

# Meridian Healthcare Limited

# Hurst Hall

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hurst Hall is a residential care home providing accommodation and personal care. The service can support up to 50 people. At the time of the inspection there were 47 people using the service.

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

We found the evidence supported the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

Detailed risk assessments were in place, risks were well managed and detailed records were kept of care and support provided. Records were up to date and fully completed. People's nutritional needs were met. The service worked closely with healthcare professionals to ensure people's health needs were met.

Medicines were managed safely. Safe systems of recruitment were in place. Staff had received training in safeguarding people from abuse. Staff and people who used the service knew how to raise any concerns and were confident any concerns they raised would be dealt with appropriately.

There were sufficient staff to meet people's needs and staff received the training and support they needed to carry out their roles. 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.

Significant improvements had been made in the pre-admission process and documents. These included information about people's wishes, choices and the support they needed. Care records were person centred, reviewed regularly and updated when people's needs changed. People were positive about the staff and living at the home. The home was well maintained, and furnishings were in good condition.

Staff and the registered manager knew people well. We saw staff were kind and caring and interactions were warm and friendly.

There were now good systems of daily, weekly and monthly quality assurance checks and audits.

### Rating at last inspection

The last rating for this service was requires improvement (published September 2016) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hurst Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Hurst Hall

## 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector, an assistant inspector 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 second day of inspection was completed by one inspector.

#### Service and service type

Hurst Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

#### Notice of inspection

The first day of inspection was unannounced and the second day was announced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We asked Healthwatch Tameside for their views on the service. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three visitors about their experience of the care provided. We spoke with ten members of staff including the registered manager, area quality director, care workers, the head chef, cook and laundry assistant. During the inspection we spoke with a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records and records of care provided. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not ensured accurate, complete and contemporaneous records in respect of each person using the service had been satisfactorily maintained. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

### Assessing risk, safety monitoring and management

- Detailed risk assessments were in place. They gave clear guidance to staff on what needed to happen to keep people safe. Records showed risk assessments had been regularly reviewed and updated when people's needs changed.
- Since our last inspection significant improvements had been made to the management of people's skin integrity. Records of all care provided were up to date and fully completed. This included details of any equipment that was to be used, skin care provided and completion of food, fluid and repositioning charts. Action was taken if staff had any concerns. There was evidence managers checked these supplementary records twice each day to ensure they had been completed. Additional training on pressure care had been provided and there was now very regular contact and communication between the district nurse team and the service. A visiting health care professional said of the service, "They have done a lot of work, it's turned around. Communication has improved."
- Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment used. Concerns or repairs were dealt with effectively. Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- People told us they felt safe living at the home. People said, "I feel very safe" and "The girls [staff] are lovely with me when they are helping." A relative told us, "[Person's name] is very safe here and well looked after. It's perfect."
- Staff understood their safeguarding and whistleblowing responsibilities. Staff said they felt able to raise concerns and were confident if they raised any concerns to the registered manager, they would be dealt with appropriately.

### Staffing and recruitment

- There was a safe system of staff recruitment in place. Staff files contained the necessary checks and

documents to ensure fit and proper people were employed.

- The service had policies and procedures to guide staff on what was expected of them in their roles.
- Review of staff rotas and observations during the inspection showed there were enough staff to ensure people received the support they needed in a timely manner. We received mixed feedback about staffing levels at the service. We discussed this with the registered manager who showed us that, in response to recent changes in people's needs, staffing levels had recently been increased and staff had been recruited to fill the additional hours. A relative said, "There used to be a lot of agency staff but there are more regulars working here now so they know the residents and what they need." Staff told us "We have hired quite a lot of new starters, so we should be alright" and "There always seems to be enough [staff]."

#### Using medicines safely

- There were safe systems in place for managing people's medicines. Records we reviewed were fully completed and people received their medicines as prescribed. We found that one person had recently been prescribed thickener. It was being administered by care staff, however, no recording of administration was being completed. During the inspection the registered manager showed a system had been put in place for staff to record thickener at time of administration.
- Medicines were stored safely and securely. Stocks of medicines were accurate.
- Records showed staff had been trained in the safe administration of medicines and had their competency to administer medicines checked. Medicines management policies and procedures were in place.

