

HC-One Limited

Meadow Bank House

Inspection report

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Date of inspection visit: 02 September 2015
Date of publication: 04/12/2015

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 

Overall summary

Meadow Bank House is a two storey purpose built home which is situated in the Great Lever area of Bolton and is close to local amenities. All rooms are single occupancy with en-suite facilities. The home is registered to provide accommodation for up to 47 adults, who required personal or nursing care. This was an unannounced inspection that took place on 02 September 2015. There were 40 people using the service at the time of the inspection.

We last inspected the home on 19 November 2013. At that inspection we found the service was meeting all the regulations we reviewed.

The home had a manager who was registered with the Care Quality Commission who was present on the day of 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

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run.

People who used the service told us they felt the home was a safe place to be. People were happy with the care and support they received and they spoke positively of the kindness and caring attitude of the staff.

We found people were cared for by sufficient numbers of suitable skilled and experienced staff who were safely recruited. We saw staff had received training and support to enable them to do their job effectively and care for people safely.

The service had appropriate safeguarding policies and procedures in place for staff to follow. Staff we spoke with were able to demonstrate their understanding of safeguarding issues and the whistle blowing procedures. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We found the system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social care professionals to ensure people received safe, appropriate care and treatment.

We saw risk assessments were in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection.

People's care records contained enough information to guide staff on the care and support required. The care records showed risk to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Staff we spoke with had a good understanding of the care and support people required. People looked well cared for and there was enough equipment available to promote people's comfort, safety and independence.

People were offered a well- balanced and nutritious diet with a choice of meals available. Drinks and snacks were readily available throughout the day.

We saw arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), these provide legal safeguards for people who may be unable to make their own decisions.

The provider had systems in place to ensure that people received safe and effective care; systems were in place to monitor the quality of the service provided. Regular checks were undertaken on aspects of running the home and there were opportunities, such as meetings and questionnaires for people to comment on the facilities of the service and the quality of the care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Suitably trained staff, who had been safely recruited, were available at all times to meet people's needs.

Arrangements were in place to help safeguard people from abuse. Staff were aware of whistle-blowing procedures.

Risk assessments were in place for the safety of the premises. People lived and worked in a safe, clean and well maintained environment.

Systems were in place to ensure that people received their medicines in a safe and timely manner.

Good



Is the service effective?

The service was effective.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation Liberty Safeguards (DoLS).

Arrangements were in place to assess whether people were able to give consent to their care and treatment.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met.

Staff were suitably trained to allow them to do their jobs effectively and safely and systems were in place to ensure that staff received regular supervision and support.

Good



Is the service caring?

The service was caring.

The staff had a good understanding of the care and support people required.

Staff had undertaken specialised training in caring for people who were very ill and needed end of life care.

People who used the service and their relatives spoke positively of the kindness and caring attitude of the staff.

We saw that people were treated with dignity and respect and their rights to privacy were maintained.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

The care records contained sufficient information to guide staff on the care to be provided. The records had been regularly reviewed to ensure the information was reflective of the person's current support needs.

The provider had systems in place for receiving, handling and responding to complaints.

A range of activities were available, both in the home and outside in the local community.

Is the service well-led?

The service was well led.

The service had a registered manager in post..

Systems were in place to assess and monitor the quality of the service provided.

Arrangements were in place to seek feedback from people who used the service and their relatives.

Staff spoken with told us the manager was approachable and supportive.

Good



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 was 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.

This inspection took place on 02 September 2015 and was unannounced. The inspection team comprised of three adult social care inspectors from the Care Quality Commission 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 service.

Prior to this inspection we reviewed information we held on this service. This included previous inspection reports and notifications we had received from the service. We contacted Bolton Clinical Commissioning Group to find out

their experience of the service. We also contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care and Bolton Council infection control team.

We were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the home does well and what improvements they are planning to make.

During the inspection we spoke with 10 people who used the service, five visitors, the chef, five staff and the registered manager. This was to gain their views about the services provided. We looked around the home, observed how staff cared for and supported people, looked at five care records, eight medicine records, four staff recruitment files and training records and records about the management of the home.

Is the service safe?

Our findings

During our inspection we spoke with 10 people who used the service. We asked if they felt safe living at the home. Comments included: “I feel safe and well cared for” and “I am very safe here, they [staff] are very kind and caring”.

Inspection of staff rotas, discussions with the registered manager, staff and people who used the service showed us there were sufficient suitably qualified and experienced staff to meet people’s needs. The registered manager told us that they tried to avoid the use of agency staff to cover staff absences and both the registered manager and existing staff covered shifts if necessary. This was to ensure that people received care from staff they knew and trusted. We looked at four staff personnel files and saw that safe recruitment systems were in place. Staff files contained proof of identity, an application form and references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable adults. We also checked to see that the registered nurses had an up to date and valid nurse registration number (PIN).

