

Bridgefoot Developments Limited

Jason Hylton Court

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

We inspected this service on 10 December 2015. The inspection was unannounced. At our previous inspection in January 2015 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. There were breaches in meeting the legal requirements regarding cleanliness and infection control and in assessing and monitoring the quality of service provision. The provider sent us a report in April 2015 explaining the actions they would take to improve. At this inspection, we found improvements had been made since our visit in January 2015.

Jason Hylton Court provides accommodation and nursing care for up to 37 people with health conditions and physical needs. On the day of our visit there were 32 people living at the home. Accommodation is arranged over three floors and there is a lift to assist people to get to the upper floors.

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 registered manager determined the staffing levels through an assessment of people's needs. People told us and we saw there were sufficient staff available to support them. Staff were knowledgeable about people's care and support needs to enable support to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Systems were in place and followed so that medicines were managed safely and people were given their medicine as and when needed. The provider had undertaken thorough recruitment checks to ensure the staff employed were suitable to support people.

Staff received training to meet the needs of people. Staff received supervision, to support and develop their skills. The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity in certain areas, capacity assessments had been completed to show how people were supported to make those decisions. Applications had been made for DoLS in line with legislation. People received food and drink that met their nutritional needs and were referred to healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach and had a good understanding of people's likes, dislikes and preferences. Staff respected people's privacy and supported them to maintain their dignity. People were supported to maintain and develop their social interests. People felt confident that they could raise any concerns with the registered manager. There were processes in place for people to express their views and opinions about the service provided and raise complaints. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to support people. The home was maintained to a good standard.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) so that people's best interests could be met. People were supported to eat and drink enough to maintain their health. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. Staff supported people in their preferred way so that their personal preferences were met. People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met and they were supported to

maintain their interests through a full activities programme. People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to appropriately. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the registered manager to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided and make improvements.

Good ●

Jason Hylton Court

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 was 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 the 10 December 2015 and was unannounced. The inspection team consisted of one inspector.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the registered manager the opportunity to provide us with information they wished to be considered during our inspection.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with four people who used the service and observed how staff interacted with people. We spoke with the registered manager, two nurses, five care staff and the administrator. We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two staff files to check that staff were recruited in a safe way. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our previous inspection we found there was a breach in meeting the legal requirements for infection control. This was because we identified a clinical waste bin that was overfilled which meant the lid could not be closed. There were two further clinical waste bins which contained soiled items. These bins were closed but not secured. We saw that the general environment at the service required more detailed cleaning. The registered manager sent us a report detailing the actions they had taken to address this.

At this inspection we saw that clinical waste bins were secure and clinical waste was disposed of correctly. The home had been redecorated, with new carpets fitted and new equipment purchased such as new bath hoists, to replace the old worn equipment. We saw that cleaning schedules were in place and followed by the domestic staff. People and their visitors did not raise any concerns regarding the standards of cleanliness at the home. This showed us that the provider and registered manager had taken action to address this breach and ensure that infection control measures were in place.

At our last inspection staff were all based on the ground floor of the service where the communal areas were. There were a number of people on the first floor who spent the majority of time in bed. At this inspection we saw that staff were allocated to work either on the ground floor or on the first floor. One member of staff told us, "I am on the first floor today with another two carers. So we are available to people upstairs, it works really well." Another member of staff told us, "The nurses allocate who works where on each shift, so we know who we are responsible for." People confirmed that there were enough staff available to meet their needs. We saw staff were attentive to people's needs and were available to support people as needed. One person cared for in bed told us, "The staff always come when I ring my bell and they come and check I am alright regularly." Another person said, "I think there are enough staff, there are certainly enough for me." The staff we spoke with told us that there were enough staff to meet people's needs.

