

Barchester Healthcare Homes Limited

Badgeworth Court Care Centre

Inspection report

Badgeworth
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced focused inspection of this service because we had received some information of concern. We have only looked at the areas of 'Is the service safe?' and 'Is this service effective?' as the concerns sat within these domains.

This inspection took place on 28 February 2017. Badgeworth Court Care Centre provides accommodation for 65 people who require nursing and personal care. 53 people were living in the home at the time of our inspection.

Badgeworth Court Care Centre is set over two floors. The home has three units which support people with different needs. Each unit has a lounge and dining room with an adjacent kitchen. People have access to a secure garden, coffee area as well as a hair salon.

A registered manager was in place as required by their conditions of registration; however they were unavailable on the day of our inspection. The clinical lead therefore supported us during the inspection. 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.

People's nutritional and dietary needs had been assessed and were catered for. People's risks of choking or malnutrition had been assessed. Control measures had been put into place to eliminate any risks such as soft diets or fortified foods. Their care plans provided staff with the guidance they needed to support people with food and drinks. People were weighed regularly to ensure they maintained their weight. Where needed people's food and fluid intake was monitored. People were referred to the relevant health care services if they experienced changes in their wellbeing and nourishment.

There were sufficient staff on duty to support and monitor people eating their meals. Staff were knowledgeable about people's specialist diets and preferences. We observed people being offered a choice of meals and being provided with a meal to suit their dietary needs or preferences. The kitchen staff were aware of those people who required a specialised diets such as soft texture or diabetic diet. Most staff had been trained in food safety and supporting those people who were at risk of choking.

Whilst we found good practices in relation to people's dietary needs, we have not changed the ratings of this service as we did not inspect all areas of the domain. Therefore this report only covers our findings in relation to these specific areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Badgeworth Court Care Centre'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe in relation to people's dietary needs and swallowing difficulties. People's dietary needs had been assessed, monitored and documented. They were provided with meals and drinks suitable for their needs. Staff were knowledgeable about people's requirements

At our last inspection we rated this domain as 'requires improvement', although there was no breach of regulations found. However, we did not inspect all areas of this domain during this inspection. We are therefore unable to re-rate this domain. We will check the domain fully during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

This service was effective in relation to staff training and people's dietary requirements. Most of the staff had been suitably trained to support people with their diets. People received a healthy balanced diet. Their dietary needs and preferences were catered for.

Good ●

Badgeworth Court Care Centre

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.'

We undertook an unannounced focused inspection of Badgeworth Court on 28 February 2017. This inspection was undertaken in response to significant concerns regarding the management of one person's dietary and swallowing needs. We wanted to be sure that other people who were at risk of choking on their food or required a specialist diet were being effectively supported and catered for.

We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is this service effective?' This is because the concerns sat within these domains.

Our inspection team consisted of two inspectors. We spoke with three people using the service, eight members of staff, the head chef and the clinical lead. We reviewed the records of six people using the service. Prior to the inspection we spoke with three health care professionals and the local authority commissioners. We also 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

This unannounced focused inspection was carried out as we were made aware of information of concern regarding the management and overview of people who were at risk of choking on their food or required a specialist diet. We wanted to make sure the home safely managed people's risks associated with their diet and food intake.

We initially spoke to the clinical lead who informed us of the people who had been identified as being at risk of choking, malnutrition or required a specialist diet. We also requested the kitchen records which highlighted those people who required individual diets according to their dietary needs or preferences such as a diabetic diet.

We looked at people's care records and found that people's pre-admission assessments included information about any swallowing difficulties and their dietary needs. Their care records also provided staff with the information about people's food likes and dislikes, allergies and the type of diet they required. People had specific nutritional and hydration care plans in place to reflect their dietary needs and meal preferences to ensure they maintained a healthy balanced diet which they enjoyed.

Some people had been assessed as at risk of malnutrition, choking or experienced swallowing difficulties and had been referred to other specialist health care professionals such as dieticians or speech and language therapists (SALT) and their GP. We found that the health care professional's recommendations had been recorded and were largely reflected well in people's care plans. Records showed that some people had been recommended to have a soft textured diet. This information had been communicated to the kitchen staff to ensure people were provided with their recommended diets or preferences. We spoke with the head chef who was knowledgeable about people's dietary needs as well as the national guidelines on providing people with different types and textures of foods. We were told that any significant changes in people diets were communicated to the kitchen staff or raised at the head of department's daily meeting. Other people had been recommended to have a thickener added to their drinks or food to prevent liquids entering their lungs. Staff were aware of those people who needed thickeners and during our observations we found people being given drinks at the correct consistency for their needs.

Some people had been identified as at risk of malnutrition and losing weight. We were told that all the food provided in the home was fortified and had been enhanced with additional calories by using ingredients such as full fat milk and butter. Some people were given additional drink supplements to ensure they received a good level of nutrition. Records showed that people were weighed monthly or more frequently if staff were concerned about their weight. People who had been assessed as overweight were encouraged to eat healthier options. The head chef told us they would work with people to ensure they received a healthier diet which they enjoyed.

