

Mrs M L Lowe

Hyde Lea

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 27 March 2018 and was unannounced. Hyde Lea is registered to provide personal care and accommodation for up to 18 people living with dementia. On the day of our inspection there were 16 people living at the home. The home is a large detached property set in its own grounds. The main house has kept some of the original features which add character to the building. An extension has been added to the rear of the home. There is a passenger lift to the first floor. An enclosed garden area is situated at the rear of the home and is easily accessible by ramped access. Car parking is available in the grounds at the front of the home. The home is close to local amenities, including a park and supermarket.

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

The home had 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.

At our last inspection in March 2016, we rated the service as good. At this inspection we found the service had continued to develop and strengthen a caring approach and the effectiveness and leadership of the home. People continued to receive a high standard of care.

Hyde Lea was well-led. The registered manager was supported by the provider and by a conscientious staff team who took in to account individuals wishes so each person was valued and treated equally.

Staff knew about people and what was important to them and significant events in their lives. They focused on each person rather than labelling them with them with a diagnosis or condition.

The home had sufficient staff to meet people's needs and preferences. Staff were recruited after the provider and the registered manager had completed necessary checks to make sure they were suitable to work at the home. Staff understood their responsibilities to raise any concerns through safeguarding procedures.

The management team were proactive in driving the service forward to improve outcomes for people who used the service and their relatives. They worked in partnership with other key organisations.

Care plans provided staff with information about risks to people's health and wellbeing. Risk assessments took into account people individual's needs and abilities and encouraged people to maintain independence where possible.

We saw that medicines were stored safely and administered in a timely manner and as prescribed.

People were supported by staff who understood the principles of the Mental Capacity Act 2005. They gave people maximum choice and involved them in decisions about their care. Staff provided care in the least restrictive way possible.

People were supported to take part in activities, some being group activities or one to one sessions.

Residents' and relatives' meetings, where people could raise concerns and put forward suggestions, were held regularly. The registered manager held a 'manager's surgery' on the first Monday of every month to meet with families.

Systems were in place to monitor and assess the quality of the care provided. Where improvements were needed, plans were in place to achieve these to ensure the people continued to receive high standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People living at the home were not able to tell us if they felt safe. However their body language and smiles were comfortable when staff approached them.

Medicines were safely managed and people received their medicines as prescribed.

There were good staffing levels, which were flexible and responded to people's needs. Staff were safely recruited to ensure they were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who had undertaken regular training.

People had access to healthcare services when they needed them. Management and staff worked closely with other healthcare professionals.

People's nutritional and hydration needs were met and kept closely under review.

Is the service caring?

Outstanding ☆

The service was caring.

The experience, maturity and caring approach of all the staff was commendable. Staff were kind, caring and respectful. Staff gave people their time and treated each person as they were special and important.

We observed that staff had great respect for people's privacy and dignity.

Relatives told us they felt communication within the home was excellent, they were kept informed and felt involved.

Is the service responsive?

Good 

The service was responsive.

People's care records contained detailed information to guide staff on the care and support required.

People were supported to make choices about how they wished to spend their day. There was a wide and varied range of activities planned.

Arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

Good 

The service was well led.

The culture at the home was supportive of people who lived at Hyde Lea and of the staff.

Staff understood their roles and responsibilities and were encouraged to develop professionally.

Quality assurance systems were in place and the team were proactive in seeking ways to improve.

Hyde Lea

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 27 March 2018 and was unannounced. The inspection was undertaken by one adult social care inspector. The provider and the registered manager facilitated the inspection.

Prior to the inspection we looked at information we had about the service. This included the last inspection report, notifications of accidents and incidents. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team, the local authority safeguarding team and a healthcare professional. We contacted the Healthwatch Bolton to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. This was to gain their views on the care delivered by the service.

During the inspection we spoke with the provider, registered manager, two senior carers, the cook and three care staff. Throughout the day we spoke with people living at the home, however responses were limited. We also spoke with two relatives.

During the lunch time meal 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.

We reviewed two care records, two staff personnel files, supervision and training records, meeting minutes and audits.

Is the service safe?

