

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection that took place on 16 March 2016. We last inspected Hyde Lea on 25 November 2013. At that inspection we found the service was meeting all the regulations that we inspected against.

Hyde Lea is a residential care home registered to provide personal care and accommodation for up to 18 people living with dementia. There were 18 people using the service at the time of the inspection. The home is situated in a residential area of Bolton and is close to public transport and local amenities. Parking is available in the grounds of the home and on the road at the front of the home.

Bedroom accommodation is provided on the ground and first floor. Access to the first floor is via a passenger lift. The communal areas of lounges and the dining room are situated on the ground floor.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day 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.

We saw that risk assessments were in place for the safety of the building. We found the premises were safe, fire exits were clear of obstructions and window restrictors in place to all windows. This help to keep people who used the service safe.

All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection.

People who used the service and relatives were complimentary about the service and care provided.

Staff had received safeguarding vulnerable adults training and knew what action to take if they suspected or witnessed abuse or poor practice. The service had a robust recruitment and selection process to protect vulnerable people from staff who were unsuitable.

There were sufficient staff available to support people safely and effectively. We saw that staff received training to enable them to do their job efficiently.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

People's care records contained detailed information to guide staff and other professionals involved in the care people required. The care records showed that risks to people's health and wellbeing had been

identified and plans were in place to eliminate or reduce the risk.

Appropriate arrangements were in place to assess whether people were able to give consent to their care and treatment. Where appropriate family and friends were involved in a person's post care and future goals and plans were discussed.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Food stocks were good, people were offered a choice of meal and the meals provided were varied and nutritionally balanced.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided and there were systems in place for receiving, handling and responding appropriately to complaints.

## 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.

Suitable arrangements were in place to help safeguard people from abuse. Sufficient, suitably trained staff, who had been safely recruited, were available at all times.

Risk assessments were in place for the safety of the premises. The service was clean, secure and well maintained.

Safe systems were in place to help ensure that people received their medications in a safe and timely manner.

### Is the service effective?

Good ●

The service was effective.

Staff received sufficient training to allow them to do their jobs effectively and safely. Systems were in place to ensure staff received regular supervision and support.

Appropriate arrangements were in place to assess whether people were able to give consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005.

People were provided with a choice of suitable and nutritious food and drink to ensure their health needs were met.

### Is the service caring?

Good ●

The service was caring

People who used the service spoke positively about the care and support provided by all the staff.

The staff encouraged and supported people in a caring and sensitive manner to help them achieve their goals and maintain their independence.

Staff had a good understanding of the care and support needs of people who used the service.

### Is the service responsive?

Good ●

The service was responsive

The care records contained information to guide staff on the care to be provided.

In the event of a person being transferred back to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

### Is the service well-led?

Good ●

The service was well led

There was a registered manager in place who was supported by the provider. People spoken with told us the management team were approachable.

Systems were in place to assess and monitor the quality of the service; however these were basic and could contain more detailed information.

Staff spoke positively about working at the home. They told us they felt supported by the registered manager and the provider.

# 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 checked 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 16 March 2016 and was unannounced. The inspection was carried out by an adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed information we held about the service, this included previous reports and notifications about safeguarding's, incidents and accidents. We also spoke with Bolton local authority commissioning team to find out if they had any information on the service. We also spoke with a visiting professional who visited the home regularly to get their views and opinions on the service provided.

As part of the inspection we carried out a Short Observation Framework Inspection (SOFI). This is a way of observing care to help us understand the experience of people who may not be able to speak with us, for example people living with dementia who may find it difficult to communicate verbally.

We spoke with three people who used the service and three visitors and the four staff on duty. We observed how staff cared for and supported people. We looked at records including three care records, two staff files, staff training, meetings, audits and records about the servicing and maintenance of the building and facilities.

# Is the service safe?

## Our findings

We spoke with three people who used the service and asked them about their experience of living at Hyde Lea and whether they felt safe and well cared for. One person told us, "I feel safe and the girls are champion". Another person could not remember how long they had lived at the home but commented they were safe. We spoke with three visitors who told us their relatives were safe and well looked after. One said, "All the staff are great, my [relative] is looked after really well. I have no concerns".

The property is a large converted house with a modern extension to the rear of the home. There were bedrooms of the ground and first floor. The first floor was accessible by a lift situated in the hallway. The staircase to the first floor had a gate across the bottom of the stairs to prevent people attempting to go upstairs unaccompanied for their own safety as there were a number of steps on the first floor. There were no other restrictions within the home and people were able to move safely around the different areas including access to the enclosed garden area.

