

HC-One Limited

Guide Lane Nursing Home

Inspection report

232 Guide Lane
Audenshaw
Tameside
M34 5HA
Tel: 0161 335 9989

Date of inspection visit: 3 and 4 February 2015
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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 

Overall summary

The service was last inspected on 4 and 8 April 2013 and at the time was meeting all regulations assessed during the inspection. This inspection was carried out over two days on 3 and 4 February 2015. Our visit on 3 February was unannounced.

Guide Lane Nursing Home is registered to provide both residential and nursing care for up to 41 older people. There were 32 people living at the service when we visited.

There was a registered manager at the home.

‘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 building was well maintained, clean, tidy and free of any unpleasant odours.

People who used the service and who were sat in communal lounges had side tables next to their chairs with their choice of jugs of juice and personal belongings

Summary of findings

such as puzzle books, glasses, magazines and photographs. People who used the service and the visitors we spoke with were positive and very complimentary about the overall service, attitude, skills and competency of the staff team. Individual care was assessed and planned and was subject to regular review.

There was appropriate communication between all levels of staff at the home.

We found robust policies and procedures were in place for staff recruitment and the personnel files we looked at indicated that all relevant pre-employment checks had been completed before a member of staff started work in the home. A full induction was carried out during the first three months of employment and records on file demonstrated this.

The registered manager was proactive in service delivery and led by example spending time working with staff and supporting them whilst carrying out their care duties.

Nursing staff had regular clinical supervision and had access to training that supported their ongoing professional development. Records and discussion with staff working in home confirmed that regular supervision and annual appraisals had taken place and were ongoing.

The provision of food was good and regular activities were available for those people who wished to participate. A dedicated activities organiser was employed in the home.

Information which we received from a range of health and social care professionals who had regular contact with the home were very positive and complimentary about the care and support provided by the whole staff team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who lived at the home told us they felt safe and comments included, “I feel very safe and secure living here knowing the staff look after my interests all the time.” One visitor told us, “I have full confidence in the staff here. I am sure my [relative] is safe and well cared for.”

Staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work.

We found there were suitable arrangements in place to manage people’s medication. All medication administration records seen were complete and up to date.

Equipment used in the home was regularly serviced and well maintained therefore not putting people at unnecessary risk.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service and regular and appropriate training meant they could update their skills.

Staff supervision and appraisal records indicated that regular one to one supervision and annual appraisals were being conducted by senior staff, demonstrating that staff were receiving appropriate support.

People were supported to have their health care needs met by professional healthcare practitioners.

Staff liaised with professionals such as speech and language specialist, chiropodist, district nurses and the person’s own general practitioner.

Nutritional assessments had been carried out and people received meals they like or preferred.

The registered manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

The atmosphere in the home was relaxed, calm and unhurried and it was evident that the staff knew people living in the home very well. The conversations between staff and people were light hearted and appropriate.

People we asked spoke positively about the caring nature and professional approach of the staff team. One person using the service told us, “The food is great, the care is superb and, overall, the staff are wonderful.”

Visiting relatives said, “They [staff] consult me about my relatives care and definitely treat them with dignity and respect.”

Good



Summary of findings

Is the service responsive?

The service was responsive.

One person using the service told us, “The care is very good here and they come to me quickly when I need to call them. It seems nothing is too much trouble to the staff here.”

Staffs approach with people was kind and considerate.

Care plan documentation had been reviewed on a regular basis and plans had been updated where required.

People living in the home had daily opportunities to participate in a range of appropriate and well liked activities.

People knew how to make a complaint if they were unhappy.

Good



Is the service well-led?

The service was well-led.

A manager was in post that was registered with the Care Quality Commission.

People using the service and visitors we spoke with described the service as being well managed. One person using the service told us, “They really know what they are doing here, always looking to improve and always going forward.” One visiting relative said, “I would say that this home is very well run.” Another visitor said, “Everything works well here and that must be down to good, well managed staff.”

The registered manager and senior staff had systems in place to monitor and review the quality of service being provided.

Good



Guide Lane 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.

