

HC-One Limited

# Guide Lane Nursing Home

## Inspection report

232 Guide Lane  
Audenshaw  
Manchester  
Greater Manchester  
M34 5HA

Date of inspection visit:  
24 April 2018

Date of publication:  
23 May 2018

Tel: 0161335989

Website: [www.hc-one.co.uk/homes/guide-lane](http://www.hc-one.co.uk/homes/guide-lane)

## 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

Guide Lane Nursing Home is a purpose built care home for up to 38 people in Audenshaw. At the time of the inspection the home was full, with 13 people receiving residential support and 25 receiving nursing care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People said they felt safe at the service. Recruitment was robust at the service, there was a low turnover of staff and staffing levels were appropriate

There were appropriate safeguarding and whistle blowing policies, staff had undertaken training and were confident of the reporting procedures.

There were individual and general risk assessments which were complete and up to date and all required health and safety measures were in place. Medicines systems were safe and infection prevention and control measures were in evidence.

Care files included thorough assessments and relevant health and support information was complete and up to date. There was a thorough induction for new staff and the training matrix evidenced that mandatory and supplementary training was undertaken regularly.

The service offered a good choice of nutritious food and people were kept well hydrated with plenty of drinks throughout the day. The environment was clean and tidy, well-lit with both natural and with appropriate signage.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People told us staff were kind and caring and we observed staff delivering support with patience, kindness and compassion. People's dignity and privacy was respected at all times

People, where appropriate, were involved in all aspects of their care planning and reviews.

There was information available for people who were considering using the service, and their relatives.

Care plans were person-centred and were audited on a monthly basis. There were processes in place to listen to people who used the service, relatives and staff, and respond appropriately.

There was an activities coordinator who organised and monitored a range of activities, events and trips out at the home.

Staff at the home were working to completed Six steps end of life training. This would help them to support people in line with their wishes at the end of their lives.

We saw compliments received by the home. There was a complaints policy and procedure in place, which was appropriate and up to date and was displayed prominently within the home.

Staff told us they were well supported by the management team. The registered manager held a surgery on a weekly basis that helped ensure people could come and talk to her with any concerns or suggestions.

Care staff had at least two formal supervisions per year as well as annual appraisals to evaluate their roles and look at their training and development needs. Team meetings were held on a regular basis, for different sections of staff.

The service encouraged community links and enjoyed good relationships with the local schools, nursery and church.

There were regular checks and audits undertaken at the service. All audits and checks had clearly recorded action plans and dates for completion of actions. These were signed off when completed and helped ensure the home was continually improving.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Guide Lane Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 April 2018 and was unannounced. The inspection was carried out by two adult social care inspectors from the Care Quality Commission (CQC).

Prior to our inspection we had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

We looked at notifications received by CQC. We also contacted four health and social care professionals to gain their views of the service. The health and social care professionals were positive about the service and did not raise any concerns.

During the inspection the registered manager was on annual leave. We spoke with the deputy manager of the home and the registered manager and deputy manager from another of the provider's homes came to support the deputy manager. The area director also attended to help facilitate the inspection. We also spoke with four care staff, the chef, four people who used the service and eight visitors.

We looked at records including four care plans, four staff personnel files, training records, health and safety records, audits and meeting minutes. We observed part of the lunch time meal and 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

## Is the service safe?

### Our findings

People said they felt safe at the service. One person told us, "I feel very safe here; it's comforting to know that there are always people around". Another commented, "Can't fault the staff but could do with an extra pair of hands. They are always rushed". A relative said, "I know my [relative] is safe and well looked after. I would recommend the home to anyone. The manager and staff are amazing".

Recruitment was robust at the service. We looked at four staff files and all appropriate documentation was in place, including an application form, proof of identity, references, interview notes and photographs. Staff all had Disclosure and Barring Service (DBS) checks which help employers ensure staff employed are suitable to work with vulnerable people. We saw that nurses' personal identification numbers, their professional registrations, were checked on a monthly basis.

