

Treetops Nursing Home Limited

Hyde Nursing Home

Inspection report

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Hyde
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Hyde Nursing Home is a residential care home providing personal and nursing care to up to 100 people. At the time of our inspection there were 24 people using the service.

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

Some required health and safety and equipment checks had not been carried out. There were not sufficient staff to ensure people received the care and support they needed in a timely manner. All required pre employment checks had not been completed. The provider was not always meeting the requirements of the MCA. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. There was a lack of systems for auditing, assessing, monitoring and improving the quality and safety of the service.

Risks to people had been identified and new risk assessments and care plans had been developed for some people, this work was on-going. Staff understood their responsibility to safeguard people from abuse. Medicines were mostly managed safely. The provider was managing the risks associated with COVID-19. People were supported to have visitors as per government guidance. We signposted the provider to resources to develop their approach regarding infection control audits, cleaning schedules and records.

People had their needs assessed before they started to live at the home. Staff knew people well, we observed they were caring and treated people with kindness. People were supported to eat and drink and maintain a balanced diet.

The provider had recruited a new manager who had started at the home two weeks before our inspection. Throughout the inspection we found the provider and managers of the service open and transparent. They took immediate action to rectify concerns where they could and were willing to work closely with other agencies to improve the service.

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

Rating at last inspection

This service has changed provider since our last inspection. It was registered with us on 1 June 2022 and this is the first inspection under the new provider. The last rating for the service under the previous provider was good, published on 7 February 2018.

Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to staffing, the management of medicines, health and safety and recruitment as a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hyde Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have made a recommendation about records relating to oral health care.

We have identified breaches in relation to premises and equipment, staffing, recruitment, MCA and governance 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Hyde Nursing Home

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken on the first day by two inspectors, a medicines inspector and an expert by experience and one inspector on the second day. 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 Nursing Home Care 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 Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, there was a person who was still registered with CQC as the registered manager, but they no longer worked at the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people living at the home and 2 relatives. We also spoke with 10 members of staff including; the provider, manager, deputy manager, laundry assistant, chefs, nurse, housekeeper and care staff. We reviewed a range of records, including care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents, safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Some required health and safety and equipment checks had not been carried out.
- A fire risk assessment carried out by the last provider in March 2021 had not been reviewed and the fire evacuation plan did not reflect current staffing or the needs of current people who used the service.
- The last emergency lighting and electrical installation reports completed by external companies identified work needed to be undertaken. The provider could not confirm if the action identified had been completed.
- There was no evidence to support that regular internal health and safety checks were taking place, including fire safety, checks of hoists and slings, window restrictors, water temperature checks and flushing of infrequently used outlets or shower head cleaning. The provider assured us the checks had taken place, but the records could not be found during our inspection.
- Many wardrobes were not secured to walls, posing a risk of people being trapped if the wardrobe fell onto them. Some doors that should have been locked when not in use, as the items posed a risk to people, were unlocked.
- The laundry was untidy, dirty bedding was piled next to the washing machine and staff could not access hand washing sink.

We found no evidence that people had been harmed, however premises and equipment were not properly maintained for the purpose for which they were being used. This placed people at risk of harm. This was a breach of Regulation 15 (1), (2) (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we contacted the fire service to raise our concerns.
- The provider took immediate action during our inspection to rectify some of the issues found. Following our inspection, the provider confirmed that all maintenance and certification checks had been completed, and any required action taken. Also, that a new fire risk assessment had been undertaken and a new evacuation plan was in place, and in-house fire checks were being undertaken. They also confirmed a system for ensuring internal health and safety checks were undertaken and recorded, was in place.
- Risks to people had been identified and new risk assessments and care plans had been developed for some people, this work was on-going. Records were person centred and guided staff on the support people needed to minimize those risks. Some records had not been completed accurately and manual handling plans were not sufficiently detailed. We found no evidence that people were not being supported correctly. There was evidence of monthly reviews, but no audits of the care records had been undertaken. Audits should ensure that any gaps or inconsistencies are picked up promptly. We have addressed this in the well-led section of this report.