The inspection took place on 3 and 4 February 2015 and the first day was unannounced.

The inspection was carried out by one inspector and also included an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service. The expert on this occasion had experience of supporting someone living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

Prior to the inspection we requested information from some healthcare professionals involved with the service. For example, we requested information from Tameside and Glossop Clinical Commissioning Group. We also requested information from a local authority about the service.

During our inspection we spent two days in the home observing the care and support being provided to people. We had a tour of the communal areas, bathing facilities and a number of bedrooms and were introduced to people living and working there.

We looked at a sample of records which included two care plans for people receiving nursing care and two care plans for people receiving residential care. We also looked at three staff recruitment files, servicing records for equipment used in the home, staff training records, medication records and complaints log.

We spoke with nine people living at Guide Lane Nursing Home, five visiting relatives, the registered manager, the deputy manager, two senior care workers, one housekeeper and the chef.

Is the service safe?

Our findings

Arrangements were in place to keep people who lived at Guide Lane Nursing Home safe and protected from abuse and avoidable harm.

One person told us: "I have been here a few months and I have found it very easy to settle here. Everything about it is fine." Another person said: "I feel very safe and secure living here knowing the staff look after my interests all the time." One visitor said: "I have full confidence in the staff here. I am sure my [relative] is safe and well cared for."

Those staff we spoke with told us they had received training in the topic of safeguarding and training records seen confirmed this. We also asked staff if they understood the principles of whistleblowing and if they would feel confident to blow the whistle if necessary. One member of staff told us: "I would not hesitate if I thought someone was at risk." All the staff we spoke with told us they felt confident that both the registered manager and senior staff would respond appropriately and in a timely manner to any concerns that may be raised. We saw evidence that the registered manager had dealt with three safeguarding incidents appropriately and had informed all relevant agencies, for example, the local authority and the Care Quality Commission.

The atmosphere in the home was calm and relaxed and we saw that staff interacted with people in a friendly and respectful manner. The registered manager told us that any person who wished to come and live in Guide Lane Nursing Home was subject to a full assessment of their needs prior to an offer of a place being made. This meant that the registered manager and deputy manager (both qualified nurses) could assess if the service available was able to meet the person's needs safely and appropriately.

People were supported to take every day risks and had choices about how and where they spent their time. We saw people moving freely around the home, choosing where to sit, who to sit with and what activity (if any) they wished to participate in. For example, some people were reading newspapers, books and others chatting or watching television. In the care files we looked at we saw that risk assessments had been completed and linked to individual care plans.

The registered manager told us that nurses and senior carers were responsible for the administration of medicines in the home and all had received appropriate training. This was confirmed by the nurses and senior carers we spoke with.

We looked at the receipt, disposal, administration and storage of medication. The pharmacy supplied the service with medication in their original packaging. Records seen indicated that medication was checked on arrival at the home. Any unused or spoilt medication was returned to the pharmacy for disposal or via a designated hazardous waste contractor and relevant signatures obtained to confirm this. We checked a sample of controlled drugs to make sure the quantities stored matched the quantities recorded. They did.

We undertook a tour of the home. This included communal areas, toilet and bathrooms and a selection of people's bedrooms. Corridors were clean, light, airy and uncluttered. People's orientation was aided by some directional signage and all toilet and bathrooms had privacy locks fitted. During our time in the home workmen were carrying out refurbishment work to some toilet areas. Appropriate signage had been put in place and people living in the home had been told of the work being carried out. Workmen let senior staff know of their arrival and departure from the home and the maintenance person monitored the work being carried out. At the time of our visit, the registered manager informed us that there was a rolling programme in place to have all bedrooms redecorated and fitted with new furniture, carpet and curtains.

Regular maintenance and testing of the water supply, electrical appliances, nurse call system and heating had taken place. To help alert people to fire, a fire alarm system was fitted and tested on a regular basis. Records indicated that staff were provided with regular fire drill and fire awareness training. This was to make sure they are aware of what to do in the event of a fire.