We saw that suitable arrangements were in place to help safeguard people from abuse. The training matrix showed us that staff had received training in the protection of vulnerable adults. Policies and procedures for safeguarding people were in place, these provided guidance and contact details for staff should they need to refer to them. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

All members of staff had access to the whistleblowing procedure (the reporting of unsafe and/or poor practice). Staff knew who to contact outside the service if they felt their concerns would not be listened to or acted upon.

We looked around the home and saw bedrooms, lounges, dining rooms, bathrooms and toilets were clean and no unpleasant odours were detected. We observed that the home was free from clutter which enabled people who used the service to move freely around the home using walking aids or wheelchairs.

We saw infection prevention and control policies and procedures were in place. We had been made aware that an Infection Control audit had been completed by Bolton

Council in June 2015. There were some areas that required attention. The registered manager confirmed these issues had been addressed and Bolton Council were to revisit the home in the near future.

Records showed risk assessments were in place for all areas of the environment and policies and procedures were in place to ensure compliance with health and safety regulations. We saw records that showed equipment had been serviced in line with the manufacturers’ instructions. There were checks on small electrical appliances and water temperatures. This helped to ensure the safety and wellbeing of everybody living, working and visiting the home.

We saw that procedures were in place for dealing with any emergencies that could arise. We saw that each person had a Personal Emergency Evacuation Plan (PEEPS) in place in a ‘grab file’ which was easily accessible in the event of an emergency.

We looked at the medication system in place and found that the provider had safe arrangements in place for managing people’s medication. There was a current ‘Administration of Medication’ policy/procedure in place that staff had to sign when they had read the policy. On-line training was completed annually and competency checks were undertaken annually, or in response to any medication incident, by the manager. There was a registered nurse on each floor to administer medication. The medication trolley for each floor was secured to the wall and only the registered nurse for that floor had the keys for that trolley. We spoke with two nurses who told us that the keys were handed over to the nurses coming on shift at handover and the handover sheet was signed to indicate this.

We saw controlled drugs were secured safely. There were two separate controlled drug cupboards attached to the wall in the clinic room. There was a separate controlled drugs register for each floor, which was secured safely and both nurses were able to produce the book easily. We randomly selected to look at one person’s controlled drugs on the upper floor and two people on the ground floor. The register was signed by two nurses, the medication tallied with the book and it was recorded on the Medication Administration Record sheets (MARs). All the MARs sheets were completed correctly.

Is the service safe?

We checked both medication trolleys and found these were tidy. There was a current British National Formulary (BNF) on each trolley and each person had a clearly named plastic box which contained their prescribed medication. The medication was in the original boxes and there was no surplus stock. The medication round was not rushed and the nurse remained with each person whilst they took the medication.

We observed the nurse enquiring whether a person was in pain on two occasions and when the person indicated that they were. The nurse offered PRN medication (as and when required). It was declined by both people. We observed the nurse stayed with each person for a couple of minutes. The nurse held the person's hand and spoke with them. She encouraged them to use the call bell if they changed their mind about the PRN and stated that she would return to check on them.

Two nurses were able to tell us the procedure if any medication was missing and stated, "We wouldn't see anybody without their medication, we would contact Boots".

Daily records were taken twice a day of the room temperature and fridge. The fridge was tidy.

We checked the dates on all the medication in the fridge and none had exceeded the time frame from opening.

We checked and saw that thickeners were recorded on MARs and prescribed. Thickeners are used to assist people who have problems swallowing. We were informed by the nurses that the thickener was also recorded in a red file in people's bedroom. We were told the consistency that each person required their drink was recorded in a red file. We checked two bedrooms at random and saw that there was a red file containing this information. We observed one person had been commenced on thickener on the day of our visit. The nurse had written a care plan and referred to the speech and language therapy team (SALT) in the care record.

We saw that risk to people's health and well-being had been identified, for example the risk of developing pressure ulcers or poor nutrition. We saw care plans were in place to help reduce or eliminate the identified risks.

Is the service effective?

Our findings

People we spoke with told us they felt the staff had the right attitude and experience to meet their needs or those of their relative. Comments included, “They [staff] treat us really well, we can do what we want”. A relative told us, “I have no complaints, I am not sure they have enough staff but that does not stop them from being good at just about everything. The staff are kind and caring”.

We asked the registered manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a comprehensive assessment prior to moving into the home. This was to help the registered manager decide if the placement would be suitable and that their needs could be met by the staff.

