

Meridian Healthcare Limited

Hyde Nursing Home

Inspection report

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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 caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an unannounced inspection which took place on 12 October 2015. We had previously inspected this service in March 2015 when we identified five breaches of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. These related to staffing levels, support for staff, management of medicines, care and treatment of people who used the service and ineffective quality assurance systems.

Following the inspection in March 2015 the provider wrote to us to tell us the action they intended to take to ensure they met all the relevant regulations. This inspection was undertaken to check whether the required improvements had been made.

Hyde Nursing home is a purpose built care home and is registered to provide accommodation for people who require nursing and personal care. There are 100 beds in total, 60 of the beds are in use by Hyde Nursing Home. Godley Court and Newton units provide general nursing

Summary of findings

care for up to 35 people in total. Werneth is a unit providing care for up to 25 people living with a dementia. There were a total of 46 people using the service at the time of the inspection.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been in post since May 2015. They had submitted an application to register with CQC as manager for Hyde Nursing Home.

During this inspection we found a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because there were not always sufficient numbers of staff available to meet people's needs. You can see what action we have told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe in Hyde Nursing Home and had no concerns about the care they received.

Staff had received training in safeguarding adults. They were able to tell us of the correct action to take should they witness or suspect any abuse had occurred. Staff also told us they would feel confident to use the whistle blowing procedure in the service to report any poor practice they observed.

Staff had been safely recruited. Records we reviewed showed staff had received the induction, training and supervision they required to be able to deliver effective care. Staff told us they enjoyed working in the service and received good support from the manager. They told us the atmosphere in the service had improved since our last inspection.

Although improvements had been made to the way medicines were managed in the service, some aspects of the new procedures introduced had yet to be fully implemented.

All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection. 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. Regular checks were also in place to ensure staff were aware of the action they should take in the event of a fire at the service.

People's care records contained sufficient information to guide staff on the care and support required. People told us they always received the care they needed. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. We saw that staff had made referrals to health professionals to help ensure people received effective care.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The manager was aware of the action to take to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

People told us they generally enjoyed the food provided in Hyde Nursing Home. We observed the food to be well presented and nutritionally balanced. Although there were systems in place to help ensure people's nutritional needs were met, we observed people did not always receive the individual assistance they needed to eat their meals.

People we spoke with told us that staff in Hyde Nursing Home were always kind and caring. Although we observed kind and respectful interventions between staff and people who used the service, we also saw there were occasions on which staff interventions with people were limited and mainly task focused.

A programme of activities was in place to help promote the well-being of people who used the service. Records we reviewed showed people were supported to access activities on both a group and individual basis.

There were effective systems in place to investigate and respond to any complaints received by Hyde Nursing Home. All the people we spoke with told us they would feel confident to raise any concerns they might have with staff or the manager.

Summary of findings

Quality improvement processes in the service had improved since our last inspection. The manager had introduced daily meetings with staff from each part of the service to help monitor the quality of the service provided.

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?

Some improvements needed to be made to ensure the service was always safe.

Staff had been safely recruited. However, insufficient numbers of staff were available to ensure people received support and assistance in a timely manner.

People told us they felt safe in Hyde Nursing Home. Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

A new policy had recently been introduced to help ensure the safe administration of medicines in the service. Some elements of this policy had not yet been fully introduced into the service.

Requires improvement



Is the service effective?

The service was not always effective at meeting people's needs.

People did not always receive the support they needed to ensure their nutritional needs were met.

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

Staff had received training in the Mental Capacity Act 2005. Arrangements were in place to ensure people's rights were protected where they were unable to consent to their care and treatment in Hyde Nursing Home.

Requires improvement



Is the service caring?

Improvements needed to be made to ensure the service was always caring.

People spoke positively about the caring nature of staff. Although we observed kind and respectful interventions between staff and people who used the service, there were occasions when staff interventions were mainly task focused.

Requires improvement



Is the service responsive?

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

A programme of activities was in place to help improve the well-being of people who used the service.

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

Good



Summary of findings

Is the service well-led?

The service was well-led.

The service had a manager in place who had submitted an application to register with the Care Quality Commission.

There were a number of quality assurance processes in place. These were used to help drive forward improvements in the service.