The registered manager told us that staff were usually deployed on the basis of two shifts, with occasional 'mid' shift cover for extra support. On the days of our visit care staffing levels consisted of one nurse, one senior carer and five carers plus the registered manager working 9 – 5. There was one nursing staff vacancy that was in the process of being recruited to. The registered manager confirmed that they had the authority of the provider to deploy extra staff

Is the service safe?

on a shift if necessary. Staff spoken with said that there were usually enough staff to ensure the health and safety of people who used the service and that people who required assistance and support were responded to in a timely way and did not have to wait long. This was confirmed by the people living in Guide Lane Nursing Home and their

visitors. One member of staff did feel that sometimes more staff were needed on the nursing unit and this was discussed with the registered manager. It was confirmed that staffing levels were based on the assessment and needs of people using the service on a day to day basis, with a minimum level of staffing at any one time.

Is the service effective?

Our findings

People and their relatives spoke positively about Guide Lane Nursing Home and the care they or their relative received. One visiting relative told us: “Mum has been in here since November. She came with multiple fractures from her previous care home. When she was in that one she just lay there, hardly speaking. We have seen a massive improvement in her already and she is much more lively. My sister is her main contact with this home but I can see, on my visits here, that they are doing a really great job with her.”

A person living in the home told us: “I went into hospital after suffering two broken bones in a fall at home. I then managed to break more and damage my shoulders when recovering in Shire Hill but they have done very well for me since coming here. They massage my shoulders twice a day and again before I get off to sleep.”

The staff we spoke with told us they were confident that the on going training enabled them to do a very good job. They were all aware of the need for good nutrition and adequate fluid intake. Staff supervision and appraisal records indicated that regular one to one supervision and annual appraisals were being conducted by senior staff and this was also confirmed by those staff we spoke with.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. The registered manager told us that no one who used the service needed the protection of DoLS at the time of this visit. They also told us that staff had received training in the MCA and DoLS. Individual training records seen confirmed this as did those staff we spoke with.

All the staff we spoke with told us that they received good support from the registered manager, nurses and senior staff. We looked at a number of individual staffs training records which indicated what training staff had participated in to date. This training included emergency procedures, fire drills, food safety in care, health and safety, infection control, safer people handling, moving and handling, safeguarding and understanding equality and diversity. Medication training was completed by those staff

with the responsibility for administering medicines in the home. Nursing staff told us that they were supported to maintain their professional qualifications including the completion of ‘PINK’ training.

PINK training with the Clinical Commissioning Group (CCG) provides support to nurses in local policy, medication training, and diabetes care, wound care, peg feeding, behaviour that challenges and speech and language therapy. This is to help ensure nurses are up to date and aware of accessible healthcare resources locally to people using the service to the best possible standards.

Records seen and staff spoken with confirmed that regular meetings had been taken place for all grades of staff.

All staff spoken with confirmed they could access the registered manager at any time should they wish to speak with her or discuss any concerns or training needs. The deputy manager told us, “I have daily contact with the registered manager and we discuss things about staff and residents and the running of the home.” Other staff told us: “We have handovers between each shift and we discuss how each person living in the home has been. We also discuss if anyone is poorly or whether there are any visits due from doctors or other healthcare workers.”

We looked at how people were supported with eating and drinking. There was a comprehensive daily menu and on day one of our inspection visit the expert by experience sampled the lunch time meal on the residential unit of the service.

At the lunch time meal there were five people plus the expert by experience dining at a very large table which did not lend itself to easy conversation. As it was a light lunch another five or six people preferred to eat from their side tables in the lounge. There were two staff serving and assisting where necessary. The staff informed the expert by experience that, for the main meal later in the day, there would be twelve sat at the table. However, it was suggested that splitting the large arrangement into three tables, each seating four, would make for easier conversation and possibly a more relaxing lunch or dinner.

Where there were concerns about a person’s food and fluid intake or they had difficulties in swallowing, they had been referred to a specialist.

Is the service effective?

Prior to our visit to the service, we requested any available feedback from health care professionals involved in providing a service within the home. One comment received was: "We have no concerns about this service at all."