Our findings

We found that the level of protection from abuse, harm and risks was good. People who used the service were not able to tell us fully if they felt safe living at Hyde Lea. However, we observed that people responded well to staff when they approached them. People were comfortable with the staff and there were lots of smiles and laughter. Relatives spoken with told us, "My [relative] is totally safe here, it is tremendous". Another relative told us, "No concerns about safety or care, the staff are marvellous".

Staff had been trained in safeguarding and understood their responsibility to protect people from avoidable harm and abuse. Staff understood their responsibilities to challenge poor practice and to report any concerns to the registered manager or the provider.

There were enough staff of varying skills on duty to support people safely and provide person centred care. Staff rotas looked at showed that staffing levels were consistent and this helped to provide continuity of care. The registered manager told us if extra staff were needed they would be brought on shift. There was a dependency tool in the care records we looked at. The dependency tool assessed the assistance people needed. For example how many staff were required to assist people with personal care or how many people required the hoist to move them safely.

The provider and the registered manager carried out appropriate checks on prospective staff to ensure they were of good character and safe to work with people who lived at the home.

We saw that medicines were well managed, administered and stored safely. Medicines were kept safe in a locked drugs cabinet and locked with a wall mounted fitting in the dining room. Only trained and competent staff administered medicines. We observed the registered manager completed the morning medication round. This was done with patience and kindness. Some people took time taking their medicines, the registered manager offered people explanations and support. People were offered a drink of their choice to help them swallow their medicines. We saw that some people required a thickening agent added to their drinks to help prevent them choking. We saw that this was made to correct consistency as prescribed and every drink was recorded as required. Medication Administration Record (MARs) were signed and up to date. There were arrangements to ensure time specific medicines were given as prescribed, for example before food.

Care records provided staff with information about risks to people's health and wellbeing. The assessments took into account people's individual needs and abilities and encouraged people to maintain independence where possible. For example risks of falls, skin damage, mobility and eating and drinking. Where risks had been identified actions and appropriate referrals to specialist teams had been made.

We saw infection prevention and control policies and procedures were in place. We saw that staff had completed infection prevention and control training. This was an essential part of the training programme for all staff. The last infection control audit scored 85%.

We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Liquid soap dispensers and paper towels were available throughout the home. This helped prevent the risk of cross infection

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for the people who used the service. This information helps to assist the emergency services in the event of an emergency arising, such as floods or fire. We saw the PEEPs were easily accessible in the hallway in the event of an emergency.

We saw a fire risk assessment was in place and checks had been carried out to ensure the fire exits were kept clear and confirm that the fire alarm, emergency lighting and fire extinguishers were regularly serviced.

There was a contingency plan in place in the event of utility failures. Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions.

We saw checks had been completed for gas and electricity supplies, risk of legionella disease, portable appliance testing (PAT), a thorough lift inspection and hoists. This helped to ensure the safety of people living, working and visiting the home.

Is the service effective?

Our findings

At the last inspection the service was rated as good. Relatives spoken with told us their relatives received care and support with their health and wellbeing. One person told us how their relative's health had dramatically improved after moving to Hyde Lea from another care service. They said, "We can't believe the change in [name], he looks so well. [Name] is eating and drinking much better. The staff are marvellous".

We spoke with the chef and discussed menus. The chef told us there were set menus, however people could have whatever they wanted. Menus were planned on a four weekly cycle. Menus were available in the hallway so relatives could see what people were being offered. There was also a pictorial menu board in the dining room to assist people with their choice of preferred meal.

The provider and the registered manager both told us that good nutrition and hydration was vital to people's health and wellbeing. Preferences and choices, likes and dislikes had been discussed on admission to the home. This meant staff knew what people liked and enjoyed. We saw that the kitchen was well stocked with fresh and dried produce. The service had received a five star rating from the national food hygiene rating scheme. This meant they were following safe food storage and preparation practices. Special diets were provided as required. For example vegetarian, soft, pureed food, diabetic and cultural preferences could be catered for.

On arrival at the home breakfast was being served. There was a choice of cereals, toast and preserves. Lunch was the main meal of the day with a lighter afternoon tea served. Suppers were offered before people retired for the evening. We saw that drinks and snacks were served throughout the day. Drinks were served in the dining room which encouraged people to move and walk to the dining room to help with mobility. We saw that most people dined together in the dining room.