#### Preventing and controlling infection

- The home was visibly clean and there were no unpleasant odours.
- Staff had received training in infection prevention.
- Staff wore personal protective equipment including disposable aprons and gloves when supporting people with personal care.
- Suitable facilities were in place for the laundry of people's clothes. Due to the small size of the laundry and the use of wheeled trolleys, staff access to hand washing facilities was at times difficult. The registered manager told us they would review the situation and put appropriate risk assessments in place to ensure correct hand washing procedures were able to be followed.

#### Learning lessons when things go wrong

- The registered manager identified any patterns or lessons that could be learned from any accidents and incidents to prevent future occurrences.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- In our last inspection report pre-admissions assessment was reported in the responsive section. Please see the responsive section for our findings at this inspection.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. People said, "I think the staff know what they are doing and they are very helpful" and "Staff are 100% brilliant, they know how to do their job."
- Records showed staff completed a range of training the provider considered mandatory. Staff spoke positively about the training they received. One staff member said, "We get refreshers every year, there is a lot of training online as well and it is very good."
- Staff now had regular supervision and told us they could always speak to a manager.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the provider was working within the principles of the MCA. The correct procedures for applying for DoLS had been followed and conditions on authorisations were being met. Where needed mental capacity assessments and best interest meetings had been completed.
- Records showed people, or where appropriate their representatives, had been involved in decisions about their care. One person told us, "Yes, I am involved. They ask me what I want and whether it's alright. If I need help I know they are there."

Supporting people to eat and drink enough to maintain a balanced diet

- We found people's nutritional needs were met. Food was stored and prepared safely. The home had received a five-star food hygiene rating.
- We observed a lunch time meal. The tables were set with tablecloths, cutlery, condiments and serviettes. Hot and cold drinks were available. People were offered choices of what they would like to eat and drink, we saw where people changed their choices this was respected. Care records included guidance for staff on the support people needed with meals. The head chef and staff demonstrated a good understanding of promoting good nutrition. One staff member said, "Yes I am obsessed by food and fluids. We have got quite a few on them [monitoring charts]. If we are concerned to make sure everything is fine."
- Since our last inspecting improvements had been made in the monitoring and management of people's weights. There was regular monitoring of people's weights, we saw where people had been identified as having lost weight action was taken to address this. One person said, "I'm satisfied with the food in fact I've put weight on since I've been in here, I get plenty to eat and drink." A relative said, "The food is good and sometimes I eat here as well."

Adapting service, design, decoration to meet people's needs

- The building was all on ground level. Bedrooms were personalised and contained pictures and photographs of things that were important to people.
- There was a level access garden, some areas had been planted with sensory plants. People enjoyed spending time in the garden. There were two separate lounges people could choose to sit in; this meant they could listen to music, watch television or sit quietly.
- The home was well maintained, and furnishings were in good condition. We were told one lounge was planned for redecoration and new flooring later in the month. One person said, "The place is clean and very comfortable."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs and had access to a range of health care professionals. A relative said, "If [person name] needed a doctor or anything like that they would ring me to let me know and they sort it out."
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and safety. This would help ensure important information staff might need was transferred with the person if they went into hospital.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were positive about the staff and living at the home. People told us, "The staff are very helpful and very pleasant", "The girls [staff] are terrific they try their best they are damn good caring girls" and "I get on well with the girls and I can have a laugh and a joke with them." Relatives told us, "The staff are good at their job they are very caring. They go the extra mile with [person who used the service] to make sure [person] is okay."
- We observed staff were kind and caring and interactions were warm and friendly. Staff knew people well. Staff spoke with warmth about people who lived at the service. They said, "It is a nice home, the residents are nice the staff are nice. [Registered manager] is nice, everyone just seems to get on" and "All the residents are amazing."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service.

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

- New care records were being completed. We saw people and those important to them had been involved in developing these. They demonstrated people's preferences were considered and reflected in the care being delivered. People said, "They ask me what I want before they do things but I have a routine, so they just get on with it really", "They make time to talk to you, I like sitting here in this lounge and they come round to make sure we are alright."
- Peoples religious and spiritual beliefs were respected.

