

Mrs M L Lowe

Hyde Lea

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hyde Lea is a family operated residential care home registered to provide support for up to 19 people, most of whom are living with a dementia. The home is a large, detached property set within its own grounds which has been extended. At the time of inspection 19 people were living at the home.

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

We found improvement was required with record keeping, comprehensiveness of some people's care plans and risk assessments and with the provider's governance processes. We have made a recommendation about medicines guidance.

People felt safe living at Hyde Lea. Staff knew people well and how to keep them safe. People and relatives provided positive feedback about the staff, how they provided care and met people's needs. Training in safeguarding was provided and refreshed. Staff knew how to identify and report any concerns. Enough staff were deployed to meet people's needs and keep them safe, with existing staff used to cover sickness or other absence, to ensure continuity of care. Accidents, incidents and falls had been documented along with actions taken, although we saw no evidence analysis had been completed to look for trends and consider any learning from these. The provider had appropriate infection control policies and procedures in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives described staff as kind and caring. Staff knew people well and how they wanted to be cared for. People were treated with dignity and respect and where able, allowed to complete tasks for themselves to maintain their independence.

People, relatives and staff spoke positively about the home. A number of relatives had moved their family member to the home after negative experiences at other care homes and stated how much happier, they and their relative now was. People's views were sought via annual questionnaires. Due to the majority of people at the home living with a dementia, the provider felt resident meetings were not the best way to involve people, so views were sought more informally through discussion with people and relatives. Relatives told us they were happy with communication.

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

Rating at last inspection

The last rating for the service was good (published April 2018).

Why we inspected

We undertook this focused inspection to assess whether the current rating of good was still accurate. The

inspection was also prompted in part by an incident, which resulted in a person sustaining a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident.

This report only covers our findings in relation to the key questions safe, caring and well-led, as these were the only key questions inspected. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings at this inspection.

Enforcement and Recommendations

We have identified a breach in relation to record keeping and governance processes at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hyde Lea

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

Hyde Lea is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hyde Lea is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. The previous manager had left before registering with the Care Quality Commission. The provider was in the process of identifying a replacement and was undertaking the role of manager in the interim.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people and 4 relatives about the home and the care provided. We also spoke with 6 members of staff, which included the owner, who was currently managing the home, a deputy manager and care staff. We sought the views of 3 more staff via an emailed questionnaire.

We looked at 3 people's care plans and risk assessments. We also looked at medicines and associated records for 6 people. We reviewed a range of documentation which included, safety records and certification, supplementary charts, audit and governance information.

After the inspection

We requested and reviewed additional evidence from the provider. This included accident information, evidence of notifications, risk assessments and additional care plan information.

Is the service safe?

Our findings

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

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

Using medicines safely

- Overall, medicines were managed safely. People received their medicines as intended, from staff who had been trained and assessed as competent.
- Medicines records included people's allergy status. However, more information was needed about how people liked their medicines to be given, or if they should be administered in a special way.
- We also noted some people did not have clear guides to help staff administer their 'when required' medicines. For example, when to give and how often.

We recommend the provider reviews each person's medicines records to ensure these include clear guidance on how they would like to take their medicines and how any 'when required' medicines should be given.

- The provider completed regular checks of medicines practice to keep people safe.
- Medicines were stored securely and there were no issues with stock control. Staff did regular checks to maintain this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate identified risks.
 - Care documentation contained a number of risk assessments, which provided staff with basic information about how to meet people's needs and keep them safe. However, we identified gaps and contradictory information within some people's risk assessments and care files. This included information relating to people's mobility needs and use of equipment.
 - Accidents, incidents and falls were documented using accident forms and within daily notes. There was an online dashboard used to log how many had occurred each month. The provider did not currently use a centralised document to record each accident, incident or fall, to enable easier oversight and help look for patterns and trends. They told us this was something they would look to implement moving forwards.
 - Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly. Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and were safeguarded from abuse and avoidable harm.
- People told us they felt safe at Hyde Lea. Relatives also spoke positively about the safe care provided.