Where people had been assessed as requiring equipment and adaptations such as pressure relieving mattresses and cushions, rise and fall beds (profiling beds), walking aids and medical equipment such as peg feeding machines, these had been supplied.

Is the service caring?

Our findings

People living in Guide Lane Nursing Home and visitors who we asked, spoke positively about the caring nature and professional approach of staff. Visiting relatives we talked with were very positive and complimentary about the overall service and caring nature of the staff. Comments included: “My [relative] has bed rails in her room, which she needs, and I know from experience that when she is in bed they [staff] check on her regularly. The meals are very good and she does have a good appetite. They consult me about her care and definitely treat my [relative] with dignity and respect.”

One person living in the home on a temporary basis told us: “My wife has been in here for five years and I always come in for about five or six hours a day. Late last year I broke my arm in a bad fall at home so, knowing how good they are here, I booked myself in to recuperate. I will probably have to go back home soon but, as soon as possible I intend to move in here permanently. The food is great, the care is superb and, overall, the staff are wonderful.”

Most of the people living in the home we spoke with were capable of making decisions but, where necessary and agreed; their relatives were kept informed and involved with their care. People using the service said they were confident their care needs were being met. They thought very highly of the staff and considered them to be “kind and compassionate.”

Throughout our time in the home we saw staff, including domestic and kitchen staff interacting with people in a caring and professional manner. The atmosphere in the home was relaxed and calm and it was evident that the staff knew the people living in the home very well. The conversations between staff and people were light hearted and appropriate. People who were unable to express their own views appeared very comfortable with the staff that

supported them. We saw people smiling and interacting with staff in different ways when they were approached. For example, some people reached out to the staff, others responded to gentle touch by the staff.

We saw staff supporting people in a discreet and respectful manner. Staff quietly asked people if they needed any support to attend to their personal care.

Staff we spoke with had a good knowledge and understanding of the people they supported and cared for. We asked one member of staff to tell us about one of the people who required support. They told us about this person’s background and how best to meet their current needs. The care plan and information in this person’s care file reflected the information the member of staff had shared with us.

We looked at four people’s care plans in detail. Each plan was linked to appropriate risk assessments and had been reviewed on a regular basis. We noted that where able, people had signed their care plans and reviews to indicate they had participated in planning their care. Some plans had also been signed by relatives to demonstrate their involvement in the care planning and review process.

Where possible, people were involved in discussions and decisions about their end of life care. The registered manager and a number of staff had undertaken the “Six Steps” training. This is a training course designed to enable people who use the service to receive high quality end of life care by a care home that encompasses the philosophy of palliative care. One member of staff told us: “For an end of life plan we cover six steps by closely involving people such as a Macmillan nurse, the hospital, the GP, a responsible relative and a statement of intent. The relevant staff are fully involved so that they are aware of the plan.” Macmillan nurses complete specialist courses in managing pain and other symptoms, including psychological support.

Is the service responsive?

Our findings

We spoke with a number of people using the service who told us they were encouraged to make known their views about the home and the care provided. They were confident that staff did listen to them and acted accordingly. Visitors and people using the service told us that they had found no undue restrictions on visiting the service. One person told us: “I love it here. Everyone does their best for you and there is always something going on. I would recommend this place to anyone.” Another person using the service told us: “The care is very good here and they come to me quickly when I need to call them. It seems nothing is too much trouble to the staff here.”

Throughout our time in Guide Lane Nursing Home we observed how staff responded to people’s requests and needs for support. Staffs approach with people was kind and considerate and, in most instances, asked people for their consent before assisting them. If people refused to be helped staff respected their wishes. In some instances, especially where people were unable to verbally communicate with the staff, we saw implied consent was given. For example, one person who was being encouraged to go for dinner was unsure but when the carer smiled and held out her hand the person got up out of their chair and went for dinner.

We looked at a sample of care records relating to the identified needs of the individual and on the information shared by the person, their family and healthcare professionals who had supported the person prior to moving in. We found the reviews of the care plan documentation had been conducted on a regular basis and plans had been updated where required.

