

Treetops Nursing Home Limited

Hyde Nursing Home

Inspection report

Grange Road South
Gee Cross
Hyde
Cheshire
SK14 5NB

Tel: 016513679467

Date of inspection visit:
19 January 2023
20 January 2023

Date of publication:
17 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hyde Nursing Home is a residential care home providing personal and nursing care to up to 100 people. The service provides support in 4 units to younger people, older people and people living with a dementia, across a two-storey building. At the time of our inspection there were 27 people using the service.

People's experience of using this service and what we found

Medicines were not always managed and stored safely. There was enough staff in line with assessed need, however people and families told us the service felt short staffed. We made a recommendation around staffing. Staff were recruited safely. Systems were in place to identify and reduce risk. People felt safe in the service and staff knew how to report and recognise safeguarding concerns. Infection Prevention and Control measures were being followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were in place and needs were being assessed. The provider worked in partnership with other agencies to maintain people's health and wellbeing. Staff were receiving training and had regular supervisions. People were having their diet and nutritional needs met and told us they had positive mealtime experiences.

Systems and processes were in place to oversee and manage the service. Audits were not always effective at reviewing medication management. We recommended the provider improved their auditing processes. The provider was aware of duty of candour. Staff and residents' meetings were occurring. Positive feedback was given from people, families and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 August 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made however the provider remained in breach of regulations.

At our last inspection we recommended that the provider improved records relating to oral health care. At this inspection we found oral health care records had been improved.

Why we inspected

A comprehensive inspection was carried out on 27 and 28 July 2022. Breaches of legal requirements were found, and we issued four requirement notices and a warning notice. This inspection was carried out to follow up on action we told the provider to take at the last inspection and to check whether the provider had met the requirements of the warning and requirement notices.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of the full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

Enforcement and Recommendations

We have identified a breach in relation to safe medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Hyde Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hyde Nursing home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hyde Nursing home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider had identified a new manager for the service and was waiting for recruitment checks to be completed.

Notice of inspection

This inspection was unannounced.

We visited the location's service on 19 and 20 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service, 6 relatives and 1 visiting professional. We spoke with 6 staff members. These included, 2 nurses, 1 chef, 1 domestic staff, the clinical lead and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 3 people's care records, associated documents, and medicines related documentation. We also looked at 2 staff files, training and supervision records, as well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. We observed a medication round. Although checks were being made by the nurse, medications were being signed for prior to administration which is not in line with policy and NICE guidelines. One person was observed to have another person's eye drops in their pocket. The provider was unable to confirm how they had acquired the item as no one was self-medicating in the service.
- We completed a spot check of medications and observed some medication counts did not match up with the expected stock. One box of medication was unaccounted for. Following the inspection, the provider investigated and located the medication, which had been incorrectly stored in another treatment room.
- As and when medication did not always have protocols in place to guide staff on when to administer. One person had a protocol, but the medication was no longer being administered. We observed several people having as and when medication daily. No evidence was seen of the service seeking a review of these medications with the GP. Where such medications were administered, codes were not being used.
- Cream charts were unable to be located for people across two units. The care staff were unable to confirm where the charts were or if they had been filled in on the second day of inspection day. There was no evidence that body maps were used to record how and where to apply. Pain relief patches were not always being recorded to show where the patch had been applied or removed, which could result in incorrect usage of them.

The provider had failed to manage medicines safely. This was a breach of regulation 12 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us an action plan, which set out their intended actions to improve the management of medicines. We will check any improvements at our next inspection of the service.

Staffing and recruitment

At our last inspection, the provider did not ensure sufficient numbers of staff had been deployed to meet peoples care and support needs. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, and we issued a warning notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, we made a recommendation in relation to the staff dependency tool.

- Staffing levels were in line with peoples assessed needs. The provider had implemented a dependency tool to determine safe staffing levels based on needs, they were staffing above this level. However, the dependency tool did not take into account the layout of the environment.
- People and families told us the service feels short staffed. People said, "It appears they are having a rough time and could do with more staff, the night staff take a long time to answer the buzzer" and, "I would like it if the staff had more time to chat to me as I like to talk, they need more staff." Families said, "There appears to be less (staff) on duty and there is no longer a member of staff in the lounge as their used to be. When I visit, the residents (People who used the service) are often on their own."

