly approached management to discuss any issues or ask them for guidance. Throughout the inspection visits there was a management presence in the home with the registered manager, service co-ordinator and regional manager all readily available for staff, people who use the service, relatives and other professionals to speak to.

The registered manager told us some relatives visited the home on evenings or weekends only due to work and other commitments. They said, "Both I and [service co-ordinator] work weekends too because relatives come in then and it's a good opportunity to be around and see them so they can see us around the service and speak with us if they need to." They went on to explain that it was also a good opportunity to monitor the service and be there for staff.

Staff had access to senior staff outside of scheduled hours. The registered manager told us, "They would contact myself or [service co-ordinator] normally. We also have an on call rota – every evening there's two support co-ordinators they can contact. There is also an operational manager available." All contact numbers were available in the office and accessible to staff.

The registered manager, service coordinator and senior supporting staff members completed a number of audits in the home which varied in frequency. Audits were carried out on areas such as medicines, sensor mats, fire alarms and health and safety. Other audits regularly carried out related to people's care files and covered support plan reviews, PEEPs, behavioural support plans in place and daily records completed that were meaningful and contained adequate detail. Records we reviewed contained no issues or actions required.

Surveys were distributed annually to relatives in order to obtain their views of the service received by their family members. The last surveys were sent out in March 2017 and the registered manager informed us they hadn't received any responses to date. They explained that they held family forums with relatives whenever required but at least annually, to discuss general issues about the service.

Staff told us and records showed they had regular staff meetings. The registered manager told us, "Any

identified changes to support plans are discussed at team meetings. We record what the change is and get all staff to sign (to say they have read and understood)." Other discussions included policies and procedures, any issues, the service and people.

During the inspection the registered manager told us they attended regular meetings with managers from other services under the same provider. They explained the meetings were used as a mechanism for sharing good practice between services and to discuss any specific issues that arose in different services and explore possible solutions.

The registered manager also told us they visited the other services in the hub and to complete quality reviews. They told us they were able to share best practice with other services when carrying out reviews and had the opportunity to adopt approaches they observed in other services they felt were useful. The registered manager confirmed that managers from other services completed quality reviews at Hylton Bank also.

The service received a number of compliments from relatives in the form of thank you cards and letters which they kept a record of. Comments included providing a "meaningful and healthy life" and "taking care" of family members.