Meridian Healthcare Limited

Hyde Nursing Home

Inspection report

Grange Road South
Gee Cross
Hyde
Cheshire
SK14 5NB

Tel: 01613679467

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13 December 2017
15 December 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

This inspection took place on 12, 13 and 15 December 2017 and was unannounced on the first day.

The service was last inspected on 23 March 2016 where we conducted a focussed inspection to look at the safe domain only. We found that improvements were still required and made a recommendation was for the registered manager to ensure that handover notes contain pertinent and legible information to ensure effective information exchange between staff shifts. Staff need to be fully updated and aware of the current care and support needs of each person they will be caring for during each shift.

The provider sent us an action plan giving details of how they intended to address the recommendation made. During this inspection we found that the action taken had addressed the findings detailed in that recommendation.

Hyde Nursing Home is one of a number of care homes in Tameside owned by Meridian Healthcare Limited, part of HC-One Limited. The service is situated in the Hyde area of Tameside. It is a purpose built care home and is registered to provide accommodation for people who require nursing and residential care. There are 60 bedrooms and the home is divided into three units; Godley Court and Newton Court provide nursing care for up to 35 people in total. Werneth Court is a unit providing nursing care for up to 25 people living with dementia. Godley and Werneth Courts are split over two floors, each with upstairs and downstairs units. Each unit has a lounge, dining area, kitchenette and individual, ensuite bedrooms. The main kitchen and large laundry are located on the top floor of the home.

At the time of our inspection there were 53 people living at Hyde Nursing Home.

There was a registered manager in post at the time of the inspection. 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.

Medicines were managed safely.

Staffing levels were sufficient at the time of the inspection to meet the needs of people who were cared for and supported by the service.

Staff understood their role in keeping people as safe as possible and had received training in safeguarding adults.

A robust recruitment system was in place to minimise the risk of unsuitable people being employed to work in the service.

Risk assessments were in place to minimise the potential risk of harm to people during the delivery of their care.

Both the registered manager and deputy manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant that people who may lack capacity were being appropriately supported to make their own decisions whenever possible.

Staff were provided with relevant training and had access to online information and support. Staff confirmed that the training they received supported them to carry out their job roles effectively.

We observed staff treat people with kindness, respect and dignity and staff understood the needs of people which was demonstrated by the way they communicated with them.

People had access to various activities on a daily basis and were supported by appropriately trained staff.

There was a complaints procedure displayed throughout the home and a record of all complaints and the action taken to resolve them was kept.

Regular meetings were held for staff teams, people who used the service and their relatives. This gave people the opportunity to express their views and raise any concerns about the service. This indicated that the culture of the service was open and transparent.

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.

Medicines were managed safely.

Risk assessments were in place that helped staff to manage and minimise risks to people using the service.

Staff had received safeguarding training and understood their role in keeping people safe.

A robust recruitment system was in place to minimise the risk of unsuitable people being employed.

Is the service effective?

Good

The service was effective.

Staff received an induction and on-going training to support them in their job roles effectively.

People who lacked capacity were supported by the staff team and important decisions were made in their best interests.

People's healthcare needs were carefully monitored and support was also provided from external healthcare professionals, such as doctors and community dieticians.

Is the service caring?

Good

The service was caring.

We saw friendly and positive interactions between people who used the service and the staff supporting them.

Suitable activities were made available for people to participate in should they wish to do so.

People's assessed needs were taken into account when care and support was being planned.

Is the service responsive?

Good

The service was responsive.

Care plans were in place to enable staff to respond to people's identified support needs.

People were provided with compassionate and caring support at the end of life.

A complaints procedure was in place and this had been shared with the people who used the service.

Is the service well-led?

Good

The service was well-led.

There was a manager in post who was registered with the Care Quality Commission.

Quality monitoring systems were in place to make sure the provision of service was being maintained to a good standard.

Staff had access to the management team for guidance and support.

Hyde Nursing Home

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.