We recommend the provider reviews the dependency tool to ensure it takes account of the environment.

- Staff told us there were enough staff to meet people's needs. They said, "I feel there is enough staff on shift" and, "The levels don't dip. The [sister service staff] are good and do their job well. They have integrated with the team and this helped."

At our last inspection, recruitment processes failed to ensure staff employed were properly assessed and vetted and were fit and proper to fulfil their roles and associated responsibilities. This was a breach of regulation 19 (2) (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and we issued a warning notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- All required pre employment checks had been made. We reviewed two recruitment files and found gaps in employment were reviewed and assessed, identification checks completed and references from previous employers were obtained.
- Agency use had significantly reduced since our previous inspection. The provider had an agency profile file, detailing key information on agency staff such as their training and experience. Inductions were being completed with agency staff.

Assessing risk, safety monitoring and management

At our last inspection, the premises and equipment were not properly maintained for the purpose for which they were being used. This placed people at risk of harm. This was a breach of Regulation 15 (1), (2) (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Health and safety and equipment checks had been carried out. Records were maintained to show regular internal checks such as fire safety, hoists and slings, window restrictors, water temperature checks and flushing of infrequently used outlets and shower head cleaning. The premises and equipment were being assessed in line with legal requirements and evidence of necessary repair work was viewed.
- A fire risk assessment has been carried out and necessary work had been booked in. Staff confirmed they had regular fire drills, although records of drills were unable to be located at the time of the inspection new records have been implemented by the provider immediately following. We observed a fire drill during the inspection and noted staff would benefit from more direction. Following the inspection, the provider assigned a fire marshall to each shift. This would ensure designated staff took responsibility of co-ordinating staff and people during fire drills and evacuations.

- The laundry was tidy. A dirty to clean flow was in place and the space appeared organised and clean. Evidence was seen of daily checks and cleaning tasks. Wardrobes were secured to walls, removing the risk of injury to people if they fell. Some doors that should have been locked when not in use were unlocked, for example sluice cupboards and storage rooms. The provider took immediate action to address this and implemented a daily check of these areas.
- Risks to people had been identified. Records were person centred and guided staff on the support people needed to minimize those risks. One person's health care plan contained some inconsistencies in relation their health needs. However, another care file contained clear information around how to support a person with complex health needs. A new clinical lead has been appointed and the new manager was due to start which would help maintain oversight of plans.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People and families told us they felt safe. They said, "I feel safe and I have not had any falls. I choose to stay in my room and eat my meals in here, it's great that there are staff around I just press my buzzer if I need anything." Families told us, "Safety is good, and we trust the staff to look after our loved one and all their needs are met. Medication is administered and there are always staff around."
- Staff had received training in safeguarding and had a good knowledge of safeguarding and whistleblowing. Staff told us they knew how to raise concerns.
- Records of safeguarding concerns were documented. The local authority and CQC had been notified as required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors as per government guidance.

Learning lessons when things go wrong

- Records were kept of accidents and incidents. There was evidence of the information being analysed for themes or patterns to help reduce future risk. The provider has introduced a lesson learnt file.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the provider could not evidence that the care and treatment of service users had been provided with the consent of the relevant person. This was a breach of regulation 11 (1) (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- MCA and best interests were being considered and recorded. The provider maintains a DoLS tracker. DoLS that had been authorised were in date. Conditions were being recorded to allow for oversight of compliance.
- MCA assessments and best interest decisions were being completed and recorded in care files. The documents viewed were decision specific. All people who used the service had completed MCA assessments and relevant authorisation had been considered where these were required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection we recommended the provider considered current good practice guidance regarding

oral health care and take action to update their care records accordingly. The provider had made improvements.

