

HC-One Limited

Meadow Bank House

Inspection report

Green Lane
Great Lever
Bolton
Lancashire
BL3 2EF

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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

This inspection took place on 22 November 2018 and was unannounced. Meadow Bank House is registered to provide personal care and nursing care for 47 people. On the day of the inspection there were 17 people living on Poppy unit who required nursing care. On Primrose unit there were 23 people, of which six required nursing care.

Meadow Bank House is a purpose built care home in the Great Lever area of Bolton. There is limited outside garden space. Car parking is available at the front of the home and on the main road. The home is close to local amenities and public transport.

Meadow Bank House is a 'care home'. People in care home 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.

At our last inspection on 3 April 2018. We rated the service as requires improvement. We found five breaches of the regulations. These related to appropriate care and treatment, dignity, safe care and treatment, governance and staffing.

On 10 April 2018 the home sent us an action plan showing us how they planned to make improvements and a timescale for when these would be completed.

At the inspection on 22 November 2018 we found that the breaches had been met. The home was working closely with the local authority quality assurance monitoring team, safeguarding team and the Clinical Commissioning Group (CCG).

The home had a registered manager in post. 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 were safe from the risks of abuse and ill treatment. Staff had undertaken training in safeguarding vulnerable people and policies and procedures were in place for staff to refer to.

People were supported by enough staff to meet their needs.

Individual care records were in place. Information reflected people's involvement where possible and had been reviewed and updated.

People told us that activities were provided both in the home and outside in the community.

People told us, and we observed, staff treat them with dignity and respect when offering care and support.

Staff were said to be helpful and caring and understood people's individual needs and wishes.

All relevant recruitment checks were undertaken prior to new staff commencing employment.

Relevant authorisations were in place where people were being deprived of their liberty. Care records showed that capacity and consent had been considered when planning people's care and support.

Safe systems were in place for the management and administration of people's prescribed medicines. People had access to relevant healthcare support so that their health and well-being was maintained.

Effective systems were in place to ensure the premises and equipment were regularly serviced and safe to use. Internal maintenance checks were completed. Issues identified during the inspection were immediately acted upon so that the building was safe.

Suitable arrangements were in place to minimise the risk of cross infection.

Systems were in place for the reporting and responding to any complaints and concerns. People and their visitors said they were able to raise any issues and felt they would be listened to and acted upon. The home had received a number of thank you letters and cards.

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.

Recruitment at the service was safe and the staffing levels were sufficient to meet the people's needs.

A safeguarding policy and procedures were in place and staff had received training and were knowledgeable of safeguarding.

Safe systems were in place for the ordering, storage, administration and disposal of medicines. Infection control procedures were in place.

Is the service effective?

Good ●

The service was effective.

The care plans included a range of health and personal information to guide staff on the care and support people required.

Nutrition and hydration requirements were addressed and the dining experience was calm and unhurried.

The service was working within the legal requirements of the Mental Capacity Act (MCA) 2005.

Staff completed an induction programme on commencing work and the service. Staff training was ongoing.

Is the service caring?

Good ●

The service was caring.

People who used the service, and their relatives, told us that staff were kind and caring. Dignity and privacy was respected at all times.

People who used the service and their relatives where appropriate, were involved in planning and reviewing their care delivery.

There was a service user guide available that provided information about the home and the services available.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and included information about people's health and social care needs, preferences, likes and dislikes and background and interests.

A range of activities was available, both in the home and outside.

There were systems in place for dealing with any complaints and concerns. The home had received several compliments from family and friends.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager at the service who was supported by a senior management team.

Systems were in place for completing checks and audits.

The registered manager participated in local groups and meetings and worked closely with other agencies and healthcare professionals.

Meadow Bank House

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 checked 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 unannounced inspection took place on 22 November 2018. The inspection team consisted of one adult social care inspector, a CQC pharmacist, a CQC bank nurse 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 or has used this type of care service.

Before the inspection we reviewed information, we held about the service, including notifications received from the service, safeguarding referrals and accidents and incidents.