We saw that new staff completed an induction programme on commencing work at the home. The induction programme was both e- learning computer sessions and practical training, for example, fire procedures, food hygiene, safeguarding, moving and handling and health and safety. The induction also contained information to help staff understand their roles and responsibilities to ensure the safety of the staff and people who used the service. We were shown the staff training matrix. This showed what training staff had completed and when refresher training dates were due. Staff spoken with confirmed they had received training relevant to their role to help to safely care and support people who used the service effectively.

We saw systems were in place to ensure that staff received regular supervision and appraisals. These meetings had been documented. Supervision meetings allow staff to discuss their progress at work, any concerns or issues they may have and any learning and development they may wish to undertake.

We asked the registered manager to tell us what arrangements were in place to enable people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always agreed and discussed with the people who were able to give consent. People we spoke with confirmed this information was correct. People told us they were able to make decisions about their daily routine for example: times of rising and retiring, choice of food, choice of clothing and

going out of the home unaccompanied. Comments included; “I go out to the shops when I want, I can go on my own”, and “They [staff] explain things clearly when providing care and people could and do voice their opinions”.

From our observations and inspection of care records it was evident some people were not able to consent to the care and treatment provided. We asked the registered manager to tell us how they ensured the care provided was in the person’s best interest. We were told that if an assessment showed a person did not have the mental capacity to make decisions then a ‘best interest’ meeting was arranged. A ‘best interest’ meeting is where other professionals and family, where appropriate decide the best course of action to take to ensure the best outcome for the person who used the service. We saw evidence of mental capacity assessments in the care records we looked at.

We asked the registered manager to tell us about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a person centred guide to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not restrict their freedom. The safeguards ensured that a person is only deprived of their liberty where this has been legally authorised. The registered manager and staff we spoke with demonstrated they had a good understanding of MCA and DoLS.

The Care Quality Commission is required by law to monitor the operation of DoLS and to report on what we find. In three of the care records we looked we saw that a DoLS had been authorised through the correct procedures. The registered manager was aware of the changes to the law whereby people in a care home might be considered to be being deprived of their liberty.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health and dietary needs were met. We saw that drinks and snacks were available throughout the day and people who used the service could help themselves to refreshments. Three visitors spoken with were confident that their relatives got enough food and drink. People who used the service had mixed views, about the food, one said, “The

Is the service effective?

food is not bad, but the roast meat is always served cold". One of our inspection team had lunch with people who used the service and confirmed that roast meat was cold and the rest of the meal could have been hotter. We discussed this with the registered manager who agreed to look into this. Another said, "The food is good, I enjoy my lunch every day". We observed some people were being cared for in bed and were assisted with their meal as appropriate. We saw that staff were seated at the side of the bed and interacted well with the people they were supporting. We saw that the dining room tables were nicely laid for each meal and the lunchtime meal dining experience was calm and relaxed.

Records we looked at showed us that following each meal staff completed food and fluid records for those people who required monitoring. Where any concerns had been identified in relation to risk of inadequate nutrition and hydration records showed action had been taken, such as a referral to the dietician or to their GP.

The care records we looked at also showed that people had access to external healthcare professionals such as GPs, community and specialist nurses and opticians.

Is the service caring?

Our findings

Our findings

People we spoke with were complimentary about the staff. Comments included, “The staff are kind and compassionate, they [the staff] don’t keep you waiting long if you need help”. Another said, “The manager and staff work efficiently, I have no complaints”. A relative told us, “When my [relative] first moved in the manager and staff went out of their way to make sure they settled in well”. Another said, “We looked at a lot of homes, but they seemed very professional at this home”.

We saw people looked well-groomed and cared for. We observed some people were cared for in bed for most of the time. These people looked comfortable and their health needs were attended to.

We observed people were treated with empathy and respect during our visit. Interactions between people who used and staff were friendly, warm and positive.

Visitors spoken with said they could visit at any time. One visitor told us they came every day to visit and were always made welcome. They said they were always offered refreshments on arrival. People who used the service could entertain their guests in the privacy of their own rooms or in the communal areas.

People who used the service told us they were involved in making decisions about their care and support. For some people their relatives were involved in decision making acting in their best interest. We saw documentation in the care records that showed us people and relatives were fully involved with care planning. This helped ensure important

information was communicated effectively and care was planned to meet people’s needs and preferences. We spoke with one relative who told us that staff communicated well with them and kept them informed about their relative’s well-being.

We saw that people were encouraged to maintain their independence. For example people were encouraged to help themselves to drink and snacks, which were available in the communal areas. Some people were able to go out of the home unaccompanied to local shops and amenities.

The atmosphere within the home was relaxed and friendly; we observed a good and respectful rapport between people who used the service and staff. We saw that people’s privacy and dignity was maintained and respected. Throughout the day we observed staff knocking on bedroom and bathrooms/toilets doors and waiting for a response before entering.