This inspection took place on 12, 13 and 15 December 2017 and day one was unannounced. The inspection was carried out by one adult social care inspector on 12 and 15 December, and two adult social care inspectors on 13 December 2017.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) prior to the inspection taking place. 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. We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us.

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

The care home can accommodate up to 60 people across three separate units, Godley, Werneth and Newton, each of which have individual facilities. One of the units specialises in providing care to people living with dementia.

At the time of this inspection there were 53 people receiving a service from Hyde Nursing Home. We spoke with six people who used the service, the registered manager, deputy manager, area manager, chef, two kitchen assistants, three nurses, four care assistants, one nursing assistant, one well-being organiser (activities) and two clinical leads. We also spoke with three regular visiting relatives.

We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at people's care and medicines records. We looked in detail at five care plans and associated documentation, ten medicines records, and the recruitment records of five

members of staff. We looked around the home including all of the communal areas and communal toilets and bathrooms.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Prior to our inspection visit we contacted the commissioning team at Tameside Metropolitan Borough Council (TMBC), the safeguarding team at TMBC, and Healthwatch Tameside. Healthwatch Tameside is an independent consumer champion for health and social care. Gaining information from these supporting agencies helps us to gain a balanced overview of what people experienced living at Hyde Nursing Home. We received no concerns from any of the agencies we had contacted.

Good

Is the service safe?

Our findings

On the first day of our inspection, we arrived at the service at 7:30am and the doorbell was answered promptly by a senior carer. They asked to see our identification and to sign the visitor's book, which means they were making sure they only admitted people into the home when they thought it was safe to do so.

We checked the number of night staff that was on duty and one night care staff told us that they were fully staffed and that the people living in the home had had "a good and settled night." They also told us that enough staff were on duty throughout the night to keep people safe and were not under any pressure to get people up before they wanted to. Another member of the night staff told us, "I enjoy working here, the service provides good support to people throughout the night time and we all work as a team."

We looked to see if people's medicines were being managed consistently and safely by staff. A local pharmacy delivered medicines to the home on a monthly basis and the delivery was then checked by the nursing staff on duty against people's individual medication administration records (MAR's). Only qualified nurses were responsible for administering medicines and the nursing staff we spoke with confirmed they had received regular and updated medicines training including regular competency checks by the registered manager. We saw that regular medication audits were undertaken, including an assessment of the competence of the person responsible for administering medicines on the day of the audit taking place.

As part of our assessment of how medicines were being managed, we asked to view a 'treatment room' where medicines were stored and to view the medication records for people on Werneth unit. We found that the treatment room was clean, tidy and hygienic and staff had facilities to maintain good hand hygiene, for example, sink, hand wash liquid and paper towels were readily available. A policy file was available for staff to refer to which included; medicines policy, controlled drugs policy, safe storage policy, covert medication policy and the use of anticipatory medication policy (medicines used as part of end of life care.)

We checked the MAR's for five people and records confirmed they were receiving their medicines as prescribed by their General Practitioner (GP) and a check of their medicines, staff signatures and balances of medication to be taken 'as and when required' (PRN) confirmed this. Controlled drugs, medicines subject to tighter controls, were stored in an appropriate and separate lockable cabinet and included an appropriate recording system.

On Godley unit we observed an agency nurse administering medicines at breakfast time. We asked the nurse if anyone needed to have their medication with food and were told 'no'. However, the nurse mentioned that one person was on prescribed diabetic medication that had been administered at approximately 7:50am and that this medication should be given with or just after food. This person received their breakfast at approximately 10am which meant there had been a gap of over two hours between taking the diabetic medication and having something to eat. On this occasion, this medication had not been administered as prescribed.

We were then assisted by the Clinical Lead to check some other MAR's to see if medicines had been

administered as prescribed by people's GP's. We checked a total of five MAR's and found that some MAR's had not been fully completed following the administration of some people's medication. However, people we spoke with told us they received their medicines and had no complaints.

People who lived in the home told us they felt safe living there and when they received their care and support. They also said they had confidence in the staff and that the staff were 'kind and helpful.' Other comments from people who lived at the home included; "There are always other people and staff around so yes, I do feel safe" and "Safe is the word, that's why I live here." One regular visiting relative told us, "I am here nearly every day and find the staff caring and considerate. I know I can leave my [relative] in safe hands after my visits."