Prior to the inspection we contacted Bolton local authority commissioning team, the safeguarding team and the Clinical Commissioning Group (CCG) who all agreed that the home had improved and they had no major concerns about this service. We also contacted the local Healthwatch to see if they had any information they wished to share with us. Healthwatch England is the national consumer champion in health and care.

During the inspection we looked at four care records, five staff personnel records, policies and procedures, meeting minutes and audits held by the service. We spoke with the registered manager, the area director, the area quality director and the regional quality director. We also spoke with four members of staff, five people living at the home and three relatives. We looked around the home and observed how people were supported. The expert by experience observed the dining experience during the lunch time meal.

Is the service safe?

Our findings

On arrival at the home we found the front door was locked and people had to ring the bell to gain entry to the home. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced. It also helped to prevent people who were assessed as being at risk if they left the home alone, from leaving the building unsupervised.

We asked people living at the home if they felt safe. One person told us, "I feel very safe here. I have no worries or concerns. Another said, "I know I am safe here, they look after me very well". One relative stated, "They know my [relative], what his likes and dislikes are, what he likes to drink and they also bring me a drink too which is lovely".

The home has an appropriate policy in place with regard to safeguarding vulnerable adults, which referenced other policies such as whistleblowing. Staff spoken with demonstrated a good working knowledge of safeguarding adult procedures. The training records showed that staff had undertaken training in safeguarding and refresher courses had been completed as required.

We looked at five staff files and saw that the service followed a robust recruitment procedure. We saw the files included an application form, proof of identity, references and Disclosure and Barring (DBS) checks. A DBS check helped ensure potential employees were suitable to work with vulnerable people.

We saw that sufficient staff were on duty on the day of the inspection to attend to the needs of people who used the service. Staff rotas we saw confirmed that staffing levels were consistent.

We saw that environmental and health and safety risk assessments and policies and procedures were in place. Fire drills were carried out regularly and the service had appropriate Personal Emergency Evacuation Procedures in place for each person. A PEEP informs the emergency services of what assistance each person required to evacuate them safely from the building. At our last inspection we found that some of the emergency exits were blocked with items of furniture. At this inspection we noted that all fire doors were free from obstructions. Fire and health and safety equipment was maintained appropriately and the passenger lift was serviced and maintained. Evacuation equipment was available and appropriately located. Small portable electrical equipment had been tested to ensure they were in good working order.

We looked at the environment on both units within the home. We saw the bedrooms, dining rooms, lounges and corridors were well lit, clean and bright and there were no unpleasant odours. The provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and the radiators were suitably protected with covers. On Poppy unit we found that one of the wardrobes was not secured to the wall. This could place people at risk of harm if it toppled over. This was fixed whilst we were present. We requested that management undertook an assessment of all the wardrobes to check that they were all securely fixed to the wall. Management agreed to address the issue as a matter of priority.

Policies and procedures were in place for infection control were in place. We saw that staff had access to personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care. One person told us, "The carers all wear gloves and aprons, they change them a lot".

The care records we looked at showed that risks to people's health and wellbeing had been identified, such as poor nutrition, falls, choking and the risk of developing pressure ulcers. The risk assessments were reviewed regularly. We saw that care plans had been put into place to help reduce or eliminate the identified risks.

At the last inspection of 3 April 2018, we found that medicines were not always given safely. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection on 22 November 2018 we found that that significant improvement had been made. A medicines inspector, looked at how medicines were managed for ten people living in the home. We found that improvements had been made in the way medicines were managed since our last inspection and medicines were now managed safely. Some minor improvements were still needed which were addressed during the inspection and we found that medicines were now managed safely.

Records showed that medicines were given properly as prescribed and could all be accounted for. There was a system of checking, auditing, medicines which picked up any concerns about how medicines were handled and when any concerns were found there was evidence to show that they were looked at and systems put in place to help make sure they were not repeated. People who could look after some of their own medicines were encouraged and supported to do so safely.

Accidents and incidents were appropriately recorded, and audits were undertaken to identify any trends and patterns to help minimise reoccurrences.