At our last inspection improvements were needed in medicine management regarding medicines that were prescribed on an 'as required' basis and the administration of creams. We also observed at the last inspection that the medicines trolley was left unlocked in a communal area for a period of ten minutes, making it accessible to unauthorized persons. At this inspection we saw that improvements had been made and medicines were managed in a safe way. We saw medicines were stored securely and were not accessible to people who were unauthorised to access them. Records of medicine administration and stock were kept, to show medicines were administered in accordance with people's prescriptions and available when people needed them. Staff confirmed that only nurses administered people's medicines. People told us they received support to take their medicines as prescribed. One person told us, "I always get my tablets at the right time, the nurse gives them to me." Another person said, "I get my tablets from the nurse and they always ask if I need any pain killers, they are all very good." We observed people being supported to take their medicine at lunch time and saw that people were supported by the nurses on duty to take their medicines in a safe way. We spoke with the community pharmacist who was visiting the home to undertake an audit of the medicines management. They confirmed that medicines were managed well and told us of recommendations they had left to enhance medicines management regarding policies.

People confirmed they felt safe at the home. One person told us, "The staff always look after me I feel quite safe with them." One person's visitor told us, "I am confident that relative is safe here. The staff are very good." Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy. This is a policy to protect staff if they have information of concern. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "If I had any concerns I would report them to the manager or the nurse in charge. I know we can report concerns externally but I have never needed to do that, as the manager is very good."

People's needs were assessed and identified risks were monitored and managed to maintain people's safety. For example, we saw that one person, cared for in bed had detailed information in their care plan. This included the equipment and the number of staff needed to support them with their personal care needs and repositioning. This was to reduce the risk of pressure sores to their skin. Staff told us about the support this person needed and this matched the information recorded. This demonstrated that staff followed guidance to ensure people were provided with safe care that met their needs.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs. Staff told us they had all the equipment they needed to assist people and were able to explain the equipment used to support people safely.

We saw that the registered manager had checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The two staff files seen had all the required documentation in place. This showed us that the registered manager and provider understood their legal responsibilities regarding safe staff recruitment.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "The staff look after me really well." A relative said, "My dad was really poorly when he came here, he has made a good recovery because of the excellent care he gets from the staff here." We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Staff were able to tell us about people's mobility needs and the level of support they needed to make decisions. Staff told us that they received the training they needed to care for people effectively. Staff confirmed they received regular supervision and we saw a plan was in place to ensure supervision was provided on a regular basis. Staff told us they were supported well by the registered manager. One member of staff said, ". The manager is lovely, she really does look after us. If we need any additional training, support or equipment, she sorts it out" Another member of staff told us, " We can go the manager with anything, she is always available to us." This showed us that staff were supported to meet people's needs.

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. Staff had an understanding of the requirements of the MCA. The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions.

We saw that where people lacked capacity to make decisions, information was recorded that clearly demonstrated who could legally make decisions for them in their best interests. For example we saw that one person's family members had a Lasting Power of Attorney (LPOA) in place regarding decisions about their relative's health and welfare. This showed us that the registered manager understood their responsibilities to ensure people's legal rights regarding decisions about them were met.

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. At the time of our inspection there were no DoLS applications in place. The registered manager was awaiting the outcome of four applications. This demonstrated that the registered manager understood their responsibilities to comply with the MCA and DoLS legislation.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, " The food is very nice and there is plenty of choice." A relative told us, " The food is excellent, there are cooked breakfast available every day. I have visited and seen them, they looked marvellous and I was told by my relative that they are delicious." We observed the lunch time meal and saw that people's dietary needs and preferences were met. We saw people that needed help to eat were supported by staff in a respectful and unhurried way. Staff were attentive to people's needs and checked throughout the meal that people were satisfied and enjoying their meal.

We saw that people's dietary needs were met and that specific diets were followed in accordance with people's care plans. Nutritional risk assessments were in place and people's weight had been monitored regularly. Referrals had been made to health professionals when risks were identified, such as speech and language therapists when people had difficulty with swallowing. One person on admission to the home had required a percutaneous endoscopic gastrostomy (PEG) feed, due to swallowing difficulties. This is when a feeding tube is passed into a person's stomach through the abdominal wall, to provide nutrition when oral intake is not adequate or possible. We saw that this person was now able to eat a soft diet orally and they confirmed that they were pleased with the progress they had made. This showed us that the staff worked with this person to improve their nutritional health and enhance their meal time experience.