Staff told us they enjoyed working in the service. They told us the culture in the service had improved and they now felt confident that any concerns they raised would be listened to by the manager.

Good



Hyde 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.

This inspection took place on 12 October 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors, a specialist advisor in dementia care and an 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. The expert had experience of services for older people.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the

local authority safeguarding team, the local Healthwatch organisation and the local authority commissioning team to obtain their views about the service. None of the organisations we contacted expressed any current concerns about the service provided in Hyde Nursing Home.

During the inspection we carried out observations in each of the three units in the service and undertook a Short Observation Framework for Inspection [SOFI] observation during the lunchtime period on the unit for people with a dementia. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service and four visiting relatives. We also spoke with the manager, the Operations Director, the Clinical Lead Support, three nurses, six members of care staff including an agency worker, the chef and a domestic.

We looked at the care and medication records for eight people who used the service. We also looked at a range of records relating to how the service was managed; these included eight staff files, staff training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

At our last inspection in March 2015 we found improvements needed to be made to ensure the service was safe. This was because there were insufficient numbers of staff to always meet the needs of people who used the service in a timely manner. We also found improvements needed to be made to the administration of medicines to ensure people's rights were always protected.

During this inspection all the people we spoke with told us they felt safe in Hyde Nursing Home. Comments people made to us included, "I feel safe here; there are no bullies", "No problem at all here; I'm safe and well looked after" and "It's alright here. I'm safe and well looked after."

Most people told us staff were able to meet their needs in a timely manner. However, two people who used the service and two relatives told us they did not think there were always enough staff on duty particularly in the evenings or at night. One person commented, "Sometimes, no there's not enough staff. There's not enough at night and you have to wait if you want something." Another person told us, "I have to wait a while if I call them at night."

We discussed staffing levels with the manager. They told us there were four care staff and one nurse deployed on each of the units which could accommodate up to 25 people. They advised us there were two care staff and one nurse deployed in the morning on Newton which could accommodate up to 10 people. However, they told us this reduced to one nurse and one member of care staff in the afternoon, although they advised us that most people on this unit required two staff to meet their needs. The manager told us they used a staffing level calculator to determine the numbers of staff required on each unit and that this was based on the dependency levels of people who used the service.

At our last inspection in March 2015 staff on Werneth told us there were insufficient numbers of staff available at lunchtimes to meet people's needs. During this inspection we found similar concerns.

During the inspection we noted staff on Godley Court responded promptly to requests for assistance from people who used the service, including at lunchtime. Staff on this

unit told us there were generally enough staff available to meet people's needs. One person on this unit who was cared for in bed told us, "I have my buzzer and they [staff] usually come quickly enough."

Our observations on Werneth at lunchtime showed there were not enough staff available on this unit to enable people who used the service to be given appropriate support and assistance to eat in a dignified manner.

Werneth is divided into two floors. On the first floor of the unit which is for women living with a dementia we saw that initially two care staff were responsible for providing the support people required at lunchtime although they were later joined by the activities organiser. The manager told us this increase in staffing over the lunchtime period had been in place since the last inspection. However, two staff members on Werneth told us they did not feel there were sufficient staff available to provide the support and supervision people needed at lunchtimes. One staff member told us, "There are not enough staff. There are six to eight people who need feeding upstairs. It takes a lot of time when there are only two people. The rest of the time we cope ok." A relative we spoke with told us they felt staffing levels had improved on Werneth at weekends.

When we asked staff on Newton if they felt there were always enough staff on duty to meet people's needs in a safe and timely manner, one staff member told us this was not the case. They told us that because there were only two staff on duty in the afternoons they had used the hoist on their own on occasions as the other member of staff was occupied providing nursing interventions to people. They told us they had raised this with the manager but nothing had changed. We discussed this unsafe practice with the manager who told us no concerns had been brought to their attention and that staff on the unit had not raised any issues re unsafe practices during the moving and handling training which had recently been delivered. Records we reviewed showed there were no recorded incidents of people being put at risk or harmed while they were supported by staff to mobilise using the hoist. The manager also told us staff on Newton knew they could ask for assistance from staff from other units should this be required. However, due to our observations about staffing levels on other units there was a risk that if staff were to respond to requests for assistance on Newton, this would potentially place other people who used the service at risk.