Is the service effective?

Our findings

At the last inspection on 3 April 2018 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 with regard to appropriate care and treatment. At this inspection we found the breach had been met and people were receiving the care they required. One relative told us, "The care here is second to none, it doesn't warrant a 9.5 it is definitely a 10. It really feels like one big happy family and that is what I want for my [relative]."

The care records we looked at showed that people were weighed regularly, had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. We saw that action was taken, such as a referral to the dietician or their GP if a risk, such as unexplained weight loss was identified. The care records also showed that people had access to external health care professionals such as hospital consultants, specialist nurses, opticians and podiatrists. People with intensive nursing needs had a special type of bed that helped staff position the more easily. They also had a pressure relieving mattress in place to promote comfort and help prevent pressure ulcers developing.

In the event of people being transferred to hospital, information about the person was to the receiving service using the 'Red Bag' system. This aims to improve the experience of people when they are admitted to hospital. The 'Red Bag' should contain the person's care and medical records, their medication and personal items.

We saw there was a valid and appropriately completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in the files we looked at. The person's own wishes had been recorded. One relative said, "My [relative] is very poorly and the family had a difficult decision to make about putting a DNACPR in place. We discussed this at length with the manager and one member of staff assisted me with the necessary documentation. The staff member could not have made this a more thoughtful and beautiful process".

We looked at the Mental Capacity Act (2005) (MCA) and best interest decision making process. MCA is used when people lack capacity to make decisions for themselves. We saw evidence of MCA assessments in the files we looked at. People's own wishes had been recorded where they had capacity to do so. Where a person lacked capacity, discussions with relatives and GPs were managed in a sensitive and effective manner offering best interests decisions for their relatives. We saw that consent forms for areas such as care and treatment had been signed by the person who used the service and/or their relative where appropriate.

We looked at the Deprivation of Liberty Safeguards (DoLS) applications and authorisations. These are applied for when people need to be deprived of their liberty in their own best interest. This can be due to a lack of insight into their condition or the risks involved on the event of an individual leaving the home alone.

We saw that staff completed a thorough induction programme on commencing work at the home. Training was ongoing and there was evidence to demonstrate training and refresher courses were regularly undertaken. Staff completed both eLearning and practical training in certain areas. For example, moving people safely and fire training. Staff supervisions were undertaken regularly and appraisals carried out

annually to ensure their training needs were met.

We observed the dining room experience at lunch time. The tables were nicely set with jugs of juice and condiments on each table. Clothes protectors and napkins were available. The day's menu was displayed outside the dining room.

We asked people about the food and the choices available to them. One person said, "I like the food especially the pasta and currys". One relative spoken with said, "I have stayed for some meals with my [relative] and the food is fantastic". The home catered for any special dietary requirements. For example, pureed or diabetic diet. People's cultural dietary requirements would be catered for as required. We observed that staff were available to assist people who required help with their meal. This was done in a discreet and sensitive manner. Good staff interactions were noted with people throughout the meal.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. Access to the first floor was via a passenger lift. Staff told us that adequate 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.

Is the service caring?

Our findings

We asked people who used the service if they felt they were well cared for. One person told us, "What I like is that the staff are constant and they are attentive to people's needs". Another person said, "In a morning I try and do as much as I can but things I can't manage they [staff] are there to help me, they are very good". One relative told us, "You couldn't get anyone more caring in here, from the cleaners to the carers and the manager, they are all wonderful". I have found that they provided care in a very dignified manner and they give my [relative] choice as to if she would prefer to be in her room or downstairs in the lounge which is nice". One person said, I would definitely recommend this home to friends and family".

We saw that people looked well cared for, were clean and appropriately dressed. People had clean finger nails and were well groomed. People had access to a hairdresser on a regular basis as part of their personal care. People's rooms were appropriately decorated and furnished. People had been encouraged to personalise their rooms with their own possessions and belongings.