We saw that people's health care needs were monitored and met. Referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this, one person said, "If I am poorly the staff call the doctor out for me." Visitors confirmed that their relative's health care needs were met and that doctors and other health care professionals were contacted as needed. They told us they were kept informed of any changes in their family member's health or other matters. We saw evidence that GPs, district nurses, occupational therapists, chiropodists, and opticians visited people. This showed us that people were supported to maintain good health.

Is the service caring?

Our findings

At our last inspection improvements were needed as we observed that staff were not always considerate when supporting people. We had observed staff talking over a person they were supporting. At this inspection staff considered the people they were supporting and spoke with them when providing support.

At our last inspection improvements were needed because we identified that some of the staff did not know people well enough to support them according to their needs. This was because we observed staff raising their voice when speaking to a person who they assumed had a hearing impairment. However it was identified later in the day that this person did not have a hearing impairment. We also identified that another person was spoken to in a raised voice, despite their communication plan stating that staff should not raise their voice when speaking to the person but should speak clearly and precisely. At this inspection staff we spoke with had a good understanding of people's needs and we saw that staff supported people according to their needs and preferences.

At our last inspection we saw there was a policy in place for accessing advocacy services but we did not see any information on display relating to advocacy services that were able to speak on people's behalf. At this inspection leaflets were available in the entrance of the home regarding advocacy services. This ensured people had this information available to them should they wish to use these services.

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us, "I am very happy here, the staff are kind and respectful to me." A relative said, "I am extremely happy with the care. I wouldn't want my relative anywhere else."

People told us staff supported them to maintain as much independence and autonomy as possible. One person told us, "I like being in the activities room and going out with my family. I can pretty much do what I want but the staff are around to help me when I need them. It is very nice here." One relative told us, "When my relative moved here they were asked to pick the colour scheme for their room, so it was decorated to their specific tastes. I am very impressed with the staff and the manager, everyone is thoughtful."

People were supported to celebrate their lives and maintain their sense of self-worth. We saw that special occasions were celebrated such as birthdays. One person told us, "When its somebody's birthday the cook makes them a cake and we all sing happy birthday to them. It's quite wonderful." We saw that people were supported to maintain their personal appearance and sense of style, through wearing clothing, jewellery and accessories of their choice.

We observed people's dignity was respected by staff when they received care and support. For example when asking people if they needed to use the toilet, staff asked them quietly and discreetly, to ensure other people could not overhear.

Visitors we spoke with told us they could visit at any time and were always made to feel welcome by the staff

team. One visitor said, "I visit at different times and I am always made welcome by the staff." Another visitor told us, "Everyone here is so friendly, it's like one big family."

Is the service responsive?

Our findings

At our last inspection care plans included very limited information about people's preferences and staff did not have a good understanding of the care that people should be receiving. At this inspection improvements had been made in the information available to staff regarding people's preferences and staff we spoke with were able to tell us about people's preferences and daily routines.

At our last inspection people did not always have access to their call bells on the first floor and staff were not stationed on this floor to ensure they were readily available to people when needed. At this inspection we visited people who spent time in their rooms and saw that their call bells were within reach for them to use. Staff were stationed on this floor throughout the day and confirmed that this was now normal practice. People confirmed staff were available to them when needed.

At our last inspection no activities were undertaken on the day of our visit and one person told us no activities were available to them. At this inspection we saw that one of the lounges had been changed into an activities room and several people were occupied with various activities in this room throughout the day. One person was using an iPad to catch up with the national news. They confirmed that they enjoyed doing this and were learning how to do various things on the iPad. Several people were sitting read the newspapers and chatting and we saw that people who were unable to physically participate were included in this activity by joining in through observation and were included in discussions. This demonstrated that everyone was given an opportunity to be involved. One relative said, "Isn't it wonderful, it has made such a difference, there are always people in here. In fact most people come in here and there is always something different going on."