We found that the staff team had access to procedures that were in place to minimise the potential risk of abuse or unsafe care practice and these gave details of local contact information. Records seen and staff we spoke with confirmed they had received safeguarding vulnerable adults training. The staff we spoke with were also able to describe the various types of potential abuse and gave examples of poor care practice that people might experience. They also understood their responsibility in keeping people as safe as possible and to report any concerns they may observe to a line manager. Both the registered manager and deputy manager were aware of their responsibility to inform the local authority and the Care Quality Commission (CQC if safeguarding concerns were raised.

The home consists of three individual units; each staffed to a level based on the dependency assessment and needs of the people living on the unit. Documentation was in place on the five care records we looked at that had been individualised to provide staff with clear directions on meeting the needs of the person. Care plans included detailed risk assessments and how staff should manage those risks identified. For example, we saw information relating to the use of a reclining chair and lap strap for one person and the details recorded were clear of why and how staff should provide support when this equipment was being used to minimise any known risk to the person. The registered manager had purchased five pendant alarms that could be worn by those people at higher risk of falls. These pendant alarms helped people to feel safe knowing they could press the pendant and summon help when needed. The registered manager confirmed that more of these alarms would be purchased when approved by the area director.

Our observation of the staff team throughout our time on the Werneth unit indicated they were knowledgeable, skilled and competent at meeting peoples identified needs. People's healthcare needs were carefully monitored and discussed with the person or their nominated family member as part of the care planning process. One relative told us, "I am kept informed about [relative] and any changes or updates to their health. I have no worries about their care not being met." Care records seen confirmed visits to and from healthcare professionals such as General Practitioners (GP's), community dieticians and speech and language therapists (SALT). Records documented the reasons the visit was requested and what the outcome of the visit had been. Such information was shared with the staff team during handovers between changing shifts.

People we spoke with thought that there was enough staff on duty at any one time to meet their needs, as did the relatives we spoke with. Comments received included; "Whenever I visit staff are all around the building helping people", "Sometimes the staff may struggle a bit if someone has rung in sick at the last minute, but staff are flexible and move around the units" and "Mostly there is enough staff, but sometimes you have to wait a bit before someone comes to help you."

One the second day of inspection there was a staff shortage on the Godley unit due to sickness absence. A

member of staff moved from Werneth unit across to Godley unit until arrangements could be made to bring in another member of staff. An agency worker later arrived to make up the shortfall of staff on the Godley unit. This meant that staffing rotas were being maintained in order to meet people's assessed needs. Staffing rotas indicated that all vacant shifts had been covered by members of the existing staff team or by agency workers that consistently worked at the home.

A robust recruitment and selection process was in place and the five staff personnel files we looked at contained relevant pre-employment documentation, including a criminal record check. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and to minimise the risk of unsuitable people being employed.

We looked around the building and found that it was clean and that domestic staff made sure on a daily basis that all bathrooms and toilets had a good supply of hand wash sanitiser and paper towels available for people to use. Other handwashing facilities and hand sanitising gel were available around the home and we saw staff and visitors using these as they moved around the building. We noted that staff made appropriate use of personal protective equipment such as disposable gloves and aprons. This meant that staff were protected from potential infection when delivering care or carrying out domestic duties. Appropriate arrangements were also in place for the removal of clinical waste by an approved contractor.

Regular infection control audits were carried out by the management team and we were provided with a copy of the infection control audit report following an audit carried out by Tameside and Glossop Integrated Care (NHS Foundation Trust) on 9 August 2017. The overall score for the service was 94% which meant, at that time, the service was compliant with infection control processes.

Systems were in place and records kept to confirm that regular maintenance of the building and servicing of equipment used throughout the home was being regularly checked and serviced by an appropriate and reputable service engineer. The day to day maintenance of the premises was maintained by two maintenance people employed by the organisation. Risk assessments were also in place for the environment and six monthly health and safety audits were conducted by the organisations health and safety team.