There was a dependency tool for each individual within the care files. These indicated the level of assistance each person required with personal care tasks and helped inform staffing levels.

Staffing levels were appropriate on the day of the inspection and included the deputy manager, an administrator, a handyman, an activities coordinator a chef and kitchen assistant, two domestics, one nurse, one senior carer and five carers. The night shift consisted of one nurse and three carers. Staff members did not appear rushed when interacting with people who used the service. The management team told us the home had a low turnover of staff and rarely used agency staff to cover for sickness and leave. This helped ensure consistency for people who used the service.

There were appropriate and up to date safeguarding and whistle blowing policies in place. Staff had undertaken safeguarding training and were confident of the reporting procedures. There was e learning undertaken and support offered for people who used the whistle blowing systems to report any poor practice they may witness' Staff were aware of this support and confident to report any poor practice. We saw the safeguarding log where any concerns had been documented. Follow up to these concerns was appropriate and timely.

There were individual risk assessments in care files, relating to areas such as mobility, nutrition and hydration, use of bed rails or other equipment, falls and skin integrity. We saw that risk assessments were reviewed and updated regularly and appropriate referrals were made to other agencies when necessary. Equipment was in place to help keep people safe. Some people had completed Do not Attempt Resuscitation (DNAR) forms displayed prominently within their care files. These had been discussed with the person who used the service, or their representative where appropriate, and helped ensure people's wishes would be adhered to in the event of a cardiac arrest.

We saw evidence of regular health and safety meetings. There was a current fire risk assessment in place and general risk assessment. Fire exits were clear, water was running at the correct, safe temperatures, window restrictors were fitted to aid safety and radiators were covered to help ensure people did not injure themselves. Certificates were in place relating to gas and electrical safety and portable appliance testing

(PAT). Regular checks and maintenance were undertaken for the nurse call system, fire equipment, hoists and a thorough lift inspection had been undertaken.

Personal emergency evacuation plans (PEEPs) for each individual were held in a 'grab file' in the reception area for use in the event of an emergency. These indicated the level of assistance each individual would require in the event of an evacuation from the premises. There was also a clear building plan to aid emergency services personnel. A business contingency plan was also held in this file to ensure the service could continue to provide care as consistently as possible in an emergency situation.

Medicines systems for ordering, storing, administering and disposing of medicines at the service were safe. The treatment room and the medicines fridge were clean, tidy and well organised. Fridge and room temperatures were taken daily to help ensure they remained within the manufacturers' recommendations and records were complete and up to date.

We saw records of monthly medicines audits with any issues identified and actions to address the issues completed. Each resident was 'resident of the day' on a monthly basis and full checks were made of all their care, including medicines. There were records of pharmacy advice visits and we saw the most recent one, where some minor issues were identified. These had been actioned in a timely way.

The service had an up to date infection control policy and there was an infection control lead amongst the staff. Internal audits were completed on a three monthly basis and actions followed up. The score from the last audit by the local infection control team was high. Some minor issues had been raised and an action plan for improvements requested and completed.

## Is the service effective?

### Our findings

We looked at four care files which included relevant information about people's health and support needs. There were thorough assessments, medical history and care plans for each area of daily living, such as mobility, personal care and communication. People's nutritional and hydration needs were thoroughly assessed and where there was an issue we saw that weights were monitored and food and fluid charts completed. Appropriate referrals were made to other agencies, such as Speech and Language Therapy (SALT) team and GPs and professional visits were clearly documented. Where people required regular positional changes, these changes were documented accurately within separate care plans. All care plans were reviewed and updated regularly. The home undertook 'resident of the day' checks of all aspects of people's care and support were undertaken to help ensure they were being supported appropriately.

There were separate care plans in place for people with behaviours that challenged the service. Staff had completed training in this area to help them understand how to intervene effectively with each individual and obtain the best possible outcomes for them.

