



Inspection Report on

Hyland Residential Home Ltd

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

Date Inspection Completed

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Description of the service

Hyland is a residential home, owned and managed by a family in Menai Bridge on the Isle of Anglesey. This service is registered with Care Inspectorate Wales (CIW) to provide care for up to five adults with learning and physical disabilities, between the ages of 18 years to 65 years. The manager is registered with Social Care Wales and they are the responsible individual.

Summary of our findings

1. Overall assessment

People who live in Hyland are happy. They are proud of their home and they enjoy the day-to-day routines and activities. People are given opportunities, which they can be involved individually, or as a group. Their rooms are decorated to a high standard and to individual choice. Care staff have worked in the service for years; they know people well, attend to peoples' needs, and facilitate their choice of routine. People are involved in planning improvements to the home and in planning celebratory events and holidays. The home is clean and homely and is in the process of several refurbishment.

2. Improvements

- Areas of the home, including the kitchen, a bathroom and a bedroom have refurbished and decorated. There are plans in place to redecorate three more bedrooms and replace the kitchen floor and hall carpet.
- Mobility apparatus delivered and fitted and the manager has ensured the Occupational therapist was involved in supporting and guiding this process.

3. Requirements and recommendations

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

These are in relation to:

- Regular reviewing of personal care plans including when changes in a person's well-being indicate a need for the plan to change.
- Review of risk assessments particularly when care plans are reviewed.

1. Well-being

Our findings

People are treated with dignity and respect. We saw care staff are patient and kind and listen to people; they encourage and facilitate people to be as independent as possible. The provider is regularly present, is involved in peoples' day-to-day life and tuned into individual needs. People told us they enjoy their environment and feel at home. There is a culture of respectfulness, which is a key factor to the well-being of the people who live in the service.

People are as active and healthy as possible. Care staff prioritise peoples' health needs whilst encouraging them to participate in activities of their choice. The provider has efficient oversight of peoples' health needs and ensures people have activities and events to look forward. The home is situated and organised to enable people to socialise or individually.

People are as safe as possible. We saw care staff know people well and there are measures in place to reduce the risk to individuals; care staff know what steps to follow in the event of an incident or concern. Training records evidence the provider ensures care staff are trained and supported to safeguard people. Records show the environment has been assessed and amended to ensure the risk of harm to individuals are reduced and people are supported to enjoy their surroundings and make the most of the area they live in.

The accommodation is situated in an ideal place to support people to be active in or away from the home. The provider ensures the home is equipped and organised in a way that supports peoples' well-being and encourages people to be involved in planning and arranging their surroundings.

2. Care and Support

Our findings

Personal plans are up to date and accurate and reflect what people need and want. Two people told us they were happy with the care they received and we saw people were comfortable with care staff who knew them well. We found care staff communicated effectively with people about their health needs and day-to-day routine. We viewed the communication diary, which demonstrated the forthcoming appointments were discussed. We also saw appointment letters in peoples' personal files, the dates of which were consistent with the diary records and what we heard discussed. We viewed three personal plans, which were person centred, and evidenced people and health professionals were involved in the planning of their care. However, the personal plan documentation we viewed was not entirely up to date. We found this had not had an impact on peoples' well-being because staff were so familiar with individual needs. People receive the care and support they need and their personal wishes, aspirations and routines are considered.

People receive good quality care, which is planned and designed in consultation with them. We found care staff and the provider treated people with kindness and respect for their dignity when interacting, providing care or responding to people. We found people were genuinely happy and proud of their home and two people led our tour of the building, including their bedrooms. They showed us the activities they enjoy within the home, including reading magazines and jigsaws. One person told us about various activities, outings and holidays they had been to, facilitated by the service care staff. These included, horse riding, picnics, walks near the Menai Straits and holidays, including in Scotland. The responsible individual showed us pictures of the various events, which were stored electronically. People have shared access to the photographs of events on their tablet or other electronic devices, and were keen to show us these. During our visit, two people went out for a picnic in the local area. We heard staff encourage people to go with them and provide choice about what food they could take for their picnic. On their return, they told us they had enjoyed the picnic and walk and we heard them discussing their planned holiday abroad with the care staff, responsible individual and the people living in the home. Care staff support people to do what they want to do.

People are supported to be as healthy as possible. One person told us they enjoy the food provided by the service and are given choices on a daily basis. Care staff showed us the folder, which contained pictures of a variety of meals options available all of which appeared nutritional and healthy. Each meal was marked with green amber or red stickers, which indicated which meals, were healthier (Green) to not as healthy (red). They told us care staff encourage people to have more meals from the green sticker range. We found evidence within care files that staff considered peoples' dietary needs as part of their personal plan. We also found reference to various health professionals' advice within peoples' care files and communication records. We found evidence that care staff had

contacted professionals including occupational health and nurses for advice on peoples' behalf. People are encouraged to be as healthy as possible by staff who know them well; they are supported to access the health care they need.