The testing of the fire alarm system was conducted on a weekly basis by an approved contractor, who also tested the emergency lighting and nurse call system. Firefighting equipment was maintained by another approved contractor and records were available to demonstrate this. In the event of an evacuation of the premises needing to be carried out, a Personal Emergency Evacuation Plan (PEEP) had been put in place for each person living at Hyde Nursing Home. This information gave relevant information to emergency services about what support people would need to evacuate the building safely. The file containing this information was kept near the front door of the building to enable immediate access by any emergency service.

Good

Is the service effective?

Our findings

The registered manager told us that before any person came to live at Hyde Nursing Home a full pre-admission assessment would be carried out to make sure the person's needs could be met by the service. We saw evidence of these pre-admission assessments on the care files we looked at.

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 so that they can 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.

A record was being kept by the registered manager of all applications submitted to the relevant local authorities. Of 20 applications made for people on Werneth unit, four authorisations had been received back. This was because the local authority had triaged the applications as low priority. At the time of the inspection, capacity assessments were under review and were being updated where required. We saw that best interests meetings had been held with people about living on a unit only accessible via a coded lock. Full capacity assessments had been carried out and decisions had been made in the persons best interests. These assessments were ongoing at the time of our inspection.

Each of the three units could only be accessed by use of a coded lock on the doors leading into the units. Although this was a restriction to people being able to leave the unit unescorted, the nature of people's assessed needs (and DoLS) indicated that it would be unsafe for them to do so without support from a member of staff. Staff we spoke with understood that people still needed to be able to promote their independence wherever possible, with their freedom being restricted as little as possible, whilst minimising any known risks. We observed staff escorting people off the units to attend social activities and to attend a Christmas Carol concert being given by local school children.

People who used the service told us they felt their needs were being met in a way that they liked and expected. One person told us, "We are very lucky with most of the staff, they do listen to you and I get the help I need, when I need it." One visiting relative told us, "I'm happy with the service as long as [relative] get their needs met properly and they are treated like an adult and with respect, which, up to now, they have been."

Our observation of staff, review of records and discussions with staff and the management team indicated that people received effective care. Staff we spoke with had a good understanding of people's needs and support they required and they also confirmed that the training they received supported them to provide

the care people required. Staff told us they had received a 'good and detailed' induction and had access to training via a system of 'e-learning' (electronic) or face-to-face learning, either in-house or via an external trainer. Records seen confirmed that staff had or were in the process of completing training in; moving and handling (both theory and practical), safeguarding vulnerable people, medicines management, understanding equality and diversity, mental capacity act and deprivation of liberty safeguards.

The registered manager and senior management team were able to access the online system (Datix) to check whether staff were up to date with their training. A monthly report was produced that showed when staff training had not been completed within the given timescales. Staff we spoke with confirmed they received an email informing them when training was due and, if they failed to complete the training within the given timescale, they received a letter and were called to a meeting with a senior member of the management team to give an explanation as to why they had not completed the particular training. Nurses we spoke with confirmed they received opportunities to complete appropriate training in order to maintain their professional status and that they were supported with clinical supervision by the registered manager.

The registered manager provided us with a copy of the supervision tracker for the end of 2017 and throughout 2018. This showed that supervision was taking place and sessions were planned on an on-going basis. Staff spoken with confirmed they had received supervision and said that sessions had become more consistent since the new registered manager and deputy manager had taken up post. Some staff appraisals had taken place and again, were planned to take place throughout 2018.

In our discussion with the registered manager and deputy manager, we were informed that a strong emphasis was placed on the importance of people receiving an appropriate diet, including plenty of fluids being maintained for people throughout the day and night. On the care files we looked at, we saw that each person had a nutritional care plan in place giving clear directions to staff on how to meet the individuals diet and hydration needs. We also saw 'diet notification records' where discussion had been held between the nurse on a particular unit and the chef about people's requirements. The details included if the person needed particular consistency of food, fluid preferences, assistance required, any particular adapted cutlery or crockery needed and, if the person was able to express their likes and dislikes. Such information helped to make sure people's choices, preferences and dignity could be appropriately maintained and effectively met.

