



Inspection Report on

Hyland Residential Home Ltd

**HYLAND
DRUID ROAD
MENAI BRIDGE
LL59 5BY**

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Description of the service

Hyland is located in Menai Bridge on the Isle of Anglesey North Wales. The home is owned by Hyland Residential Home Ltd, a family run company. They are registered with Care Inspectorate Wales (CIW) to provide personal care for up to five younger adults between the ages of 18 to 64 with learning and physical disabilities. The responsible person is also the manager who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People like living at Hyland and they feel safe at the home. They can follow their preferred routines and receive support from staff who they know well. Staff receive training and support which helps to ensure they are competent and can meet people's needs effectively. People have accommodation, which meets their needs. They have personalised their rooms and have a choice of communal areas. The home is kept clean and action taken to ensure it is well maintained. Overall, people at Hyland benefit from a well-established service.

2. Improvements

This was the first post registration inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act (RISCA).

3. Requirements and recommendations

Section 5 of this report sets out the recommendations to improve the service.

These are in relation to:

- The environment, where the stair carpet in the hallway, was showing signs of wear.

1. Well-being

Summary

People are treated with warmth and their needs are understood. Staff are kind and caring. People have choice in the activities they pursue, exploring new challenges and experiencing a sense of achievement. The support provided by staff ensures that people experience care and support in the way they want it and when they need it.

Our findings

People living at the home are empowered to do things for themselves, and have their individual identities recognised and valued. We observed residents were supervised and supported by staff, and staff were aware of and encouraged them in pursuit of their individual interests. On the day of our visit, people were supported by staff to engage in a range of activities both in the home and within the community. One person was going to the gym with a staff member and someone else was going to the local town to shop and attend a voluntary job. Other activities we were told about included going to the cinema, going out for meals and horse riding. In-house activities included film nights, board games and jigsaws, use of computers and tablets. We saw photographs on the walls which showed people are supported to holiday both in the United Kingdom and abroad. Individual residents were involved in planning their activities for the day. People we spoke to told us about their interests and the activities they enjoyed, and we saw this was reflected in their care records. We observed that staff supported people to be positively occupied either actively or passively throughout our visit. We concluded that people can be involved and participate in things that matter to them.

People are treated with dignity and respect by staff who genuinely care about their wellbeing. All interactions between people and staff were warm and friendly. We saw genuine fondness between people living at the home and staff providing care and support. This was demonstrated in discussions with care workers and people living at the home. Comments from staff included *"I love my job, the residents are amazing"* and *"it's a very positive culture here, it's all about the residents"*. We found care workers had a good knowledge of the people they supported. They were able to tell us about the person's personality, likes/ dislikes and what was important to them. We saw a multi-disciplined approach to working in the home, where all staff worked to ensure people were provided with a quality service. There is an established and low turnover of staff which results in staff knowing each other and people extremely well. Therefore, people are treated well by staff that are familiar with their individual circumstances.

People are encouraged and supported to be involved in daily life at Hyland and to participate in the home's daily routines, which enhances their overall wellbeing. We observed people being supported with tasks such as making their own lunch. We saw the home had a menu plan and evening household task plan, which is visible for people living within the home. Pictorial menu sheets were available where people chose and planned their weekly meals together. They included a traffic light system to indicate healthy food *"green"*, food in moderation *"amber"* and unhealthy food *"red"*. The recipes also highlighted allergens and gluten free ingredients, which enabled people to make informed choices.

Care staff told us people are involved with the menu planning, which they prepare a shopping list from, so that they are able to shop for the ingredients for the meals they have agreed upon for the week. People sat together as a family unit unless they chose otherwise. People said they used the kitchen and managed their laundry with support from staff. People are enabled to do things for themselves and develop their individual skills.

2. Care and Development

Summary

People are in control about what happens in their lives and are able to contribute to what they want and need regarding their care and support. Staff provide reassurance and encouragement about attending appointments and staying healthy and well.

Our findings

People receive timely access to healthcare and other services. We looked at two care files of people living at the service, which demonstrated referrals to healthcare and other services happened at regular intervals. The home also maintained good relationships with external health and social care professionals. These included district nurses, general practitioners, social workers. We saw documentation, which indicated individuals received support provided by a team of health and social care professionals and formal reviews had taken place at regular intervals as per individual requirements. Copies of reviews were detailed and held on people's individual care file. We also noted from care files that people living at the service had regular access to their general practitioner, dentist, optician, as they required.

Personal plans are accurate, up to date and are designed in consultation with the individual. Plans also consider any risk or specialist need the person may require. We saw personal plans which accurately reflected people's individual needs and preferences. Care documentation showed clearly what staff should know about the person, and what the person's likes and dislikes were and how best to support the individual. The personal plans we viewed reflected the instructions found in other health care professionals documentation, ensuring that support was tailored to the individual. We saw care documentation had been reviewed regularly and where needed, any changes to the care and support had been recorded. We saw risk assessments were in place and were reviewed regularly, and any other relevant documentation, such as behaviour support plans were found on people's files and had been reviewed in a timely fashion. People can be confident the home ensures accurate and up to date personal plans are in place so person centred care is provided. People's plans accurately reflect the needs and wishes of the individual.