Each person living in Guide Lane Nursing Home had a document titled ‘My Support Plan’. This document had been compiled by the person, their relatives and staff at the home and contained information about the things and

people that were important to them. They also contained information about people’s preferred daily routines. This meant that staff had information to enable them to provide care in a way that was personal to the individual.

Evidence seen in records indicated that people who used the service had access to the full range of medical support in the community.

A dedicated activities coordinator was employed at the home and activities took place most days. On day one of our visit people went out to Portland Basin in Ashton-under-Lyne and on day two of our visit people enjoyed a game of ‘play your cards right’. A printed guide to ‘what’s on’ in the coming months was available for people to take and read and we could see various events had been planned throughout February and March. Daily activities were also displayed on a noticeboard on one of the corridors. Quiet areas had been set up throughout the home to enable people to sit and chat or just to ‘chill out’ away from the main communal areas.

A complaints procedure was available and information about this was displayed in the main hallway of the home. Information about how to raise a complaint was also available in the latest Resident Guide, copies of which were readily available for people to pick up and take. One person using the service told us: “I am a long term resident and I have no complaints at all.”

An emergency contingency plan was available and displayed in the office used by care staff. The information in the plan contained a flow chart, emergency contact numbers for personnel and other appropriate agencies such as gas, electricity, police, fire, estates manager, social services duty team, emergency support team, home manager’s and senior management staff. This information meant that staff had quick access to relevant information and the actions to take during an emergency situation that could place both people using the service and staff in a situation of risk.

Is the service well-led?

Our findings

People living in the home that we spoke with were aware of the management arrangements and told us that the registered manager, nurses and senior carers were always available and approachable. One person using the service said: “They really know what they are doing here, always looking to improve and always going forward.” At the time of our inspection visit Guide Lane Nursing Home was being managed by a manager registered with the Care Quality Commission. Staff, visitors and people living in the home spoke positively about the leadership and management style of the manager.

The staff we spoke with told us that they worked in a friendly and pleasant atmosphere which was definitely fair and open. They were clear that they aimed to provide a high quality level of comprehensive care to all the people living in the home. Comments from staff included: “I am sure this is a well-managed home and everyone pulls together. My office is by the rear exit and is a little adrift but the way we are spread out does mean we can cover the space and the residents better. We all try to move about rather than stay apart in our offices” and “I enjoy working here as it is so well run that it makes for a happy atmosphere which is why I have happily worked for 19 years...”

Visitors to the service told us: “I am visiting my [relative] who is quite poorly at present and is not really able to talk to you but I can say that they are excellent here and do their very best for her. They keep me involved and informed and I have nothing but praise for them. I would say that this home is very well run”, “[Relative] is very quiet these days but is obviously keeping well thanks to the staff here. She does not say much but I know she is taking everything in and that she is well cared for and is safe and happy. She

still likes to go out on the trips but prefers an occasional short run to one of the local pubs for lunch. Everything works well here and that must be down to good, well managed, staff.”

Some relatives, friends and visitors had chosen to use the carehome.co.uk website to record their views about the home and service. Fifteen recommendations about the service had been recorded since March 2013 and all were extremely positive and complimentary about Guide Lane Nursing Home.

The registered manager and senior staff had systems in place to monitor and review the service being provided at Guide Lane Nursing Home. Part of this system included sending regular data to the Clinical Commissioning Group including details of categories of any urinary tract infections, falls, pressure ulcers and catheter care/problems that occurred to people using the service. Relevant data was also sent to the local authority on a three monthly basis.

Various quality audit processes were being carried out by the registered managers and senior staff on a daily, weekly and monthly basis, with records being kept. We looked at those audits (checks) recently conducted and completed which confirmed that the quality and standard of service being provided was being regularly monitored and assessed and action taken where any shortfalls were identified.

We saw evidence that the provider carried out regular quality and compliance assessments of the service to make sure high standards of service delivery were being maintained.

The registered manager confirmed that a representative of the provider visited the service on a regular basis and that during their visit spoke with people living and working in the home as well as any visiting professionals and relatives to make sure the service continued to operate to a high standard.