We observed the mealtime experience for people on Godley and Wernth lower ground units. On Godley unit we found people were given choice of both food and drinks. We observed some very kind and caring interactions between staff and people using the service. We observed the wellbeing (activities) coordinator moving amongst people ensuring everyone was okay.

On Werneth unit we observed staff gently encouraging people to sit and eat their meals. This was difficult as some people constantly wanted to get up and move around. Staff dealt with this sensitively and sat with people until they settled. Where people required soft or special diets these had been supplied and prescribed thickening powder was used to thicken drinks for those with identified swallowing difficulties. People had a choice of meal offered to them, with some people choosing both options! Where people required assistance with eating, this was done unhurriedly and at the person's pace. Although the atmosphere was 'hectic' the staff made the mealtime as sociable as possible and ensured people had eaten their meals and had had enough to drink. After the mealtime we checked to make sure that people's individual food and fluid intake charts had been completed, which they had.

Our observation of the staff team throughout our time on the Werneth unit indicated they were knowledgeable, skilled and competent at meeting peoples identified needs. People's healthcare needs were carefully monitored and discussed with the person or their nominated family member as part of the care

planning process. One relative told us, "I am kept informed about [relative] and any changes or updates to their health. I have no worries about their care not being met." Care records seen confirmed visits to and from healthcare professionals such as General Practitioners (GP's), community dieticians and speech and language therapists (SALT). Records documented the reasons the visit was requested and what the outcome of the visit had been. Such information was shared with the staff team during handovers between changing shifts.

We toured the building and found that facilities were available to meet the assessed care and support people needed. Lounge and dining facilities were available on each floor of the individual units, as were toilets and bathrooms. Lifts were available that serviced each floor and could be accessed by wheelchair users. Adjustable 'profiling' beds were provided for people and a nurse call system was available in each room to enable people to request support if and when needed. Other aids and adaptations were available throughout the home including hoists and adapted baths.

Good

Is the service caring?

Our findings

People who lived at Hyde Nursing Home who were able to express a view about the service they received told us about the caring nature of the staff and the management team. Comments people made to us included, "The girls [staff] are lovely, they will help you when you need it. They are very kind", "I like [name of staff] she looks after me really well" and "All the staff are good, I like most of them. Some are better than others but that can be expected." A relative said "I've been coming here for a number of years now and the new management team have certainly improved things, I just hope it continues." Another relative told us, "I am very happy with the care [relative] receives. I wouldn't leave [relative] living here if I was worried. The manager and staff keep me informed of how [relative] on a daily basis. I still feel involved in [relative] life."

We looked at some of the comments made about the service via the organisations complaint/compliments process and from comments made to Carehome UK, an independent care home review website. These included the following; 'I should like to thank you for the care [relative] is receiving as a resident in Hyde Nursing Home. Recently many changes of staff have taken place. This has been unsettling but the process has been managed with consideration and empathy for both the resident's and their families. The current management team and the nursing and caring staff have worked extremely hard to create an environment for the resident's which preserves dignity and meet their needs. It is noticeable that all the residents are clean, and well dressed. The atmosphere in the unit (Werneth) is welcoming and calm' and 'I cannot fault this home at all. All staff are kind, caring and considerate. The nursing care is outstanding and any problems we are kept up to date with. It [home] is clean and facilities are good and we would highly recommend this home to anyone.'

We observed the impact staff had when providing people with encouragement and support to participate in daily activities. The wellbeing coordinators were particularly encouraging and we observed the coordinators spending time on each unit within the home and talking with each person and encouraging one to one activities where possible. When not providing a particular activity we observed the coordinators going around the units and sitting and chatting with people or reading a newspaper with someone. One comment from a relative was, "The entertainment coordinators do a fantastic job, the events they put on help bring people together to cause that family atmosphere."