Respecting and promoting people's privacy, dignity and independence

- Care records and our discussions with staff, showed staff understood the importance of maintaining people's independence. People told us, "I have plenty of showers and manage myself as much as I can but there is someone there to help if I need it", "I can please myself what I do during the day there are no restrictions" and "I can manage everything myself and I talk to the staff and they even let me make my own brews."
- People's right to confidentiality was respected. Care records were stored securely. Policies and procedures showed the service placed importance on protecting people's confidential information. One person said, "Oh the staff are lovely and treat everyone with respect."
- People were supported discreetly when receiving personal care. One person told us, "When I have a

shower, they are there if I need help and they make sure the door is shut and no one else can come in."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had not ensured accurate and complete pre-admission assessment documentation had been completed prior to some people moving into the home. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Significant improvements had been made in the pre-admission process and documents. These included detailed information about people's wishes, choices and the support they needed. This information was gathered before the person started to live at the service and was reviewed following their admission. The assessment process ensured people were suitably placed and that staff knew about people's needs and goals before they started to use the service. This helped to ensure staff could meet people's needs.
- Care plans included information about the person, their likes and dislikes and personal care needs. They gave sufficient information to guide staff on the support people needed and how support should be provided.
- Care records were reviewed regularly and updated when people's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was a range of activities on offer. People told us they enjoyed the activities. One person said, "I like to join in the sing songs and they do all sorts of other things." Staff were positive about the activities on offer. One staff member said, "I think it's quite good here, we have a good activity team and staff as well will join in and have a good time."
- People told us their visitors were always made to feel welcome. One person said, "It's alright here I only lived local, so all my family come to visit and it's just like being at home."
- We saw one recent activity had involved people identifying 'Dreams you have never achieved'. One person had wanted to meet a famous pop star, staff had not been able to arrange this but had organised for the person to receive a signed photograph.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Important information was available in large print, pictorial, easy read and written format.
- Care records included information about how the person communicated and if they needed any communication aids to enable them to be able to express their views or concerns. The service had purchased hand held electronic devices. These were used to encourage people to communicate.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place to log any complaints received. The registered manager had investigated any complaints and provided a response in line with the complaints policy. Records showed that matters had been explored and responded to accordingly.
- People knew how to raise any concern or complaints. People said, "No I like it here, no complaints it's just like being at home" and "Staff are very good with me I have no complaints." A relative told us, "I have no concerns [person's name] is well looked after" Another relative said, "I speak to the staff and [registered manager] all the time, I am here a lot. I have nothing to complain about I can see that they are looking after [person's name]."

End of life care and support

- Care records identified if the person had specific wishes about how they wanted to be cared for at the end of their life.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was very passionate and committed to providing person centred care. People were very positive about the registered manager and the improvements that had been made at the service. They said, "[Registered manager] is very pleasant and sociable" and "[Registered manager] is always about." Relatives told us, "[Registered manager] has made a difference. Since [registered manager] has been here it is more organised and certainly the residents are better looked after and there are less agency [staff]."
- Staff told us they enjoyed working at the service. They said, "Overall, it's a pretty decent place really, I'm happy enough here", "The place is very good and there is always help if you need it" and "The place is wonderful."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were very positive about the changes since the new registered manager had been at the service. They said, "It is nice to know you have got a good manager, [registered manager] is very hands on, [registered manager] listens to anything and does a damn good job. There has been a big change. We have learnt a lot, the home is a lot better, [registered manager] has done a really good job and is very approachable."
- We found there were now good systems of daily, weekly and monthly quality assurance checks and audits. The registered manager and senior managers had oversight of all aspects of the running of the home and action is taken to address any issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a service user guide and a statement of purpose. These gave people details of the facilities provided at this care home. These explained the service's aims, values, objectives and services provided.
- Relative and family meetings were being held. People were involved in discussions about how to improve the service. People said, "I think they have meetings now and again, but I don't get involved in them" and "I don't know about residents' meetings but they are always asking if I am alright." A relative said, "They do have residents' meetings, but I don't go to them because I have nothing to complain about."
- Staff told us they felt listened to. Team meetings were held regularly, and staff had opportunities to raise concerns or ideas for improving the service.

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 registered manager and provider were aware of their responsibility regarding duty of candour.
- The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the home and on the provider's website.

Continuous learning and improving care; Working in partnership with others

- The home worked with local authorities who commissioned the service and healthcare professionals to achieve good outcomes for people.
- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. They kept detailed records of all incidents and analysed them for themes or patterns. This helped ensure they could identify good practice and where improvements needed to be made.