- Oral healthcare support was being care planned and risk assessed. However, we observed more information could be contained in the oral healthcare plans. Following the inspection, the provider implemented a more detailed care plan document.
- The provider was making referrals to partner agencies. Timely medical intervention was sought. People told us they had access to health care. They said, "When I felt unwell the other week I spoke to the nurse as I had pain in my leg and wanted it to be checked out by the hospital. They listened and I went to [hospital] and had an X-ray."
- People had their needs assessed before they started to live at the service.
- New care records had been introduced since our last inspection. The records we reviewed contained person-centred support plans and risk assessments.

Staff support: induction, training, skills and experience

- Training was being offered on a range of subjects. A training matrix was in place which showed a good level of compliance. Compulsory training has been introduced around key health needs such as diabetes and seizures, due to the needs of people supported.
- Supervisions were being provided. The previous manager was analysing the supervision status monthly. The nominated individual had implemented a matrix to help support oversight.
- Staff told us they had enough training to complete their role. They said, "Yes definitely, I have what I need for my role. The training is in-depth. It's hard but good."

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People were supported to eat and drink and maintain a balanced diet. People's nutritional needs and preferences were assessed. Diet and fluid intake were being recorded.
- People were positive about the food and told us they had choice. They said, "The food is good these days, I have to be in the mood to eat" and "the food is good and if you don't like something then they will get you something else. Today I am having homemade meat and potatoes pie it's not on the menu the staff asked me what I would like to eat."
- Each bedroom had its own en suite toilet area and rooms were spacious. Each unit had its own lounge and dining area. Signage was used to help orientate people living with memory loss.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had failed to ensure systems for governance and management oversight were robust and effective. This placed people at risk of harm. This was a breach of Regulation 17 (1), (2) (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 and we issued a warning notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, we have made recommendation in relation to audits.

- Audits were being completed across the service. Medication audits were not always effective. Only one unit had been audited for the last 3 months. All the issues picked up from our inspection had not been identified in the audit. Since the inspection, the nominated individual confirmed audits have been started throughout the units. This would improve oversight of medication management across the service.

We recommend the provider ensures audits are completed across the units to ensure they are effective.

- Governance systems were in place. Evidence was seen that the provider was using the information to look for trends and themes to address broader leaning in some areas of the home. For example, Accidents and incidents and safeguarding concerns were being reviewed in a monthly overview document and a lessons learnt file was in place.

- Improvements had been made since our previous inspection around the environment, MCA and care planning. The provider had implemented an action plan and was working closely with the local authority to complete actions.

- At the time of the inspection, the service was without a registered manager. The manager left with short notice before the registration process was complete. A new manager had been appointed and was due to start at the service, pending recruitment checks.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Throughout the inspection we found the provider of the service open and transparent. The provider was responsive and took immediate action to address issues when identified.

- The provider understood and acted on their duty of candour. Statutory notifications had been sent to CQC as required and referrals were being made to the local authority when concerns were identified.
- The provider had a range of policies and procedures to guide staff. There was a statement of purpose that provided information about the service and how it was run.
- Contingency plans were in place on what action to take for events that could disrupt the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and families told us they were involved in their care. People said, "It's marvellous here and I wish I could stay permanently.... I would recommend anyone to come here." Families told us, "In a very short time the staff have got to know my loved one they are very accommodating and I have been involved in providing information for the care plan" and, "I know the owner as they do appear from time to time and appears to be very personable, communication is good I am always informed by a member of staff if my loved one is unwell or there are any changes...I have peace of mind that my loved one is living here and well cared for."
- Staff told us the nominated individual and clinical lead were supportive and approachable. They said, "You can go [to the nominated individual] for things and he listens and gets it done" and, "I can raise concerns with [the clinical lead] or [nominated individual] and always get an answer, they always supported me."
- Staff and resident meeting minutes were viewed. The nominated individual confirmed surveys were due to be sent to staff, relatives and people to gather their feedback.
- The service was working closely with outside professionals. Visiting professionals told us the service was improving, they said, "The last few weeks has been better with [the clinical lead], they seem more aware of the service. They have good oversight, pragmatic and has good ideas."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who used the service were not being protected because the provider had failed to ensure systems were in place to ensure the safe management of medicines. Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.