Is the service safe?

The lack of sufficient numbers of staff to meet people's needs in a safe and timely manner was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in March 2015 we found that medicines were not always administered safely. During this inspection we reviewed the medication administration record (MAR) charts for eight people who used the service. We found that most of these records were fully completed although there were three missing signatures on one person's record on Werneth.

None of the people we spoke with raised any concerns about the way their medicines were administered. One person told us, "The staff look after all my medicines. I have lots of medicines for fits and ulcers; they make sure I have them on time." Another person commented, "I get my medicines on time. I don't get pain but they [staff] would bring me painkillers if I needed them."

Five of the medication records we reviewed showed people on Werneth were being given medicines covertly, i.e. in food or drink without their knowledge. We saw that a new policy had recently been introduced to help ensure people's rights were protected where medicines were being administered covertly. This policy included the need for staff to complete a protocol form to be stored with the MAR chart. This should help ensure staff were aware of the action to take so that people who were unable to consent received their medicines as prescribed. We saw this protocol was not in place in three cases although the nurse on Werneth was able to tell us of the action they would take. The manager advised us the lack of protocols on some records was because the new policy and paperwork was in the process of being rolled out to staff. They told us staff had recently removed some paperwork from the care records to archive in advance of the new protocols being introduced. However they acknowledged this meant there was a risk that any agency nurses employed to work in the service might not have access to all the necessary information to help ensure people received their medicines as prescribed. They told us this would be addressed as a matter of urgency. Following the inspection the Operations Director sent us completed protocols for three people who used the service.

The manager told us that most of the people on Werneth were subject to regular review by the mental health team and that a local psychiatrist visited the unit to help ensure

the medicines people were prescribed were effective in helping to manage their conditions. The manager told us the mental health team, GPs and family members had been involved in meetings to discuss whether it was in an individual's best interests for staff to administer medicines covertly. We saw evidence of this on three of the five care records we reviewed where staff were administering medicines covertly. The manager told us they would ensure copies of the minutes from 'best interest' meetings which had taken place were on all the relevant care records.

We looked at the procedures in place where people were prescribed 'as required' medicines. We saw that the required protocol was not in place on all of the MAR charts we reviewed to help guide staff about when 'as required' medicines should be offered. If this information is not available to staff people could be at risk of not having their medicines when they actually need them. The manager again advised new paperwork had recently been introduced and they would ensure the required protocols were in place as a matter of urgency.

Only qualified nurses were responsible for administering medicines in Hyde Nursing Home. We saw that regular medication audits were undertaken by the clinical leads in the service; these included an assessment of the competence of the person responsible for administering medicines on the day of the each audit took place.

We looked at the arrangements to ensure people who used the service were protected from abuse. All the staff we spoke with told us they had received training in the safeguarding of adults. They were able to tell us of the correct action to take should they witness or suspect abuse. Staff also told us they would be confident to report poor practice. One staff member commented, "We have a whistle blowing policy. I would use it if I had to." From the staff personnel files we reviewed we saw staff were encouraged to raise any concerns or safeguarding issues in their supervision sessions.

We looked at eight staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The personnel files contained application forms that documented a full employment history, a medical questionnaire and a job description. We saw that two professional references were in place on seven of the eight personnel files we reviewed. The

Is the service safe?

Operations Directors spoke to the member of staff concerned during the inspection. The staff member confirmed three professional references had been submitted to the person responsible for their recruitment from overseas. The Operations Director advised us they would ensure copies of all these references were placed on the person's file. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The care records we looked at showed that risks to people's health and well-being had been identified, such as the risks involved with reduced mobility, poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks and that these had been reviewed and updated where necessary to reflect any changes in people's needs.

We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. We saw infection prevention and control policies and procedures were in place. We saw that regular infection control audits

were undertaken and infection prevention and control training was undertaken for all staff. The domestic on duty confirmed they had completed this training and knew of the action they should take to help prevent the risk of cross infection.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw a business continuity plan was in place for dealing with any emergencies that could arise, such as utility failures, severe weather or IT failure. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

Is the service effective?