Interactions between staff and people were positive. We observed staff treat people with kindness, respect and dignity and it was apparent that staff understood the needs of people by the way they communicated with them. For example, one person who was unable to verbally express their wishes was becoming anxious and a member of staff knew by the expression on the person's face that they were possibly in pain, and requested that medication be offered to them to see if that settled them. Medication was offered and the person settled and went and sat in a lounge. This indicated that staff responded to people's needs in an understanding and caring way.

Documentation seen in people's care files indicated that their health and wellbeing was supported by various professional healthcare people, such as doctors, dieticians and mental health workers. Where agreed, and in line with the service's confidentiality policy, information about a person's wellbeing and

health was discussed with families or others identified as important to the person. This ensured that appropriate support was in place when the person may want help in making decisions about their care and future needs.

In our discussion with both the registered and deputy manager they demonstrated a clear understanding of their responsibilities in making sure people's assessed needs were met on a day to day basis. Both managers were able to discuss the needs and personalities of people using the service. They were aware of the importance of giving consideration to people living in the home before any new admission to the service was accepted. This was to make sure that people would be compatible with minimum risk to both existing people living in the home and the potential new admission.

The registered manager confirmed that access to advocacy services was available should people require independent guidance and support. This information could be provided to people and their families if and when this was required. This ensured people had the opportunity to have their best interests represented by an independent service that had no stakeholder involvement with the organisation providing the care and support.

Good

Is the service responsive?

Our findings

People who lived at the home and their visiting relatives told us they felt the service had become more responsive to their needs since the new manager and deputy had taken up post. For example a relative said, "Things have greatly improved since [registered manager] and [deputy manager] have been here. They know what people need and want from their care and I am kept informed of any changes to [relative] care plan."

People who used the service and their relatives told us that access to a good range of personalised activities was available. One person told us, "The activity girls [wellbeing coordinators] are fantastic. They plan things they know you like doing, like jigsaws and crosswords." During our inspection we observed various activities taking place, both on a group and individual basis. We also observed activity planners that came to the home on a regular basis to provide things such as armchair aerobics, sing-a-longs and other types of appropriate activities. We observed a particular participative session where people and their relatives were fully engrossed in a sing-a-long session, involving use of musical instruments and 'cheer leader shakers'. We spoke with one of the wellbeing coordinators who told us they were guided by what people said they would like to do when they were planning activities rather than having a 'static' activities planner.

We found care plans to be person centred and were being developed around each person. Individual histories and profiles of people were being developed called 'Remembering Together (your life story)' which gave staff more information about the person's background and previous lifestyle and helped to develop relationships further. People's likes, dislikes and preferences had been recorded within the care plans and we could see that relatives who knew the person best had provided helpful background information.

Part of the communication strategy for the service was to hold a handover meeting between oncoming day staff and the nurse from the night shift. The handover was thorough and highlighted those people who may need extra support throughout the day, especially where people were not too well or had had an unsettled night. A written record of the handover was kept and this gave oncoming staff a quick overview of how each person was and the ongoing support they may need. The record also included details of any significant events that may have occurred, for example, the breakdown of the lift or something similar. Details of any requested visits from other healthcare professionals such as doctors was also recorded. The handover between nurses of the controlled drugs and medication key was also recorded, with both parties signing, dating and timing the sheet to confirm this.

A 'resident of the day' system was also in place. The purpose of this was to make sure that all people involved in the identified person's care, both from within and outside of Hyde Nursing Home, were able to contribute to a review of whether the person was receiving the support they needed. The whole day focused on the person with the intention of making them feel special and being able to look at their whole package of care support with them or their nominated relative or representative to make sure the service continued to meet the person's needs, including meals, accommodation, laundry service and activities.

We found there was a complaints procedure in place which was also displayed around the home and in

people's bedrooms. At the time of our inspection, the registered manager confirmed that there were no ongoing complaints and none of the people we spoke with had had cause to raise concerns but confirmed they were clear about what they would do if they needed to. Records demonstrated that previous complaints raised had been fully investigated by the registered manager and a full response provided to the complainant. We could see from the minutes of staff meetings that where complaints had been raised about poor care practice, this had been discussed with staff and during individual supervision sessions. All complaints had to be logged on to the organisations electronic monitoring system (Datix) which was then closely monitored by the area director of the service on a day to day basis.