Staffing and recruitment

- There was insufficient staff to ensure people received the care and support they needed in a timely manner. Staffing levels had been carried on from those used by the previous provider. There had been an increase in the number of people living at the home and the support needs of new people. No dependency assessment of current staffing need had been completed.
- The majority of people living at the home needed two staff to support them with personal care, and there were only four staff in total on nights covering three separate units. Staff said, "Staff get frustrated when we're short staffed."
- People who lived at the home raised concerns about staffing levels and told us they had to wait for personal care and food at night. People said, "The home always appears to be short staffed, I do get frustrated sometimes and I suppose the staff do their best" and "You can wait a long time for someone to come when you ring the bell."

We found no evidence that people had been harmed, however sufficient numbers of staff had not been deployed to meet peoples care and support needs. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- All required pre employment checks had not been made. We reviewed two recruitment files and found gaps in employment not explained, identification checks not fully completed and checks on why the person had left previous employment with vulnerable people had not been made.
- An agency staff member was booked for emergency cover on the first day of our inspection. The staff member had not worked at the home previously, no information regarding the required checks was seen undertaken by managers at the home prior to their shift and no induction was completed.

We found no evidence that people had been harmed, however recruitment processes failed to ensure staff employed were properly assessed and vetted and were fit and proper to fulfil their roles and associated responsibilities. This was a breach of regulation 19 (2) (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks were made of nurse's right to practise.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received training in safeguarding with the previous provider and had a good knowledge of safeguarding and whistleblowing. Staff told us they knew how to raise concerns if they had any, some staff were unsure if anything was different with the new provider. Staff said, "If I had concerns, I would take it to the nurse and if not good enough, go to manager" and "I would raise it with the manager. I would take it further using the whistle blowing. But I have never had to do." The provider said they would ensure staff were informed of their procedures for raising concerns.
- Records of safeguarding concerns were kept. The local authority and CQC had been notified as required.
- People told us staff knew them well and they felt safe with the staff. One said, "I do feel safe here knowing there are staff around."

Using medicines safely

- People's medicines were mostly managed safely.
- People told us they got their medicines when they should. People said, "If I require pain relief I just ask and the nurse brings it" and "I get my medication when its due."
- Staff followed national guidelines when administering medicines. However, one person's medicine was

not being administered in the way prescribed. There was no evidence that the person had been harmed. We raised this with manager of the home, and they took immediate action to correct this.

- Staff did not follow a consistent process for recording the application of people's emollient creams and medicine patches. One person with very dry skin was not being treated in the way stated in their care plan. Immediate action to correct this was taken by the manager.
- Medicines were stored securely. Medicines requiring refrigeration were stored safely. However, the temperature in clinic rooms was not monitored to ensure all medicines remained effective and safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- Whilst the provider had access to the infection control and prevention audit completed by the previous provider, they had not yet developed their own. The home was clean and daily cleaning was taking place, but only basic records were kept, no detailed cleaning schedules were being used.
- We signposted the provider to resources to develop their approach.
- All permanent staff were observed to wear PPE correctly. We observed one agency staff member not wearing a face mask as required. We raised this with manager of the service.

Visiting in care homes

- People were supported to have visitors as per government guidance. One person told us, "I am able to have visitors now, the home has been closed for periods. I feel much happier now I can go out and about with my family."

Learning lessons when things go wrong

- Records were kept of accidents and incidents. There was no evidence of monitoring by managers for themes or patterns to help reduce future risk. We have addressed this in the well-led section of this report.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

- The provider was not always meeting the requirements of the MCA. Some people's DoLS were out of date and no evidence was available during our inspection to support a request for renewal had been made. There was an overview of DoLS in place from the previous provider, but the manager and provider were not aware of this until the second day of our inspection.
- People told us they had been consulted about their care and support, but no evidence of consent was in the care records we reviewed. Where capacity assessments had been undertaken there was not always detail about what the specific decision was about.
- Records did not show how conditions placed on DoLS were being monitored.

We found no evidence that people had been harmed, however the provider could not evidence that care and treatment of service users had been provided with the consent of the relevant person. This was a breach of regulation 11 (1) (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider confirmed all the required requests for DoLS authorisation renewals had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some people were able to tell us the support they needed with oral care. However, their care records lacked detailed information about their oral care and support needs.

We recommend the provider considers current good practise guidance regarding oral health care and take action to update their care records accordingly.