Our findings

At our last inspection in March 2015 we found people were not adequately protected against the risk of receiving inappropriate care or treatment. This was because care plans were not always in place to record people's needs or the treatment they required.

Care records we reviewed during this inspection showed improvements had been made. Care plans were in place on all of the care records we reviewed. Seven of the eight records had been regularly reviewed and updated. However we noted the care plans for one person did not fully reflect the changes to their care needs.

At our inspection in March 2015 we had concerns about the systems in place to deal with pressure and wound care in the service. During this inspection we reviewed the care records for three people who had wound care plans in place. We noted all of these care plans had been regularly updated with photographs taken to help monitor the healing process. We saw that staff sought advice and support from the Tissue Viability Nurse (TVN) where necessary to help ensure people received effective pressure and wound care.

All of the people we spoke with provided positive feedback about the skills and knowledge of staff. One person told us, "The staff are all excellent. The nurses know what they are doing."

At our inspection in March 2015 we found staff were not provided with effective induction or supervision. During this inspection we found the required improvements had been made to help ensure staff were able to deliver effective care. A new system of 'e-learning' had been introduced which meant that staff were able to complete required training either at work or at home. This training included safeguarding, infection control, person centred-care and dementia care. The manager showed us the system in place to monitor that staff had completed the necessary training within the required timescales. One staff member told us, "I think we have had enough training to competently do the job." A nurse recently recruited to work in the service commented, "I have completed a lot of computer training – safeguarding etc. If I don't know something they [the manager] supports us with advice and if necessary training."

Records we reviewed showed there were systems in place to ensure staff received regular supervision. We saw that topics which were regularly discussed in supervision sessions included good practice, safeguarding, dignity in care, health and safety and legislation updates.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained a care plan which identified each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that staff took appropriate action such as making a referral to a dietician or a Speech and Language Therapist where additional support or advice was needed. However, one of the records we reviewed showed that a person had lost more than 10% of their body weight over a period of three months between June and September 2015. This was not reflected in the person's care plan or risk assessments which had not been updated since July 2015. When we discussed this with the nurse on the unit they told us they were aware of the weight loss and had arranged for the person to be seen by their GP in September 2015. They told us the person's health had since improved.

People who used the service told us they generally enjoyed the food. Comments people made to us included, "I enjoy the food, but there are lots of things that I can't have, because of my ulcers",

"I like the food, there's plenty of it. It's always good", "The food sometimes is better than others, I do get to choose" and "I like the food very much. It was steak dinner today which was gorgeous. There is a good choice but they [staff] bring me something else if I don't like it."

When we observed the lunchtime experience on Godley Court we found the atmosphere to be calm and relaxed. We saw that staff provided timely support and encouragement to people to eat their meals. Staff were seen to offer people alternatives where necessary. In contrast our observations at lunchtime showed that some people on Werneth Unit did not always receive the individual assistance they needed to eat their meal.

We observed some positive and supportive interactions between staff and people who used the service on the female unit of Werneth. However, at lunchtime we observed that two people were supported to eat in the lounge rather than the dining room and that one staff member remained standing while they assisted one person

Is the service effective?

to eat; this is not in line with best practice and does not encourage good communication during mealtimes. At our last inspection we had been told that specialist equipment such as non-slip chair mats would be made available to staff to support people to eat in the dining room. However, we did not see any evidence of this equipment being used during this inspection.

We observed staff encouraged two people who used the service to eat their meal in the dining room. However, we saw that there were no condiments available on the dining room tables and no drinks were offered to these two people with their meal. We noted one person became agitated while waiting for their meal to be served by care staff. Another person required assistance to eat their lunch but staff had to be prompted by a member of the inspection team in order to ensure the person received the support they needed. We saw that this support was then provided in a kind and caring way which encouraged the person to eat as much as possible.

On the male unit of Werneth we observed there was one member of staff deployed at any one time to assist between 3 and 6 people in the dining room; this number varied as some people who used the service did not remain in the dining room for the whole of the lunch period. However, our observations showed there were two five minute periods when no staff were available in the dining area on this unit; this was because they were required to provide personal care to other people on the unit. As a consequence we noted two people struggled to eat their meal without assistance from staff. The lack of staff available in the dining room meant people were not provided with adequate support to ensure their nutritional needs were met.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards

(DoLS). At the time of our inspection there were nine people for whom applications to restrict their liberty had been submitted to the local authority. The manager demonstrated a good understanding of when people might be considered as deprived of their liberty in a residential or nursing care setting and were taking the necessary action to ensure, where necessary, any restrictions placed on people were legally authorised.