People had also been provided with details of external organisations they could contact including social service and the Care Quality Commission (CQC). We saw lots of information displayed in the reception area of the home giving details about the various organisations available to support people receiving care in a care or nursing home. A brochure was available about 'The Silver Line' helpline for older people. People can ring The Silver Line Helpline at any time of the day or night for information, friendship or advice and this service works in partnership with the CQC.

At the time of the inspection, two nursing assistants were participating in the Six Steps training programme to support people who were nearing the end of their life. Once completed, the intention was for the nursing assistants to cascade this training to the rest of the staff teams, although some staff we spoke with had already completed end of life training as part of the National Vocational Qualification (NVQ) training. Staff spoken with were clear about how people's end of life choices needed to be respected, especially regarding religious beliefs and personal preferences. We saw evidence that the service was supported by other health care professionals at these times, such as the Macmillan Nursing service. This is a service that provides palliative care and support to provide the person with a dignified and pain-free death that is as comfortable as possible. We saw that details about people's wishes at the end of life had been included in their care files, including their decision (or the decision taken in their best interests) about Do Not Attempt Cardiopulmonary Resuscitation (DNACR). The registered manager had recently employed a new clinical lead to the service that had significant experience in supporting people nearing the end of their life. This would further support the staff team when dealing with this part of their caring role.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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 had been in post at the service since June 2017 and was registered with CQC in November 2017. During that time a new deputy manager came into post to provide further support to the management team. Both managers were experienced, knowledgeable and understood their role in making sure the needs of people using the service were being appropriately supported. In our discussion with both managers we found them to be clear about how they wanted the service to run and how they wanted to provide a consistent, well-organised and well-managed service.

Staff we spoke with told us that the new management team at the service had been like a 'breath of fresh air' and 'consistent support was now available.' Other comments staff made included, "I am very happy with the way the home is operating, we have, at last, good management. I'm now happy to come to work; it's such a big improvement as to how things were before."

During the inspection we observed both the registered and deputy manager actively engaging with both people who used the service, visitors and staff. Staff felt comfortable accessing the managers throughout the day and there was an 'open door' office policy. Both managers had a positive attitude about the value of receiving feedback about the standard and quality of the service. We saw a notice displayed informing people that the registered manager held an 'evening surgery' once per month and dates for the next six months were listed. This 'surgery' was held to enable both visitors and relatives who may work the opportunity to speak with the registered manager outside 'normal' working hours. We saw details of individual discussions that had been held with people on a number of occasions when the 'surgery' had been held.

People who used the service and their friends and relatives had the opportunity, on an annual basis, to complete a quality survey questionnaire. The last survey was conducted in June 2017 and the results had been analysed and a report produced. This report was in the format, 'You said' – 'Actions we have taken.'

Regular meetings were held for staff teams, people who used the service and their relatives. This gave people the opportunity to express their views and raise any concerns about the service. This indicated that the culture of the service was open and transparent.

Quality assurance arrangements were in place that included systems to monitor the overall quality of service including care and management practice, health and safety and maintaining compliance with regulations. We were provided with documentation to demonstrate quality audits that had taken place which included regular reviews of care plans, medicines management and clinical matters. The management team had the responsibility of ensuring that all falls, accidents and incidents were recorded on

the organisations electronic 'Datix' system within 24 hours of the incident occurring. This enabled the area director to access and monitor such information and the action(s) taken. We saw evidence on the Datix system that such matters had been notified in accordance with the organisations prescribed procedures.

Before our inspection, we checked the records we held about the service. We found that the Care Quality Commission (CQC) had been notified of any accidents, incidents and safeguarding allegations, as they are required to do. This enabled us to see if appropriate action had been taken and to make sure people were being kept safe.

The last rating for the service by the CQC was displayed in the reception area of the home along with a copy of the report. We also checked the provider's website, which also displayed the current rating of the service.