The service had a 'transition' document in place for each person who used the service. These were documents containing up to date information about people's care and support needs, to be used if the person was admitted to hospital to help ensure continuity of care.

There was a thorough induction in place for new staff. The service aligned their induction with the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Two days was undertaken off site and this included the mandatory training courses. An experienced staff member was assigned to new staff members to act as a mentor and assist them to settle into their new role.

Training at the service was a blend of classroom and e learning. The training matrix evidenced that mandatory training was undertaken regularly by all staff and was numbers were monitored to give an overview of training that was due so that this could be assigned. Supplementary training courses could also be accessed. Staff we spoke with told us there were lots of training opportunities available to them and they felt this equipped them well for their roles.

The home had obtained a food hygiene rating of 5 Stars, which was very good. There had been an environmental health visit in July 2017 and no major issues had been identified. We visited the kitchen, which was clean, tidy and well organised, and spoke with the chef, who demonstrated a good knowledge of people's dietary needs, likes and dislikes. They told us supplies of food were plentiful. We looked at menus which offered a good choice of nutritious options each day and alternatives were offered if people did not want the choices offered.

Comments about the food were mainly positive. Comments included, "The food is very good, nicely served"; "No problem with the food – lots of choices". Jugs of juice with people's names on them were on occasional tables at the side of people and we saw that hydration was encouraged throughout the day. One visitor said

she would like to know what her relative drank during the day as they were unable to ask for drinks. We discussed this with the management team and a fluid chart was put in place immediately.

There were two dining areas and tables were nicely set with tablecloths, condiments, cups and saucers, glasses and napkins. There were two sittings in one dining room so that staff were better able to assist people. Two people were on percutaneous endoscopic gastrostomy (PEG) feeding. This is when a person is unable to eat their food orally and receive it through a tube into their stomach. Separate care plans were in place with regard to flushes, medicines and cleaning of the site. There were menus on the tables setting out the choices for the day in very clear print, pleasant music was playing in the background. Clothes protectors were given to those who required them.

We observed part of the lunch time meal on one of them, using 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. People took their meals in the dining room, the lounge or their own bedrooms according to circumstance and choice. A choice of hot drinks was given and the food looked appetising and nutritious. People appeared to enjoy their meals, though two people felt the soup was a little thick. We spoke with the chef about this and they agreed to look at remedying this in the future. We saw that people who required help were assisted in a discreet and respectful manner. Staff wore appropriate personal protective equipment (PPE), in the form of plastic aprons. There was a member of staff who was the lead on nutrition who kept up to date with current information and guidance and disseminated it to all staff.

In the afternoon 'cake of the day' was served and people told us there was always a nice cake each day. Snacks and drinks were available throughout the day and we saw fruit and crisps were available for people to help themselves. The service completed regular mealtime audits to look at the dining experience and inform improvements to this.

We looked around the environment which was clean, tidy and free from clutter. The home was well-lit with both natural and electric lighting and there was some signage to help people orientate around the home. Some rooms had en-suite bathrooms and all bedrooms were decorated nicely and had name plaques on the doors. Bathrooms were well equipped with aids and adaptations, liquid soap and paper towels. The premises were spacious and there was ample room for people to move around safely, with the use of walking aids if required. There were appropriate pictures around the home, which could aid reminiscence and there were large clocks in the lounges. There were televisions and music centres in the communal areas and there were quiet areas on the corridors with seating. There was a good selection of books and newspapers delivered daily.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. The policies relating to MCA and consent were appropriate and up to date. There was evidence within people's files of mental capacity

assessments and best interests decision making, where people had been assessed as lacking capacity to make a particular decision. The service were aware of people who had someone acting on their behalf, for example, where a lasting power of attorney (LPA) was in place. Consent forms were signed by people who used the service, or their relatives, for issues such as consent to share information and consent to the use of bed rails. There was an appropriate DoLS policy and a log of DoLS authorisations which was kept updated. Staff knowledge and understanding of MCA and DoLS was good.