All of the permanent care and nursing staff we spoke with told us they had completed training in the Mental Capacity Act (MCA) 2005; this legislation is designed to protect the rights of people who may not be able to make some decisions. The agency staff member we spoke with who was on their first shift at Hyde Nursing Home had no understanding of the MCA and DoLS.

Care records we looked at included information about people's capacity to make particular decisions. One person's care records indicated they did not have the capacity to make decisions about their care and treatment in Hyde Nursing Home. However, we were told this person was not subject to DoLS which would help ensure their placement in the service was legally authorised. The manager told us they would ensure a review was undertaken to determine if an application for DoLS needed to be made. Following the inspection we were sent a copy of the completed application form which the manager had submitted to the local authority.

Since our last inspection we found improvements had been made to the environment on Werneth. This meant there was no longer a malodour at the entrance to the unit. We noted the signage on the unit was appropriate for the needs of people living with a dementia and helped to promote people's independence as much as possible.

Is the service caring?

Our findings

All the people we spoke with who were able to express a view spoke positively about the caring nature of staff. Comments people made to us included, “The staff are very kind, they look after me well”, “The carers will do anything for you. All the staff are friendly, they’ll have a laugh and a joke with you. What’s the point if you can’t have a laugh and a joke?”, “The staff are lovely; worth their weight in gold” and “[My relative] is safe in here, the staff are very caring and he’s formed a good relationship with them. They’re very respectful.”

During this inspection we observed positive and caring interactions between staff on all of the units. For example we observed a staff member on Werneth encourage a person to sing along with them. We also observed a staff member on Newton to provide individual assistance to a person to eat their meal in a positive and encouraging manner. However, we also observed some instances on Werneth and Newton where staff had limited interaction with people. We observed one staff member on Newton support a person to eat their meal without speaking to them in any meaningful way. In the afternoon of the inspection we observed that staff on Newton were mainly task focused in their interventions with people. We observed that staff did not have time to spend with people other than when providing care and support although this was done in a caring and respectful manner.

Care records we looked at included a ‘This is Me’ document which had been completed with people who used the service or their family members. This included information about people’s life histories, family, interests and daily routines. This information should help staff form meaningful and caring relationships with people who used the service. We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

We asked the manager about the support offered to people at the end of their life. They told us the service had good links with both the hospice and Macmillan nurses. They informed us that most of the nursing staff had completed training in end of life care and there was a plan in place for care staff to also complete this training.

Some of the care records we looked at had detailed care plans in place which included people’s wishes and preferences for how they wished to be cared for at the end of their life. We found that end of life care plans for people living with a dementia were less detailed. However the manager told us the hospice was providing the service with specialist support regarding best practice in end of life care for people living with a dementia.

Is the service responsive?

Our findings

We asked the manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a detailed assessment of the support they required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by the staff.

People who used the service told us they had no concerns about the care and support they received. Comments people made to us included, "It's alright here, if you need any help, just ask and they [staff] are there - they'll help you" and "I have my hair done every week, it makes me feel good. I like being taken into the gardens when the weather is good; they ask me if I want to go".

We looked at people's records to check their wishes and preferences were taken into consideration when planning their care. We found that care records for people on Godley Court provided good information about how individual's wished their care to be provided. However there was less personalised information on the care records for people on Werneth and Newton.

We were told there was a 'resident of the day' system in place. The manager told us the purpose of this system was to ensure that all people involved in the person's care, both from within and outside of Hyde Nursing Home, were able to contribute to a review of whether the person was receiving the support they needed. The manager told us staff tried to ensure the person who was 'resident of the day' felt special and supported to tell staff of any changes they wanted to make to their care plans. A relative we spoke with commented, "I have meetings with the staff to discuss [my relative's] care and they do take notice of what we say. They also let us know if he needs anything such as new slippers. They're all very approachable."