There are measures in place to keep people safe from harm. Care staff knew people well and were aware of individuals' risks. The care files demonstrated care staff contact the relevant care professionals within a timely manner if they witness a deterioration in health. The personal plans we viewed demonstrated individual risks were considered, although we did not find separate risk assessments to accompany their care plan. We discussed this with the responsible individual who told us they would review this area of documentation. We spoke to care staff who told us they knew what to do if they were concerned people were at risk. Staff files showed care staff had attended safeguarding training as part of a training programme and we saw the safeguarding procedure was up to date. We saw any restriction to people's liberty is carefully considered and the right protocols followed. The risk of harm reduced because care staff know people well and can take appropriate action if required.

3. Environment

Our findings

People live in a homely, comfortable and safe environment. Care staff asked us to sign the visitors' book and to show our identification indicating security taken seriously. We saw people spending time freely in the communal areas of the home, including the kitchen, lounge and conservatory. We found there had been investment in different areas of the home; there was a new kitchen, new central heating installed and a new bathroom; a range of different toiletries available for people to use in addition to their own. The living room had been recently re decorated. Two people told us they were involved in choosing the colour schemes and they showed us their bedrooms, decorated to personal taste and colour schemes. People showed us where they liked to spend their time in the home; one person showed us where they liked to read magazines and another, jigsaws; these were laid out and ready to use. We saw there was sensory lighting in peoples' rooms, a fish tank in the living area and another installed in one person's newly refurbished bedroom. We found mobility equipment was available and stored safely and a hoist was in the process of being installed in one of the bedrooms. The provider showed us areas in the home that were due for further decoration and refurbishment, including two bedrooms, the kitchen floor and the hallway carpet as part of the ongoing refurbishment. We found some areas of the home need better organisation to make better use of the space, including the utility area, part of which could be a sitting area in the sun with views of Snowdonia mountains. We found the cupboard containing substances hazardous to health was locked and fire safety equipment including extinguishers had been checked. We found personalised evacuation plans were available in peoples' files and in an accessible folder. The building is well maintained and its safety monitored and people feel at home.

4. Leadership and Management

Our findings

The service provider has governance arrangements in place to ensure people are cared for well. We viewed the policies and procedures; these were bespoke and had been devised and written to accommodate the care needs of the people who live there. We viewed the quality assurance report, which demonstrated the provider had taken steps to attain the views of people, family, professionals and care staff; the information received was positive about the care provided. Improvements made in the home showed people's suggestions were taken in to consideration. There are good systems in place to ensure continued quality of care.

There are systems in place to ensure there are sufficient numbers of staff who are safely recruited, vetted and inducted. We viewed the recruitment documentation, staff induction documents aligned to the service policies and procedures. The staff we spoke to confirmed they underwent an induction and received regular training. We saw the training program and saw most care staff apart from the responsible individual, had completed training in required care fields. We saw the responsible individual visited the home on most days; this was consistent with what people had told us. Two people told us, care staff were "kind" to them. We heard them discuss forthcoming holiday plans with staff and the provider, who told us "we all go on holiday together". We observed care staff treated people with respect. One person told us, they enjoyed the responsibility of the various tasks they were involved in within the household; these included, shopping with the provider. Two care staff told us they felt there were enough staff present and they were well supported. One care staff told us they felt supported and encouraged to undertake training and additional qualifications. The staff files we viewed evidenced relevant staff qualification certification, including "Credit and Qualifications Framework (CQF)". We saw care staff received supervision, although not as frequently as required; we viewed the provider's improvement planning document. This included the plan to provide supervision more frequently; we found evidence of the fourth coming supervision dates, which were consistent with what care staff had told us. Skilled, knowledgeable and supportive care staff aim to meet peoples' outcomes. The service provider ensures care staff provide consistent, good quality care.

The service is provided in accordance with the statement of purpose document, which outlines what people can expect. There is a focus on human rights and safeguarding people. The contents demonstrate the service provider had considered Welsh Government guidance and had taken into account the regulations and had reviewed the document when there were changes. The statement of purpose provides an accurate reflection of the service people receive.

Regulatory bodies and statutory agencies notified where there are concerns and significant events affecting individuals. We found evidence the provider had liaised with the local authority when required and had taken appropriate action showing they are open and transparent when incidents take place that may compromise a person's well-being. We saw correspondence between the provider and the local authority, which included the planning of multidisciplinary meetings on behalf of people to ensure the best outcome for them. The provider is affective in notifying appropriate agencies, when there may be an impact on peoples' well-being.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

None

5.2 Recommendations for improvement

We recommended the following:

- The provider to ensure the personal plans updated in relation to other records including communication diary and ensure these records are used to review and monitor peoples' care needs.
- Consider individual risk assessments to accompany individual personal plans. This would ensure the information was available when monitoring care needs, to determine if there is improvement or deterioration in care needs.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 25 September 2019 between 10.30 a.m. and 16.30pm.

The following methods were used:

- We spoke with three people who lived in the service, the registered person/ manager, deputy manager and one care staff.
- We reviewed three personal care files, two staff files, the training plan, supervision records, service improvement plan and quality report and statement of purpose.
- We focused on a variety of documents in relation to the safety in the home including fire safety and health and safety.
- We used Short Observational Framework (SOFI), which is a tool to assess and record the care given to help us understand the experience of people living in the service.
- We toured the building and viewed the communal areas including the lounge, kitchen and outside area and bathrooms. We viewed a sample of peoples' bedrooms.

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	David Davies
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	29/01/2019
Dates of this Inspection visit(s)	25/09/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	

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