As part of the inspection we used a short observational framework inspection (SOFI). SOFI is a way of observing care and support to help us understand the experience of people who were not able to express their views. We observed the lunchtime meal and saw appropriate plates and crockery was available to assist people living with dementia to eat independently. Some people required assistance with their meal and we observed this was done in a discreet and sensitive manner. For one person it was important for their plate, crockery and drinks to be placed in a certain way. All staff were aware of this preference and this was followed throughout the day. The mealtime was a pleasant experience, staff were chatting with people and second helpings of food were offered. A choice of hot and cold drinks was available. The dining tables were nicely laid with flowers, tablecloths, napkins and clothes protectors were available for those who required them.

We saw that most people cleared their plates and one person kept saying, "That was lovely just lovely".

In the care records we looked at we saw that people's weight gain and loss was recorded. Files contained a Malnutrition Universal Screening Tool (MUST) which is a guide used to monitor weight loss. Waterlow charts were also in place which assisted staff to monitor the risk of pressure ulcers. A nutritional and healthy diet with good hydration helps reduce the risk of people developing pressure ulcers. If any concerns were

identified referrals were made to the dietician or the Speech and Language Therapy team (SALT) and the district nursing team.

Care records also contained information on daily living, personal care, mobility, mental health, risks of falls and general risk assessments.

We asked the registered manager about how information was passed to the hospital should a person need to be admitted. The home is part of the 'Red Bag' Initiative which was rolled out to all nursing homes across Bolton NHS Foundation Trust on 13 November 2017. It aims to improve the experience of people when they are admitted to hospital, and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

The distinctive red bags can be easily packed in a hurry and should contain important care notes belonging to the person, all their medication, and personal items such as a pair of slippers, a change of clothes for when they are returning home and things like their spectacles, dentures and a reading book for passing the time. The bag will be handed over to ambulance staff and then passed on to hospital staff on admittance. The bag will identify the person as living at a care home and should be updated with all the relevant paperwork to ensure a speedy discharge when the time comes.

There were relevant consent forms within care records for staff to administer medication, for photographs, care and treatment. These were signed by relatives as people living at the home were living with advanced stages of dementia and were unable to give consent. Relatives were acting in their relatives' best interests.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were appropriate and up to date policies in place with regard to MCA and DoLS.

The training plan showed that staff had completed training in MCA and DoLS. Staff we spoke with were able to explain the principles of MCA and DoLS.

DoLS information was in the files. Systems were in place to flag when DoLS expired and for the registered manager to reapply. Staff members we spoke with were able to demonstrate an understanding of the principles of the MCA and DoLS.

The induction programme was thorough and included all essential training and an introduction to the service. Staff spoken with confirmed they had completed a full induction on commencing working at home.

We were provided with the staff training record. This showed that all staff had completed essential training and regular updates were offered as required. Training included dementia training, moving people safely,

first aid, food hygiene, fire safety awareness, medication and end of life care.

Staff spoken with told us they received regular supervision to support them in their roles, which they found helpful. Supervision was a one-to-one support meeting between individual staff and management to review their role and responsibilities. The two-way discussion covered any worries or concerns they may have and any further training and development they may wish to undertake.

Hyde Lea was decorated to a high standard. The décor was tastefully coordinated and was homely. Accommodation was on both floors, some bedrooms were en-suite. There was a passenger lift for access between the floors. Each room had a nurse call system to enable people to request support if needed. Some rooms had sensory equipment to alert staff in the event of people getting out of bed and needing assistance.

People could move freely around the home. Aids and hoists, which were suitable for meeting the assessed needs of people with mobility problems, were in place. Bedroom doors were numbered and had a photograph on them which helped people to recognise their own rooms. There was some signage which helped people orientate around the home. Bathrooms were dementia friendly areas, red toilets seat were in place, which were a good visual aid for people living with dementia, grabs rails were fitted to assist people as required. There were storage areas in bathrooms for towels and toiletries, these were designed to blend in with the décor and were fitted with dementia friendly push release door fronts so people would be deterred from opening them.

Is the service caring?

Our findings

At our previous inspection we found the care provided at Hyde Lea was good. At this inspection we found the provider, the registered manager and staff showed an outstanding level of care, compassion, kindness and empathy towards people. The experience and maturity of some younger of the staff was commendable. All staff's approach was a credit to the home. The manner in which they spoke with people was exceptional. They offered encouragement; they listened to people and were not dismissive of people who were struggling to tell them things. They made time to be with people and knew the people they caring for very well.