Meetings and handovers between staff were held when people's support and any current concerns were discussed. We were told about a concern in relation to one person; this had resulted in an application being made for their liberty to be restricted under the Deprivation of Liberty Safeguards (DoLS). This shows that the service is acting in accordance with the legislation and seeks to obtain the necessary approval with regards to matters relating to deprivation of liberty. In people's records, we also saw that assessments had been undertaken when there was a concern about a person's mental capacity to be able to make a particular decision. There was information about meetings that had been held to decide on the action to be taken in the person's best interests when they lacked capacity.

3. Environment

Summary

The internal and external environment promotes the well-being of the individuals living at the home. They have access to a shared lounge, kitchen/dining room and conservatory which leads out onto a spacious patio/ barbeque area with beautiful views. The environment is safe, clean and secure, minimising risks to those living there in addition to enabling personalisation within a welcoming atmosphere. People are safeguarded by the health and safety checks and measures at the home.

Our findings

People are cared for in a safe, clean and secure environment, the layout enables people to easily spend time privately or communally. We saw that the home had a newly refurbished lounge, for which the residents had chosen the colour scheme and furniture. There was an open plan dining room and kitchen, which appeared to be the hub of the home. The décor in the communal areas was homely and welcoming, and the home appeared generally well maintained. We were told and could see there was a refurbishment plan in place. We had opportunity to visit three of the bedrooms which were individually decorated in themes that reflected residents own style and interests and contained personal items that were important to them. All areas were clean and tidy; there was a range of homely furniture for people living in the home and their guests to enjoy. An upstairs bathroom had recently been tastefully refurbished. The large conservatory was undergoing refurbishment during our visit. It provided additional space for socialising and this is where people were able to talk with one another or their visitors. However, we noted the stair carpet in the main hallway was showing signs of wear and beginning to look tired.

People are protected and their safety is maintained. We found the entrance to the home was secure but accessible by a call bell entry system. Visitor identity was checked before entering the property along with signing the visitor book. We saw medications and potentially harmful/ hazardous substances are stored safely and securely. Therefore, people are protected from exposure from hazardous substances. We saw that all health and safety checks and measures in relation to fire certificates, gas installation and safety records, electricity, and PAT testing were satisfactory and up to date. All confidential files including care and staff files were stored securely in lockable cupboards. People's right to privacy is therefore respected within a secure environment.

4. Leadership and Management

Summary

The home benefits from a consistent, efficient and effective management team. Care is provided by a sufficient number of skilled and competent staff who are supported by effective leadership from the management team. Generally, the home has effective systems in place to promote safe practice. There is a clear commitment to maintaining a high standard of care and driving continuous improvement within the home.

Our findings

The service provides a Statement of Purpose (SoP) which accurately reflects the service people receive. Information about the service was clear and provided appropriate information about the facilities available at the service. For example, information about the availability of social facilities reflected what we saw at the inspection. Information contained within the guide for people living at the service (service user's guide) included information to support people and their representatives to understand the complaints process operated at the service. People can be confident they receive a service where systems, processes and the outcomes for individuals are in-line with those outlined within the services SoP.

People can be assured that staff working in the home have been through a stringent recruitment and induction process. Three staff recruitment files were checked as part of the inspection. The files we inspected were well organised and satisfied regulatory requirements. We saw the staff interview process was value-based and used questions based on providing high quality care. We saw a comprehensive induction programme in place for all new staff to complete. When completed, this was signed by both the new staff member and senior care worker within the home to evidence that the induction process had been successfully completed. Therefore, safety and well-being of people living in the home is ensured through safe staff recruitment systems.

The well-being and on-going development and support of staff is an important ethos within the home. We spoke to a number of staff who told us they continued to feel supported within the organisation. We were provided with a detailed electronic training matrix which evidenced a range of both mandatory and non-mandatory training was provided. Training included fire safety, safeguarding, infection control, emergency first aid, moving and handling, wheelchair in cars, food allergens, and challenging behaviour. Care workers we spoke with confirmed they had received training in core subjects. Formal one-to-one staff supervision of staff performance was carried out regularly. This provided staff with confidential opportunities to discuss their performance, training needs or any concerns with their line manager. This demonstrates that staff are able to achieve their potential in a supportive environment.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

- The stair carpet is beginning to show signs of wear due to heavy foot fall. We were told and saw there is an ongoing refurbishment programme in the home.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act 2016. It was an unannounced, full inspection, which was conducted on the 29 January 2019 between 10:00 am and 1:40 pm.

The following methods were used:

- We spoke with:
 - two people who used the service.
 - the deputy manager.
 - two staff members.

- We reviewed:
 - two people's personal plans and risk assessments.
 - three staff files.
 - training and staff supervision records.

- We looked at a range of documents related to the running of the service focusing upon:
 - the statement of purpose.
 - fire safety records.
 - health and safety records.

- We undertook a tour of the building viewing all communal rooms, the lounges, bathrooms and a sample of people's own rooms.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Hyland Residential Home Ltd
Manager	The manager is registered with Social Care Wales
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	09/08/2017
Dates of this Inspection visit(s)	29/01/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	