We looked around the home and in people's bedrooms. We saw that some rooms did not have a nurse call systems as these had been assessed as being unsafe and dangerous for people living in those rooms. We asked the registered manager how these people were able to alert staff that they needed assistance. The registered manager confirmed that regular checks throughout the night were carried out. We saw evidence of this on the daily reports completed by staff.

We looked at three care records and found prior to people moving into the home a pre-admission assessment had been carried out by the manager. This was to ensure the home was suitable and staff could meet the needs of the individual. Other information in the care records included; risk assessments for falls, nutritional risk, moving and handling and what assistance or aids were required for example Zimmer frame or walking stick.

We saw that health and safety policies and procedures and risk assessments were in place. Each person had a personal emergency evacuation plan (PEEPs). A PEEP informs the emergency services what assistance people required to help them evacuate the premises for example, independently mobile or needs two staff to assist. We saw that checks of the fire alarms and systems were carried out on a regular basis.

We observed the morning medicines being administered. This was done by a senior member of staff who confirmed they had received up to date training in safe management of medicines. We checked the systems of storage, administration and disposal of medicines. We also looked at the Medication Administration Records sheets (MARs) and saw these had been accurately completed. At the time of the inspection there were no controlled drugs being administered.

We saw that some people were prescribed 'thickeners'. Thickeners' are added to help people who have difficulty swallowing and help prevent people from choking. Thickeners' are made to different consistency as prescribed. We spoke with a member of staff who was preparing drinks who was aware of individual's requirements and the consistency of each drink.

We looked at two staff files and saw robust recruitment procedures were in place. Information in the files included an application form, references and other forms of identification. Checks has been carried out with the Disclosure and Barring Service (DBS). The DBS check identified people who are barred from working with vulnerable people.

Staffing rotas confirmed the number of staff required on duty for days and nights. We saw on the day of the inspection that there were sufficient numbers of staff on duty to meet people's needs. The relatives we spoke with confirmed that staffing levels were fine.

We saw that any accidents or incidents had been recorded and the CQC had been notified as required.



# Is the service effective?

## Our findings

One visitor spoken with said they thought the staff had the skills and experience to meet their relative's needs, they told us, "I think my [relative] is really well looked after, the staff know what my[relative] likes and dislikes". Another told us the all the staff were "Marvellous".

We looked around the home and saw home was clean and tidy. People could move safely around the communal areas. We saw that most people were up and sitting in the lounge, some people were in recliner chairs resting and looked comfortable. The home provided care for people living with dementia. There was appropriate signage to help people with finding their way to their bedrooms, bathrooms and toilets and communal areas of the home. We found the home to be well lit with both electric and natural lighting. Photographs and names plaques were on people's bedroom doors to help them identify their bedrooms. We found that bedrooms were warm, comfortable and had been personalised with photographs and mementoes brought with people from home. The atmosphere within the home was relaxed and calming for people living with dementia. The staff helped create this by their unhurried and efficient approach when completing their daily tasks.

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 to 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. We saw that the registered manager had submitted 16 DOLs applications to the local authority as required.

We spoke with the staff about MCA and DOLs and from our discussions they demonstrated an understanding of the procedures to follow.

We looked at the training matrix and saw training was on-going. Staff had completed training in moving and handling, safeguarding, food hygiene, medication, mental capacity and caring for people living with dementia. On the day of the inspection we saw that the majority of staff employed were at the home completing a first aid training course.

There were systems in place that showed staff received regular supervisions meetings. These meetings provided staff with the opportunity to discuss with the registered manager any concerns they may have and any further training and development they wish to undertake.

We asked the registered manager what arrangements were in place to enable people who used the service to give consent to their care and treatment. We were told that care and treatment was discussed and agreed with people who used the service where possible. We observed staff asked people about their choices and preferences and were patient when people sometimes had difficulty in responding. Relatives spoken with told us that they were kept informed about their relatives care and welfare.

As part of our inspection we carried out a Short Observational Framework Inspection (SOFI). This is a way of observing care to help us understand the experience of people who may not be able to speak with us, for example people living with dementia who may find it difficult to communicate verbally. We observed the lunchtime meal and how staff assisted with this. We found the tables were nicely set with napkins at each place sitting. People were offered a drink of their choice. We found that people were asked if they were happy with where they were sitting and their choice of meal. Most people could manage to eat their meal unassisted. We found that once their meal had been served to them that there was little interaction from staff and no conversation between people sat together. Staff were seen assisting some people in the lounges which detracted from the main dining room. We discussed this with the registered manager who told that normally people who required assistance with their meals were served first then staff could concentrate on the people the dining room. The registered manager told us this had not happened today due to the inspection and that staff may have thought this may have been seen as being unacceptable.