Managers and staff valued the people they cared for. Staff knew about people and respected their life histories and experiences. Staff knew what was important to people and about significant events in their lives. They focused on the uniqueness of each person rather than labelling them with a condition. One member of staff told us, "I care for these people how I would want my grandma cared for".

We heard one member of staff encouraging a gentleman to have a shave. They explained the way to the bathroom, about filling the hand basin with warm water and how they would feel better after having a shave. Another staff member commented to one lady that she had not got her lipstick on that morning and immediately went to get it for her. For another lady who said her hair didn't feel right a member of staff put rollers in for her when breakfast had finished.

We observed throughout the day a lovely connection between staff and people living at the home. There was a great sense of community and belonging. People were extremely comfortable and happy around staff and we saw many caring moments. At no time during the day did we see any person distressed. People were treated with great respect and regard to their dignity and privacy.

People were encouraged to have as much choice, control and independence as possible and make decisions about their care and environment. We saw one person spent a lot time in her room and liked to look the budgerigar they brought with them from home. Another person helped in the kitchen drying the dishes and another helped themselves to cups of tea.

Relatives were complimentary about the care their relatives received and the support staff offered to them in helping them understand the difficulties of a person's journey of living with dementia. People told us, "It's fantastic here, my [relative] gets the best care ever. All the staff are marvellous; they always have a smile on their face. They can't do enough for you". Another said, "Brilliant, just like home, my [relative] is well cared for and the staffs attitude is great". Visitors confirmed they were always made welcome. They told us they could meet with relatives in their own room or in the lounge.

Relatives felt included and some came in to help care for and assist their relatives at meal times. This was encouraged by the staff as people still wanted to be actively involved.

Staff were fully committed to providing an outstanding level of care. Most staff had worked at the home for a

number of years. They worked as a team and the registered manager did not use bank or agency staff. The team covered staff sickness or annual leave between themselves. The registered manager and the provider were very hands on and worked the floor alongside care staff. One healthcare professional told us, "I do go into Hyde Lea regularly and I'm always made welcome. I feel that care staff have genuine concerns for their clients and want what's best for them. They do not hesitate to involve the Community Mental Health Team (CMHT) or the GP should they have any concerns for the client's wellbeing. I have never witnessed or heard of any poor practice".

Policies and procedures were in place covering fairness, respect, equality, dignity and autonomy. Staff had also undertaken training in equality and diversity. Staff spoken with had a good understanding about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences.

Relatives spoken with confirmed they were involved and consulted about their relatives care records. Relatives were invited to attend reviews and other meetings regarding their relatives' care and welfare. If required the registered manager would be able to refer to an advocate to act on people's behalf.

There was a service user guide which provided information about the home, staffing structure and the facilities offered. This was available to people who were looking for a care home.

On the day of the inspection a family came to look around the home with a view to their relative moving in. A member of staff spent time showing the family around the home, explained the day to day running of the home, showed them the kitchen area and met with the provider and the registered manager. The family went home to consider their options and within an hour had telephoned the home back to accept a place at Hyde Lea.

Is the service responsive?

Our findings

At this inspection we found a high level of responsiveness to people's health, emotional and social care needs. Staff worked hard to ensure people's lives were meaningful and as fulfilling as possible and encouraged people to maintain an interesting life.

We asked the registered manager how people spent their day. Photographs were available to show a range of activities that people had taken part in. These included: baking, ball games, arts and craft, gardening and celebration days and parties throughout the year. One person told us they had been planting bulbs in the garden and how much they enjoyed being outside. Another liked to watch the birds in the garden and the registered manager had purchased some bird tables. One person liked to spend time making pom-poms and skilfully wrapped and threaded the wool through the cardboard template. We saw that people had been making Easter bonnets and relatives had been sent invitations to join the Easter bonnet competition on 1 April 2018.

The registered manager had introduced afternoon tea as an activity. Tables were laid and decorated with flowers, tea pots and refreshments and people sat together chatting.