We looked at the opportunities available for people who used the service to participate in activities. We were told there was an activity coordinator in place and that, since our last inspection more activities were now taking place

on the units rather than in the central conservatory area. Records we reviewed showed that this change had been received positively by both people who used the service and staff.

We looked at the log of activities which took place in the service and saw evidence that people were being offered the opportunity to participate in activities on both a group and individual basis. We saw that the activities organiser was holding regular meetings with people who used the service to check they were happy with the activities provided. We saw that all the feedback from people had been very positive. During the inspection we noted six people were supported to participate in a 'carpet bowls' session which they appeared to enjoy. We also saw there was a sun therapy lounge available for people who used the service and their families to use. Although we did not see anyone using this room on the day of the inspection we were told it was a resource which was enjoyed by many people.

We reviewed the systems for managing complaints received by Hyde Nursing Home. People who used the service and their relatives told us they would feel confident to approach either staff or the manager if they wished to make a complaint. Comments people made to us included, "I don't have any complaints", "I've nothing to complain about. I can approach [the manager] quite easily. I wouldn't feel threatened talking to her. I'm very content here" and "The manager is very approachable. If I needed to make a complaint I'd go straight to her. I'm happy here, I'm well looked after and quite content."

Records we reviewed showed appropriate action had been taken to investigate and respond to any complaints received.

There had not been any quality assurance surveys sent out by the service since our last inspection as these are distributed centrally on an annual basis. The manager told us that relatives of all people who used the service and key professionals had been invited to a coffee morning which was to take place in just over one week's time. They told us they intended to use this event as an opportunity to discuss with relatives whether they were happy with the care their family member received in Hyde Nursing Home.

Is the service well-led?

Our findings

At our last inspection in March 2015 we found the service was not well-led. This was because the quality assurance systems in the service were ineffective. In addition staff told us they did not feel confident to raise any concerns with the registered manager in post at the time.

During this inspection we found the required improvements had been made. A new manager had been in post since May 2015. They told us they had submitted their application to register with CQC and had their 'Fit Person' interview scheduled for later that week.

Staff we spoke with told us they found the new manager to be approachable and supportive. Comments staff made to us included, "There have been lots of improvements since the new manager came. She is easy to talk to. The atmosphere is much better because staff are not as stressed", "The new manager is trying her best to do her job and get everything in good order. She is trying to improve the service" and "[The manager] has an 'open door' policy and is always available to talk to."

We asked the manager about the systems in place to help monitor and review the quality of the service provided in Hyde Nursing Home. The manager told us they had introduced daily 'Flash' meetings. These meetings involved a member of staff from each unit as well as domestic, kitchen and laundry staff. We were told the purpose of the meetings was to review any changes in people's needs, any incidents which had occurred and any staffing issues. One staff member we spoke with told us they found this meeting to be useful in keeping them informed of any changes. The manager told us they also conducted a daily 'walk round' of the service to ensure they were visible to staff and people who used the service. They told us this helped them to respond quickly to any issues which arose.

Records we reviewed showed the manager had introduced a system of staff meetings in the service. These included meetings for nursing staff, care staff and kitchen/domestic staff. The manager told us they were also trying to encourage the unit managers to introduce more regular unit meetings. Two staff members we spoke with told us they considered they would benefit from more unit meetings.

We asked the manager what they considered to be their key achievement since joining the service. They told us they believed staff morale had improved significantly and that they had established good working relationships with family members and with other professionals. They also told us they had made significant efforts to improve the cleanliness of the environment. The manager told us they considered their key challenge for the next 12 months was to retain and recruit nursing staff for the service.

There were a number of quality assurance processes in place in the service. These included audits relating to medication, care plans and infection control. We noted the most recent infection control audits which had been completed on each of the three units in September 2015 indicated that none of the units had achieved 100% compliance. Following the inspection the provider sent us a copy of the action plan completed as a result of the audits; this identified the actions to be taken to improve the infection control measures in the service.

We noted that the provider undertook regular quality monitoring visits at the service. The manager showed us the action plan from the most recent visit; this showed that arrangements were in place to address any identified shortfalls.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure there were always sufficient numbers of staff available to meet people's needs.

The enforcement action we took:

We issued a warning notice.