Comments included, "I can honestly say that I feel safe (living here)" and, "Yes, [relative is safe], I have no anxieties about this."

- Staff had completed training in safeguarding and knew how to identify and report any issues or concerns. Reporting guidance was in place and had been followed.

Staffing and recruitment

- Enough staff were deployed to keep people safe and meet their needs. Feedback from people, relatives and staff confirmed this.
- Staffing numbers were decided by senior staff based on their experience and knowledge of people living in the home, along with people's assessed needs.
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- DoLS applications had been submitted timely, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.
- Care plans contained information about people's capacity to make decisions. When required, best interest decision making had taken place.

Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place.
- Infection control policies and procedures were up to date and reflected current national guidance.
- People and relatives spoke positively about the home and cleanliness. Comments included, "[The home] is very clean and spotless", "Everywhere is clean and tidy" and, "My bedding is always clean and my bed well made."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported: respecting equality and diversity

- People told us they received good quality care from staff who knew them well. Relatives also spoke positively about the care provided. Comments included, "They [staff] are very kind and caring. They focus on the needs of the people who live here" and, "They are the most brilliant carers; they know what I need and like and know my needs."
- Observations of care supported people's views, with staff demonstrating a clear understanding of people's likes, dislikes and how they wished to be cared for. It was apparent staff had formed positive relationships with the people they supported.
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. People's preferences were documented in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative told us, "They treat [relative] with dignity and respect. They are patient and [relative] is always clean and tidy. They style [relative's] hair just how they like it."
- Staff explained how they ensured people's privacy and dignity was respected. One told us, "We always cover residents up when getting them undressed and providing any personal care. We explain what we are going to do and make sure this is okay with them. We make sure doors and curtains are closed."
- Where possible, people were supported to maintain their independence. This could be choosing what they wanted to wear, through to washing and dressing themselves.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and encouraged to make decisions. This was largely done informally during discussions with people and with relatives when they visited the home.
- Regular care reviews were completed and documented. However, in the care plans we viewed, it was not clear whether people and/or their relative had been consistently involved in this process.

Is the service well-led?

Our findings

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

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

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

- The provider had a range of systems and processes in place to assess the quality and performance of the home and care provided. However, these had last been completed in September 2023, which coincided with when the previous manager had left.
- During the inspection we identified some issues with contemporaneous record keeping, inconsistencies in some people's care plans as well as some care plans requiring greater detail to ensure staff had all the information they needed to ensure people's needs could be met safely. None of these issues had been identified through the provider's governance processes.
- Each audit included a section at the end to record any actions. However, the provider did not use an overarching improvement plan, onto which all planned actions from audits, as well as surveys and/or meetings with professionals were recorded, to ensure effective oversight and that actions were completed timely.

Contingency plans to ensure continuity of auditing were not in place. Governance processes had not identified issues with record keeping, inconsistencies in care plans and the need for greater detail, to ensure needs were met and risks minimised. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary

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

- People and staff were involved in the running of the service, who understood and considered people's protected characteristics.
- Annual surveys were completed to gather people and relative's views of the home and care provided. However, the current questionnaire used for people living at the home needed to be more accessible, to ensure as many people as possible could understand and answer this. The provider agreed to address this moving forwards.
- The provider worked in partnership with other professionals and local community groups, to benefit people living at the home. During the inspection 2 local schools visited to sing carols and chat with people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the home
- People and relatives spoke positively about the home and care provided, telling us they would recommend the home to others. Comments included, "I'm very happy with this home" and, "It's brilliant here, I have no complaints. If anything happened to me, I am confident [relative] would be looked after."
- Staff told us they felt supported and enjoyed working at the home. One stated, "It's a good home and place to work, we get lots of support. Best thing is seeing people happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- Relatives we spoke with had not had to raise concerns but told us the provider kept them updated with any issues and would always ring if anything happened to their loved one.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Contingency plans to ensure continuity of auditing were not in place. Governance processes had not identified issues with record keeping, inconsistencies in care plans and the need for greater detail, to ensure needs were met and risks minimised.