Two activity coordinators were employed and covered a total of 36 hours a week to provide social stimulation to people. One of the coordinators was on duty and showed us that further information was being gathered of people's interests and hobbies. They told us, "It will help us to plan activities that people have an interest in. We have already got a lot of information for most people. For example there are a lot of people that enjoy sitting around the table and reading the papers, so we are doing that today." They told us about the variety of activities that had been undertaken recently. This had included a quiz morning, bingo, arts and crafts, such as pumpkin lanterns for halloween and a fire work party on bonfire night. One person told us that there had been a competition to judge the best lantern at halloween. People told us about a mobile zoo that visited and a falconry specialist. The activities coordinator confirmed that these animals were also taken to show people who stayed in their bedroom. One person who spent time in their room confirmed this and said, "It was good. They brought a snake and there was a skunk, that's a bit different isn't it?" Another person who was cared for in their room told us, "I am having my nails painted later." We saw that a variety of activities and outings were planned to celebrate Christmas, this included a meal out, visits from the local school children to sing carols and an external musical entertainer singing Bing Crosby and Frank Sinatra songs.

People we spoke with did not have any complaints about the service. One person said, "I am quite happy here but I would tell the manager if I wasn't and I know she would sort it out." Visitors told us that if they had

any complaints they would report them to the manager. One visitor said, The manager is marvellous, always available and always welcoming. I have had a little niggles in the past and they are always sorted out quickly." We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

At our previous inspection we found there was a breach in meeting the legal requirements for assessing and monitoring the quality of service provision. For example we saw that for three consecutive audits, concerns about the cleanliness of the premises had been identified, but no action had been taken to address this.

At this inspection we saw that audits included an action plan and the actions identified had been met. For example the infection control audit had identified improvements such as new bins being required and these had been purchased. We saw that the home had been repainted and new carpets laid. People we spoke with confirmed that they had seen improvements in the standards maintained. One relative said, " It is so much better, the revamp has made it look fresher and brighter and the new carpets have made a big difference." Another relative told us, " I don't have any concerns regarding the maintenance and cleanliness, I think the owner has spent quite a lot on the home."

The registered manager analysed accidents, incidents and falls to identify any patterns or trends. We saw that when a pattern was identified the manager had taken action to minimise the risks of a re-occurrence, such as referring people for an assessment of their mobility. Other audits seen included for the kitchen , laundry and care plans. We saw that where actions had been identified these had been met.

The quality assurance systems in place included seeking and acting upon feedback from people and their relatives. We saw that people's views were sought through satisfaction surveys and meetings with people and their relatives. We looked at some surveys that had recently been completed and saw that people were happy with the service provided. One relative had written, " I think it's getting better and better. I know [person who used the service] is well looked after and so was my other relative when they had a few weeks here."

We saw that people's care plans were reviewed on a regular basis to ensure that any changing needs were met. Records showed that people and their families were involved in developing and reviewing their plan of care and people confirmed this. One relative told us, " I have been involved in reviews and have seen my relatives care plans." We saw that records were stored securely which ensured only authorised persons had access to them.

People and their visitors told us that they were confident that the home was managed well. One person told us, "I am happy here, the staff are lovely and the manager is nice. I think they all do well." Another person said, " I like my room, I like the staff and I am looked after very well and there are things to occupy me, so I am quite content." Visitors told us that the home was managed well. One person said, " Can't really fault the place, the manager is approachable and the home is warm and friendly." This showed that people felt comfortable and able to approach the manager and staff team about anything.

Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the home. They confirmed that if they had any concerns they would speak to the registered manager. One member of staff said; "She is a great manager and I think she looks after all of us, staff and residents. If I have

any issues, I know she will listen and help me."

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.