We spoke with the chef who had a good understanding of people's likes and dislikes and any special diets required were catered for. People spoken with told us the food was good and we saw that portion sizes were sufficient. We observed that drinks and snacks were served throughout the day.

The care records we looked at showed us that people had access to external health and social care professionals. We saw evidence of visits from GPs, chiropodist and community nurses had been recorded.

## Is the service caring?

### Our findings

People who used the service told us, "The girls are nice and kind". A relative spoken with told us, "I am very happy with the care my [relative] receives. I know they are being well looked after". Another told us, "The staff are really good".

We saw that people were well groomed and looked well cared for. A hairdresser attended the home regularly so ladies and gentlemen could have their hair done. Some ladies had their jewellery on. When looking in bedrooms we saw that people had been provided with their own toiletries including appropriate oral hygiene products.

Visitors told us they were always made welcome when visiting their relatives. We saw that people were offered refreshments on arrival. The home operated a protected meal time policy and visitors were requested where possible to avoid visiting during mealtimes to avoid disruption during meals.

From our discussions with staff and the registered manager they demonstrated they had a good understanding of the needs of the people they were looking after. We saw that people were treated with dignity and respect when any personal care interventions were required.

Although the staff were kept busy during the day they took time to sit and chat with people who used the service. For one person who was not feeling very well we saw a member of staff sitting chatting with them and holding this person hand offering reassurance .

We asked the registered manger to tell us how they cared for people who were very ill and at the end of their life. We saw evidence that staff had completed the Six Steps end of life training programme. Six Steps ensures that resources are made available to facilitate a private, comfortable, dignified and pain free death.

## Is the service responsive?

### Our findings

Relatives spoken with told that responded well to their relative's needs. One relative told us, "I was worried when [relative] need to move in to a care home. Now they here I have no worries about their care. My [relative] is being looked after by people that care".

The care records we looked at contained information to guide staff on the care and support people required. Information included people's preferences for example if they preferred a bath or shower and interest and hobbies and social care needs.

We saw that the home had enough equipment and adaptations to meet people's needs safety and to help promote their independence.

We saw that the care plans had been reviewed and any changes to the plan of care had been amended. We saw evidence in the care records to show that either the person and /or their relatives had been involved in the care planning and in decision making. The registered manager told us that there was good support and interaction with family members.

One visitor told us that they were due to celebrate a very special wedding anniversary and that they had been invited, with a friend to come and celebrate this with their relative who lived at the home. They told us they were really looking forward to this.

In the event of a person being transferred to hospital or to another care service, information about the person's care needs and current medication would be sent with them on a transfer form.

We looked to see what activities were available to people. The activity plans were displayed on the notice board. We saw people could take part in gentle exercises, arts and crafts and sing a longs. For one person who had not been at the home very long it was found that they liked the outside garden area and this is something that the registered manager is looking to promote for this person.

The complaints procedure was displayed in the hallway and the provider had a policy in place for receiving, handling and responding to complaints. Relatives spoken with were confident that if they had any complaints or worries that they would be comfortable at raising them with the registered manager or the provider.

## Is the service well-led?

### Our findings

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day 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.

The staffing rotas showed that sufficient numbers of staff were on duty during the day and at night time. Staff spoken with confirmed they have no issues with staffing levels. The registered manager was at the home most days and support was available from the provider.

Staff told us, "I have worked here for a long time, it's a good place to work". Another said, "We all work as a team, the manager and the owner are very supportive and you can always ask them things if you're not sure".

We saw that 'handover' meetings were undertaken at the start of each shift. This was to ensure that staff coming on duty were given up to date information about people who used the service, any concerns or GPs visits or hospital appointments.

We saw that staff meetings were held and feedback from relatives was sought. We saw that the provider had the Investors in People accreditation. This is a management framework for high performance and recognises the provider's management effectiveness and quality staff developments which benefits the quality and safety provided to people who used the service.

We asked the registered manager to show us how they monitored and assessed the quality of the service provided. We saw that checks and audits had been undertaken, for example care records, mattress and pillow checks, the environment and medication. The checks were recorded and any improvements identified were recorded and dated when completed. We discussed with the registered manager and the provider that the audits were basic and could be improved. The registered manager agreed to look at implementing a more detailed and robust system of auditing.

We saw that the servicing of the gas, electric and other appliances such as hoist and lift had been undertaken and valid certificates were in place.

We checked information we held on this service prior to our inspection and saw that accidents and incidents had been reported to the CQC as required. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.