On the afternoon of the inspection we saw that people living at the home were taking part in a keep fit music exercise session. This was a regular occurrence and the same gentleman visited Hyde Lea for each session and knew each person very well. People were seen playing musical instruments and exercising. People responded well and it was apparent they were having a fun time.

Later in the afternoon we observed the registered manager and the staff taking part in a music quiz where people had to find a song working through the alphabet. People were laughing and joining in with the singing. For people living with dementia rhyme and music remains prominent to them, so this provides a good opportunity to engage them in something they have the ability to do well.

We found that staff gave care in a personalised way. In the PIR the provider told us, "We ensure that service users receive person centred care planning which is coordinated to involve changes to the needs of the service user". Staff responded well to people's changing needs and behaviours. They understood people's body language and facial expressions to identify when people were becoming restless or anxious.

All the staff at the home had completed training in caring for people living with dementia and were all Dementia Friends. A Dementia Friend learns more about what it's like to live with dementia and the ways to help and then turns that understanding into actions.

The care records we looked at contained detailed information about the care and support required. Care files included a personal profile and life stories had been completed where possible. Preferences, such as night time routines and food likes and dislikes were documented.

We asked the registered manager how they cared for people who were nearing the end of their life. Staff had

completed the Six Steps to Success training programme. The aim of the programme was to ensure people received high quality end of life care provided by staff at the home that encompasses the philosophy of palliative care. This enabled people to die where they lived and to be cared for by people they knew and could trust.

None of the people spoken with had any complaints, but said they felt comfortable speaking with the registered manager or the provider to resolve any issues that may occur. There were systems in place for recorded and to any concerns or complaints if required.

There were a number of compliments cards thanking the provider, registered manager and staff for the care, compassion and kindness during their relatives stay at the home.

Is the service well-led?

Our findings

Our findings

The home had 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.

Since our last inspection the registered manager had continued to develop the service provided and the culture of the home was positive. The provider was very supportive and was involved on a daily basis either by telephone or spending time at the home. People spoken with confirmed they all knew the provider and that they could approach her at any time. The registered manager had an 'open door' policy and held a manager's surgery in the evening so that relatives who were not able to visit during the day could call in to see her if they wished.

The management team and staff had a clear understanding of the principles of care and the ethos of the service. They had a strong sense of providing people with an enhanced quality of life.

The home had a low staff turnover with a core of care staff that had been at the home for number years. Staff told us they were well supported by the management team and by each other. They demonstrated pride in their job and one described it, "As a big family" and they loved coming to work.

The home had strong links with the community, involving local schools and other groups. The registered manager had joined The Herbert Protocol (Safe and Found). This is a national scheme introduced locally by Greater Manchester Police and other agencies which encourages carers, staff and family members to compile useful key information which could be used in the event of a vulnerable person going missing and return them home safely and quickly. The information could include: places frequented, medication required, general routine, description and a recent photograph. In the event of a person going missing, the form can be easily sent to the police to reduce the time taken in gathering information.

The registered manager had applied to the Care Home Excellence Innovation Fund and had been awarded a significant amount of money which would benefit people living at the home. The money had been used to have a new lighting system in the lounge which could be set to provide low level restful lighting. A film projector has also been purchased so people could have movie sessions and a loop hearing system was now in place to assist people with hearing problems.

The home had the Investors in People Accreditation which was renewed in March 2016. The Investors in People Accreditation focused on improving business performance through improving the management leadership of people within the organisation.

The registered manager and the provider had signed up to the Bolton Care Home Excellence programme in June 2017. By signing up to the programme Hyde Lea had committed to working with people who used the

service, their families, Bolton council, Bolton NHS Foundation Trust and the local community to continually improve the quality of care. As part of the programme the registered manager must complete a comprehensive safety report to the council. The report audits medication, falls, deaths, records and numerous other monitoring checks.

The registered manager actively sought feedback. This was through resident and relatives meetings and through satisfaction surveys. Staff meetings were also held and minutes of the meetings were recorded.

We saw that the home had a system in place of audits and checks. Monitoring was carried out by the registered manager and the provider. Any shortfalls were identified and action plans were put in place to improve where it was necessary.

We looked at the home's policies and procedures; these were easily accessible for staff to refer to if needed.

Appropriate statutory notifications were received by CQC in a timely way as required. The registered manager and the provider engaged well with CQC.