People with known eating difficulties did not always have a mouth hygiene care plan. A mouth hygiene care plan would provide staff with guidance about people's oral hygiene and dentistry needs which may impact on their food and drink intake. We raised this with the clinical lead who said that plans were in place to

implement mouth hygiene care plans for all people at Badgeworth Court. They said, "At present, people's mouth hygiene preferences in their personal hygiene care plan but we recognise it would be good practice to have a separate care plan as mouth care is so important to everyone."

During our inspection we spoke with people and staff and observed people eating their meals at lunchtime and found that people were given meals which were appropriate to their needs. Where appropriate, we saw that people's drinks had been thickened and their food was prepared to the consistency and size recommended by their SALT. There was sufficient staff during the lunchtime period to ensure people received their meals in a timely manner. Staff knew how people's meals should be prepared and what support they needed. For example, we saw that a person with mobility and swallowing difficulties was positioned in a semi upright position, for a period after their meal, to reduce the risks to them. Staff told us they felt able to support people's needs safely, including observing and responding to any potential swallowing difficulties. When one person did cough during their meal, a staff member supported them calmly and provided reassurance until this had resolved.

From our observations we found that people received varying levels of assistance from staff to ensure they ate sufficiently. Staff adapted skilfully between people's different levels of needs including serving and assisting people with their meals, observing and chatting to others. Changes to people's needs were communicated effectively between staff and shared with other staff at handover.

Where required, staff encouraged and prompted people to eat. Those who were being assisted with their meals were supported in a dignified and respectful manner. Alternative options were offered to people who were not keen on the meals being offered. Staff were knowledgeable about people's preferences in food and drinks, where they liked to sit, to eat their meals and their general appetite. However we found that people's food and drink intakes were not always recorded in their daily notes except if they were being specifically monitored. Having a general record of people's food intake would help staff to identify any patterns or declines in people's appetite, especially when recommendations have been made by health care professionals.

People were involved in making decisions about managing their own eating risks. For example, one person had mild swallowing difficulties when they first moved into the home. We were told that they initially declined thickened fluids, as recommended by the SALT, despite 'coughing and spluttering' on drinks at least once a day. This decision was respected by the staff and health professionals involved as the person was fully aware of the risks to them and accepted these.

We reviewed the accidents and incidents reports of the home and found there was only one significant incident that related to people's swallowing difficulties. Records showed that an urgent referral was made to the SALT for this person to be reassessed.

The provider and registered manager had carried out quality audits of the service being provided at Badgeworth Court including the management of people's dietary needs including their dietary records and those being monitored as they had been identified as risk of losing weight. Their 2016 audit reports and findings were shared with us after the inspection.

At our last full inspection of this service in February 2016 the service was rated 'requires improvement' in the domain of 'Is the service safe?', however there was no breach of regulations found. Whilst we found good practises in relation to people's dietary needs and swallowing difficulties, we did not inspect all areas of this domain. We are therefore unable to re-rate this domain. We will check the domain fully during our next planned comprehensive inspection.

Is the service effective?

Our findings

We checked the staff training records to find out if staff had been trained in supporting people to eat and drink and maintaining a balanced diet. We found the majority of staff had been trained in food safety and supporting people who were at risk of choking. We observed good practices of food safety such as temperature probing food and wearing aprons. Staff had a general knowledge of how to recognise signs that someone may be in distress while eating and the actions they would take if people had a choking episode. They were aware of people's individual risks during eating and the control measures that have been put into place to reduce the risks such as soft diets and good seating and positioning of people while they ate.

People told us they enjoyed their meals. For example, one person said, "The food is very good here. I enjoy it." People were offered a choice of two hot meals and desserts a lunchtime from hot trollies sent to the units. The food temperature was checked and recorded before people were served their meals. Alternative options could be requested from the kitchen if people did not like the options of the day. People had a choice to eat in their bedrooms, the dining rooms of their units or the home's ground floor dining room.

The head chef explained that the majority of the food and meals provided were homemade and the ingredients were sourced locally. Cakes were baked daily and some meals such as a cooked breakfast could be cooked to order. New meals and menus were implemented and reviewed to ensure they were enjoyed by the majority of people. People's meal and food preferences were shared with the kitchen staff and we were told that the head chef would visit people to ensure they were enjoying the food being provided. The head chef recognised that people's meals were very important to them and could impact on their physical and general wellbeing. They were reviewing the choice of meals and considering implementing finger foods to encourage people to eat independently. Research has shown that people who live with dementia will often eat more finger food than food that requires cutlery.

People's nutritional needs, like and dislikes, were identified and risks were monitored and managed. For example, a person with advanced dementia was admitted with a poor dietary intake and weight loss. They refused help to eat from staff and wished to remain independent. This was initially managed by cutting up their food and providing finger foods, with lots of encouragement at mealtimes. Recently staff had adapted their approach to providing liquidised meals, which the person could drink independently from a cup with minimal prompting. As a result their weight was being maintained and we observed they were content and relaxed during their meal.

We saw that the chef delayed serving meals until people were ready, in the dining room. During our observation we saw that some people didn't eat their main meal; staff encouraged them and also offered a number of alternatives.

At our last full inspection of this service in February 2016 the service was rated 'good' in the domain of 'Is the service effective?' We continued to find good practices in relation to staff training and people's dietary requirements; however we did not inspect all areas of this domain. We will check the domain fully during our next planned comprehensive inspection.