## Is the service caring?

### Our findings

We asked people about their experience of the care they received at the home. One person said, "They [staff] are all lovely; they are kind, caring and friendly". Another told us, "If you ask me do I want to be here, the answer's no, but I really have no choice anymore I couldn't look after myself. I have not been here that long but so far so good". Relatives comments included; "My [relative] is well cared for, is always clean and nicely dressed. Staff are lovely"; "I had another relative in here. I was very satisfied with the care they received and when I needed to place [name] this was the only place I would let them come". A health professional commented, "The staff are very caring - they all work as a team. I have never witnessed any bad practice or heard anything along these lines".

Staff were happy in their roles and one told us, "I love coming to work, there's good atmosphere". Another said, "I worked here for years, the care is what I would want for my relatives".

We observed care throughout the day and saw that staff delivered support with patience, kindness and compassion. They spoke to people who used the service in a respectful manner and the atmosphere was friendly and relaxed.

There were four dignity champions at the home who were responsible for keeping up to date with good practice and ensuring all staff were aware of the issues. People's dignity and privacy was respected at all times and this was done by ensuring their personal care needs were met discreetly and sensitively. Staff spoke quietly to people when offering care interventions and knocked on bedroom doors before entering. We saw staff using a hoist to move someone and this was done with as much dignity as possible. We saw that independence was promoted by measures such as encouraging people to move from their chairs to the dining table for meals and supporting them with mobilisation and activities of daily living.

Attention was paid to helping to ensure that people could be involved in all aspects of their care on a daily basis. Communication was key to this aim and we saw that there was one person, whose first language was not English. Key phrases were written phonetically within their care file to assist staff to communicate effectively with the individual and help them feel included and not isolated.

People were involved in care planning and subsequent reviews and updates to care as much as possible. Individuals were encouraged to participate fully in the resident of the day programme to look at whether there were any changes they wanted to make to how they received support. Families were also involved in care planning and reviews. There was no restriction on visiting times and we saw that some visitors liked to be with their relatives at meal times to assist them with this. Others spent long periods of the day with their relatives. All felt they were made very welcome. One relative told us, "I am always made welcome; they [staff] always offer me a drink when I arrive".

There was information available for people who were considering using the service, and their relatives. The service had a service user guide which included the service's philosophy of care, facilities and services available, health and well-being, medicines, activities and choices, health and safety, visitors, quality

assurance and inspection reports. There was a summary of the statement of purpose, which was available to people on request.

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs. One person said, "They [staff] listen to me and have supported me through difficult times". A health professional told us, "The staff are very friendly, they are always busy when you go into the home with patients. . I have observed the patients being involved with activities with staff".

Care plans were person-centred and included a 'Remembering Together – Your Life Story. These documents were completed, where possible by the person who used the service and their family members. The information helped staff provide care in a more personalised and individual way. People's choices and preferences were documented and there was information about what people preferred to be called, their staff preferences, methods of communication and important things about their lives.

There was a social and spiritual care policy and we saw that people's beliefs and spiritual needs were considered. Representatives from local churches visited regularly to help meet people's needs in these areas and there was a monthly service held at the home. We saw that care plans were audited on a monthly basis. Any issues identified were promptly rectified with appropriate actions.

There were processes in place to listen to people who used the service, relatives and staff, and respond appropriately. An annual resident and relative survey run by an outside market research company was undertaken. In July 17 we saw that people had said that the décor in the home required upgrading as it was looking tired. The estate team was contacted and refurbishment of the home, to include new curtains, furniture, carpets, painting and decorating began at the end of 2017.

Resident and relative meetings were held every three months and dates were planned in for 2018. The chef attended the resident and relative meetings to discuss the menu and took part in the 'resident of the day' process by speaking with each person on an individual basis about their food preferences. 'Resident of the day' also gave people the opportunity to discuss their preferred activities and outings.

