

HC-One Limited

Meadow Bank House

Inspection report

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Date of inspection visit:
14 September 2022
21 September 2022

Date of publication:
26 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Meadow Bank House is a purpose built care home in the Great Lever area of Bolton and is registered to provide both personal and nursing care for up to 47 people. The home is divided into two units, Primrose and Poppy. At the time of inspection 43 people were living at the home.

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

Improvements were required with medicines management, engagement with people and relatives and the completion of supplementary charts. However, the provider had identified the majority of issues we noted and these had been added to the home's improvement plan.

People told us they felt safe living at the home and received good care from staff who knew them well. People, relatives and staff provided mixed comments about staffing levels. Although feedback indicated enough staff were deployed to meet needs, staff were reported to be very busy and had little time to provide a more personalised approach or engage in activities with people. Accidents, incidents and falls had been documented and reviewed to look for trends and help prevent a reoccurrence. We found the home to be clean, with effective cleaning and infection control processes in place

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. Staff told us they received enough training, support and supervision to carry out their roles effectively. People's healthcare needs were being met, with referrals to professionals made in a timely manner when any issues had been noted. People were happy with the food provided, with choices available at each mealtime.

The provider used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions had been identified and added to the home's improvement plan, which was regularly reviewed by the registered manager and at provider level. People and relatives spoke positively about the registered manager, who was reported to be open and approachable.

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

Rating at last inspection and update

The last rating for this service was good (published 22 December 2018).

Why we inspected

We received a concern in relation to the management of oxygen and medicines in general, staffing levels and staff being rushed, lack of choice at mealtimes, people having a poor diet and lack of fluids and the management of people's continence needs.

As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Meadow Bank House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by an inspector, a medicines 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.

Service and service type

Meadow Bank House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meadow Bank House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

Notice of inspection

We gave a short period notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety and to ensure the registered manager and/or a representative from the

provider would be present to support the inspection. Inspection activity started on 13 September 2022 and ended on 23 September 2022. We visited Meadow Bank House on the 14 and 21 September 2022.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and nine relatives about the home and the care provided. We also spoke with 14 members of staff, which included the registered manager, regional quality director, a support manager, nurses, senior carers, carers, catering and domestic staff.

We reviewed a range of records and other documentation. This included five people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for eight people.

After the inspection

We requested and reviewed additional evidence from the provider. This included training and supervision data, audit and governance records, meeting minutes, medicine records and other medicine related documentation.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Although there were systems in place to make sure medicines were managed safely, staff did not always follow these systems properly. This meant we could not confirm medicines had consistently been managed safely.
- Some people were prescribed thickening powder to add to their fluids to prevent them from choking. The records about how much thickener to use were unclear. No records were made when care staff thickened drinks and some people had no stock of thickener.
- Records relating to the application of creams were not always completed in a timely manner. Information was not always in place to follow when applying creams, to ensure it was applied properly.
- Checks completed by the registered manager and provider had identified the majority of the issues we found and an action plan was in place which explained what they would do to ensure medicines were managed safely in the future.

Staffing and recruitment

- Staffing levels were allocated in line with the provider's dependency tool. This is a system which determines how many staff are needed to meet people's assessed needs.
- Feedback about staffing levels from people, relatives and staff was varied. Everyone confirmed people's basic needs were met and they were kept safe, however, some commented on care being task orientated. Comments included, "I feel [relative] could have a bit more attention, but she is safe" and "Don't feel staff get enough time with residents, tends to be short but sweet, more task orientated."
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Relatives also had no concerns about their family members safety. Comments included, "I feel safe because the staff are there, checking on me. I used to fall but haven't had one since lived here" and "The care my [relative] gets is very good. I know when I leave after visiting, she is safe."
- Staff knew how to identify and report concerns and confirmed safeguarding training was provided and refreshed, to ensure knowledge remained up to date.
- Safeguarding concerns had been reported in line with local authority guidance, with records kept documenting what had happened and action taken.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care documentation contained a range of generic and individual risk assessments, which provided staff with information about how to meet people's needs and keep them safe.
- Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly. Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.
- Accidents and incidents had been recorded on the home's electronic system. Documentation included what had happened, action taken, outcomes and lessons learned. Additional analysis had been completed to look for potential causes, patterns and trends to help prevent a reoccurrence.

Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place.
- Additional measures had been implemented throughout to the COVID-19 pandemic, to ensure guidance was followed and people kept safe. Appropriate policies, procedures and cleaning schedules were in place.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow procedures

Visiting in care homes

- Government guidance around visiting had been followed.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Assessments had been completed both prior to and upon admission to the home, to help ensure the environment was suitable and the home could meet people's needs.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's wishes.

Staff support: induction, training, skills and experience

- Staff had been provided with ongoing training and support which enabled them to carry out their roles safely and effectively. Training completion was monitored to ensure staff remained up to date.
- Staff spoke positively about training and support provided. One staff member stated, "I'm happy with it, there are good career opportunities here." Another told us, "We do online and some classroom training. I'm okay with the supervision process and feel supported in my role."
- New staff were required to complete an induction process. One staff member told us, "I did a three-day induction training course which was really good. I then did some shadowing shifts, so I could learn on the job."

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

- People spoke positively about the food provided and confirmed they were offered choices. One person told us, "My food is perfect for me; there is always a choice." Another stated, "I really enjoy my meals. The girls chat to us and make mealtimes a fun time."
- Monitoring of food and fluid intake was only completed for people actively losing weight or on fluid watch, due to concerns about their intake, as agreed at monthly clinical review meetings. The records we looked at during inspection showed people had received enough to eat and drink and what had been provided was in line with their assessed needs.
- We observed the mealtime experience to be positive. People were offered a choice of options at both breakfast and lunchtime. Modified diets, such as pureed meals were well presented and looked appetising. Staff provided encouragement and assistance to people as required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in MCA and DoLS and understood how this impacted on the care they provided. One staff member told us, "Everyone is deemed to have capacity unless assessed as unable to make a specific decision at that time. DoLS is used to keep people here safe." Another stated, "DoLS is used when we deprive people of their liberty. We can't just take away people's right to make choices, people with capacity have a right to make unwise choices."
- DoLS applications had been submitted timely, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.
- Care plans contained information about people's capacity to make decisions. Where necessary best interest meetings and decision making had taken place with this documented in people's care records.

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

- People received support to stay well and access medical services and professionals as required.
- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, tissue viability nurses and dieticians. Information following appointments or assessments had been documented in care records.
- Oral care was provided in line with people's needs and wishes, though access to wider dental support had been challenging. One relative told us, "The home have had problems getting a dentist to my [relative]. They keep trying but its proving difficult."

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

- The layout of the home catered for people's needs. Equipment and adaptations were available to promote people's safety, independence and comfort. These included handrails on corridors, assisted bathing and grab rails to toilets and sinks.
- The décor and furnishings in some areas of the home looked tired, however, an ongoing renovation process was in place to address these.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives knew who the registered manager was and told us they were approachable and available should they wish to speak with them. Comments included, "I think the manager is lovely and tries her best. If I had any problems I know who to approach" and "I have had good support from the management and senior staff."
- People and relatives also gave positive feedback about the home and care provided. One person told us, "I would describe the home as a hotel with added benefits. I have a clean room; good food and the staff are attentive."
- Formal engagement with people and relatives to ensure they were involved with their care and the wider home required improvement. There had been only one resident meeting within the last two years and no relative meetings. Plans for a virtual relatives' meeting were currently being looked at.
- A questionnaire had recently been circulated to relatives to seek their views about the home, although the results were still being analysed. However, we saw no evidence people's views had been sought via the same questionnaire process.
- General staff meetings were held. Staff told us they felt involved in the meetings and comfortable in raising issues and/or concerns.
- Additional meetings had been held with staff from different job roles, such as catering and domestic staff. This allowed each designation of staff an opportunity to discuss their roles and make suggestions for improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A range of systems and processes were in place to assess the quality and performance of the home and care provided. These had been completed in line with provider's audit schedule.
- Supplementary charts, such as records of pressure relief and continence care had not always been completed consistently. This meant we could not confirm planned interventions had been carried out each time they were required.
- A home improvement plan (HIP) was used to log actions from audits. The majority of issues we found on inspection had been identified through the home's governance processes and had been included on the HIP.

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 home was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- People and relatives told us staff and the registered manager were open and honest and any concerns had been dealt with appropriately.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home.
- The home had recently been visited by the Mayor of Bolton who spent time chatting and reminiscing with people. The Mayor and local MP had also attended the summer fayre as part of National Care Home open day.
- The home had also made links with schools, theatres and the local swimming pool regarding accessing activities and the wider community.