- The provider was building links with local agencies and health care services. Timely medical intervention was usually sought.
- People had their needs assessed before they started to live at the home.
- The provider had started to introduce new care records. The records we reviewed contained person-centred support plans and risk assessments, that reflected what was important to and for the person.
- Staff knew people well. We observed they were caring and treated people with kindness. People said, "I like living here and the staff are nice to me" and "If I am unhappy the staff talk to me and help me, they know me well."
- Some records did not evidence how people's medical or health conditions could affect them. There was no evidence that people had not received appropriate treatment because of this but, we discussed with the manager the need to ensure staff had sufficient information to guide them on what to look for and the support people may need.

Staff support: induction, training, skills and experience

- Due to recent changes in management all staff had not yet had supervisions. Plans were in place for all staff to have supervision and to start team meetings.
- Individual staff training records showed that staff had received comprehensive training under the previous provider and were still in date with most training.
- There was no overall training matrix and staff did not have access to the providers online training. Staff were unable to access updates or training currently. During the inspection the provider confirmed access to the new training system had been arranged and they had organised training in first aid, moving and handling and fire safety.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People were supported to eat and drink and maintain a balanced diet. People's nutritional needs and preferences were assessed.
- The chefs had good knowledge of people's likes, dislikes and needs. We observed a lunch time and found the staff were very attentive and knew the people well, knew what they liked and how they preferred to eat their meals and what drink they preferred.
- People were positive about the food. One person said, "The staff know me and what I like to do and eat."
- Each bedroom had its own en suite toilet area and rooms were spacious. Each unit had its own lounge and dining area.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 registered the home with the CQC on 1 June 2022. We found there was insufficient oversight, auditing or monitoring to improve the quality and safety of the service from the provider.
- A lack of systems for assessing, monitoring and improving the quality and safety of the service, had resulted in the provider not identifying the breaches of regulation found during the inspection.
- Systems and processes had failed to identify that premises and equipment were not properly maintained or that some records of required health and safety and equipment checks were not available.
- The provider was not using any formal system for assessing staffing needs, this resulted in their being insufficient staff on duty at nights to meet people's needs promptly.
- Systems in place for staff recruitment were not sufficiently robust. Staff had been employed without the required pre-employment checks to ensure fit and proper people were employed.
- The provider could not evidence they were meeting the requirements of the MCA.
- Records were kept of accidents and incidents, but there was no evidence of monitoring by managers for themes or patterns to help reduce future risk.

We found no evidence that people had been harmed, however the provider had failed to ensure systems for governance and management oversight were robust and effective. This placed people at risk of harm. This was a breach of Regulation 17 (1), (2) (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- The provider had recruited a new manager who had started at the home two weeks before our inspection. They were intending to apply to CQC to become the registered manager. Staff said, "The manager has only been here a few weeks. I would be able to speak to [manager]" and "[Manager] is very nice, very approachable."

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

- Throughout the inspection we found the provider and manager of the service open and transparent. They took immediate action to rectify concerns, where they could.
- The provider understood and acted on their duty of candour.
- Statutory notifications had been sent to CQC as required.

- The provider had a range of policies and procedures to guide staff on what was expected of them in their roles.
- There was a statement of purpose that provided information about the service and how it was run.
- Contingency plans gave information to staff on what action to take for events that could disrupt the service.

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

- During our inspection the provider evidenced they were willing to work closely with other agencies to improve the service.
- Some people told us they didn't know who the new provider was. They said, "I don't know the management team. I would like to see more activities. I find it boring in here as there isn't anything to do. If they employed more staff, they would be able to spend more time with the people who live here. I enjoy a chat and laughter" and "I don't know who is in charge I have mixed feelings about the home."
- Following our inspection, the provider confirmed they were in the process of recruiting an activity coordinator as people had fed back during the inspection, they would like more activities. They planned to hold two meetings for people and their families soon after the inspection. They were also planning team meetings for staff. The new manager had started to hold daily meetings for all departments to look at what needed to happen on each shift and if any action needed to be taken. They were also going to send a questionnaire to people and their relatives to find out their opinions of the service and how it could be improved.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider could not evidence that care and treatment of service users had been provided with the consent of the relevant person. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Premises and equipment were not properly maintained for the purpose for which they were being used. Regulation 15 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Recruitment processes failed to ensure staff employed were properly assessed and vetted and were fit and proper to fulfil their roles and associated responsibilities. Regulation 19 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient numbers of staff had not been deployed to meet peoples care and support

needs.

Staffing (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure systems for governance and management oversight were robust and effective.
	Regulation 17 (1) (2)

The enforcement action we took:

Warning notice.