There was an activities coordinator who organised and monitored activities at the home. We saw there had been feedback on activities leading to the planning of more outdoor activities. The home had a minibuss and we saw there had been trips out to Middleton Hall and for meals out. On the day of the inspection, some people went out to a local garden centre. There were also activities such as board games, aromatherapy, film shows, arts and crafts, entertainers and visitors from a nearby children's nursery. The PIR stated that some of the people who used the service had said they were very good at knitting in the past. The activities coordinator had purchased sets of knitting needles and wool and these people now enjoyed knitting and chatting and were currently making scarves.

Staff at the home were working to completed Six steps end of life training. So far the registered manager and two care staff had commenced the training. This would help them to support people in line with their wishes at the end of their lives.

We saw compliments received by the home. Comments included; "I would recommend you to everyone. It meant so much to us to have you all there at such a difficult time in our lives looking after our love one when we were no longer able to. You are all amazing"; "Thank you so much for all the love you have given [name] during his time at Guide Lane. I will never forget your kindness"; "Since moving in the difference is quite remarkable. [Name] is more alert, tries to communicate more effectively and has gained weight. The staff have been lovely and transitional seamless, I don't think we would find a better care home than Guide Lane. It's an exceptional place".

There was a complaints policy and procedure in place, which was appropriate and up to date. This was displayed prominently within the home. A small number of minor concerns had been received and all had been responded to and the actions recorded.

## Is the service well-led?

### Our findings

There was a registered manager in post at the service, who was supported on a daily basis by the deputy manager. 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.

Staff told us they were well supported by the management team. One staff member said, "We work well as team. The manager is really supportive and approachable". A health and social care professional we contacted told us, "The Manager is excellent – She always comes out to assess patients when we ask her to. She is very welcoming when we take patients to look round and makes them very welcome". The registered manager held a surgery on a weekly basis that helped ensure people could come and talk to her with any concerns or suggestions.

Care staff had at least two formal supervisions per year, which was evidenced in the 'staff supervision planner'. Staff we spoke with confirmed that supervisions were undertaken regularly and they had annual appraisals to evaluate their roles and look at their training and development needs. Team meetings were held on a regular basis, for different sections of staff. Minutes were taken at all team meetings and were displayed with an action plan.

The service sought feedback in various ways to facilitate continual improvement. We saw the feedback from the relative's survey undertaken in 2017. The survey had asked for ratings of kindness, caring, safety, food, staff, cleanliness, facilities, management and maintenance of the home. The results were positive in all areas and where improvements were felt to be required the service had responded with actions.

In February 2018 a 'Have your Say' survey had looked at areas of activities, care support, cleanliness, facilities, food and drink, safety and security, treated with dignity and respect. All scores for these areas were positive.

The service encouraged community links and enjoyed good relationships with the local schools, nursery and church. The school and nursery came into the home to entertain people with songs and Christmas carols. The home currently had Investors in People (IIP) silver status.

Within the home management undertook twice daily walkarounds, clinical walkarounds and weekend walkarounds. These checks looked at clinical issues, resident care, infection control, environment and staff areas and helped pick up any issues and resolve them in a timely way. The management also ensured they collected feedback from people who used the service, staff and professionals. There were regular audits of the dining experience to ensure this remained pleasant and effective for people who used the service and actions to improve things were put in place where needed. All records were complete and up to date

There were daily flash meetings with heads of department where discussions were held about any concerns

or changes. We saw that there were thorough bi-monthly home visit reports completed by the area director and quality director and a home improvement plan was informed by these.

There were regular bed checks, catering audits, medicines audits, accidents and incidents and falls audits, infection control audits and dependency reviews. All audits and checks had clearly recorded action plans and dates for completion of actions. These were signed off when completed and helped ensure the home was continually improving.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, accidents/incidents deaths and safeguarding concerns. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

The last CQC inspection rating was displayed prominently within the home and on the service's website, as required.