The home did not have set visiting times. We saw a number of visitors on the day of the inspection. Visitors spoken with told us they could visit at any time and were always made welcome and offered refreshments on arrival

The service had appropriate up to date policies to ensure confidentiality of people's personal information. We saw that care records were held securely in the staff office which was kept locked when not in use.

We saw from the care records that people who used the service and/or their families were involved with the care planning process.. People spoken with and their relatives (where appropriate) told us they were invited to reviews and that staff communicated well with them about any changes to the care provided.

There was a service user guide for prospective service users to read. This included information about: accommodation, medication, the dining experience, activities and additional services.

The service held residents and relatives meetings on a regular basis so the people who used the service and relatives could get together and offer suggestions and ideas. For example, changes to menus and activities.

People who used the service had access to advocacy services to act on their behalf if required.

Is the service responsive?

Our findings

People's care records confirmed an assessment of their needs had been undertaken by the service before their admission to the home. People's relatives also confirmed they had been involved in this initial assessment, and been able to give their opinion of the care and support needs for their relative.

The care records we looked at contained detailed information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people had been involved in the planning of their care. The care plans were 'person-centred' as they contained lots of personal information such as details of people's preferred routines, their likes, dislikes, hobbies and interests. The care records were reviewed regularly to ensure the information remained fully reflective of the person's care and support needs.

We found the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing information and communication needs of people who used the service with carers, staff and relatives, where those needs related to disability, impairment and sensory loss. We saw evidence of pictorial information in the care plans to help people understand the content.

A range of activities were on offer for people to take part in including quizzes, baking, arts and crafts, board games, bingo, chair exercises and music and dancing. On the day of the inspection people were invited to join in with a music session. There were seasonal event celebrations and celebrations for people's birthday. People told us they had been on trips to Blackpool and Southport.

The provider took account of complaints and compliments to improve the service. A complaints log, policy and procedure were in place and people told us they were aware of how to make a complaint and were confident they could express any concerns. We saw that complaints/concerns were appropriately logged and responses to people had been made in a timely manner.

We saw that the service had received several compliment letters and cards. Comments included: "The home is lovely and bright and welcoming, it's like home". Another said, "To all the staff at Meadow Bank House. We are sincerely grateful for everything to did for [name] and for making her stay with you as comfortable as you possibly could". A third person said, "A big thank you to you all for looking after my [relative] she was always very happy every time I saw her".

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told the registered nurses were experienced at caring for people nearing the end of their life and that the staff at the home received good support from GPs, the local hospice and the MacMillan Nurses where appropriate. This meant that people could stay at the home and be cared for by people they knew and could trust. We saw that information was easily accessible and visible in a person's care records when they had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. This is a legal document that identifies that informed decision had been taken to withhold cardiopulmonary resuscitation.

Is the service well-led?

Our findings

The home had a registered manager in post. 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 we spoke with were happy with the way the home was managed. One person told us, "They [management team and carers] are truly amazing, you could not find a better set of people who work here they will go above and beyond". Staff spoken with told us the registered manager was supportive and that they felt comfortable in approaching her at any time. At our last inspection on 3 April 2018 we found that the home was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. These related to appropriate care and treatment, dignity, safe care and treatment, governance and staffing.

At this inspection we found the home had met the breaches and the registered manager had continued to develop the service and the culture of the home was positive. The registered manager was working closely with the local authority quality monitoring team and with the CCG to ensure that the improvements were sustained.

We saw that staff meetings were held on a regular basis and appropriate records were maintained. Staff told us they were able to contribute to agenda items and that staff meetings were useful and productive.

During the inspection, we asked for a variety of documents to be made available. We found that information was securely stored and was well organised enabling the documentation requested to be accessed promptly. We found all the records we looked at were structured and organised which assisted staff to help find information quickly should they need to refer to files.

Audits and quality assurance was completed on a regular basis and covered a range of topics. For example, medication, care plans, complaints/concerns, accident and incidents and the environment. We saw the where internal audits had identified issues, action was taken and lessons learnt.

The registered manager participated in local groups and meetings and worked closely with other agencies and healthcare professionals.