We asked the registered manager to tell us how staff cared for people who were ill and at the end of their life. The registered manager told us that end of life care was addressed on admission with advanced care planning in place which was completed with the individual and/or their family. We saw evidence of this in the care records we look at. The home had been awarded with the Gold Standard Framework which is a programme that guarantees that every possible resource is made available to facilitate a private, comfortable and pain free death.

We were shown a copy of the service user guide. This information was available to people looking for a care home and to people who used the service. The guide provided information about the facilities, the service and care, activities and visiting arrangements.

Is the service responsive?

Our findings

People who used the service told us they felt the care they received focussed on their individual needs. One person said, "I get the support I need and they [staff] don't keep you waiting long"

Another person told us, "If I am not well they will get the doctor out for me, they [staff] are good like that". A third person said, "I do like it here, I'm safe I could not continue living on my own. The staff do their very best but in my opinion are overworked. The manager is very good and I am impressed with the area manager who visits the home regularly".

We looked at the care records for five people who used the service. The care records contained enough information to guide staff on the care and support people required. There was good information about each individual's social and personal care needs. In each file there was pictorial information about people's preferred toiletries for example type of shampoo, deodorant, perfume and aftershave. People's like and dislikes, preferences and routines had been incorporated into their care plans. We saw evidence in the care records to show that either people who used the service and/or their family had been involved in the care planning and decision making. One visitor spoken with told us that the staff communicated well with them about any changes to their relatives care and that changes were reflected in the care record.

We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs would be sent with them and details of medication they were receiving would accompany them.

We looked to see what activities were available. The service had a dedicated activities coordinator, who with the input from people who used the service, planned a range of activities and trips out using the home's mini bus. One person spoken with told us how much they liked going out in the mini bus, they said, "It's lovely just to get out and about for a change of scenery". The home had a large activities room with a wall mounted television. We saw that arts and crafts with young people from the local Lads and Girls club had taken place, there were music sessions and visiting entertainers, pet therapy and access to a book exchange service. For some people who were too poorly to be involved in activities staff sat and chatted with them and spent individual time with people in their bedrooms. The home also subscribed to the 'Daily Sparkle' newspaper. The newspaper had local information, quizzes and puzzles and reminiscence pages.

We saw that the service had enough equipment such as hoists, special beds, wheelchairs and walking aids. There were aids and adaptations available, for example grab rails, assisted bathing facilities to promote people's safety, independence and comfort.

The complaints procedure was displayed and there were clear procedures in place with regards to receiving, handling and responding to complaints. People we spoke with told us they had no complaints about the care and services they received and one person said, "I have no complaints, if I did I would speak with the manager and I am confident that they would address it immediately". Information provided by the registered manager prior to our inspection indicated that there had been three complaints in the last 12 months. These had been suitably dealt with in line with company procedures.

Is the service well-led?

Our findings

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who is registered to manage the service. Like registered providers they are registered persons, Registered person have legal responsibility for meeting the requirement of the Health and Social Care Act and associated regulation about how the service is run.

We spoke with 10 people who used the service and all of them knew who the registered manager was and said they would have no problems in approaching them if they had any concerns. One relative spoken with described the manager as “A lovely person, very caring and dedicated”.

Staff spoke positively about how the home was managed and that they felt supported by the home’s manager and the Quality Assurance Manager. Staff spoke about how they worked well as a team and if needed they would cover shifts for each other rather than use agency staff who did not know the people they were caring for. The registered manager would also cover shifts when necessary.

We saw that ‘handover’ meetings were undertaken on each shift to help ensure that staff were updated on any changes to a person’s condition and if any amendments to the care records had been made.

We asked the registered manager to tell us how they monitored and assessed the quality of the service to ensure that people received safe and effective care. We were told that regular checks were undertaken on all aspects of running the home. We saw evidence of some checks that had been undertaken including care plans, risk assessments and environmental audits. We saw that where improvements were needed, action was identified, along with a timescale for completion. The home had a recent

infection control audit from Bolton Council where a number of issues were raised regarding cleanliness. The registered manager confirmed they had worked through the action plan to address these areas and Bolton Council were to revisit the service to check the action plan had been met.

The Quality Assurance Manager and Service Quality Inspector also supported the home through regular visits, identifying and recording of any required actions. The registered manager completed thorough monthly medication audits and confirmed they also conducted random audits in addition to these. Boots pharmacy had recently completed an independent audit. We were unable to look at the outcome of this audit as the registered manager had not yet received the feedback. Two nurses told us that PRN medication (as and when required) was reviewed monthly and if a person was requesting regular PRN that the GP was informed. We saw evidence of these reviews in the medication file.

We saw the registered manager held regular staff meetings and residents/relatives’ meetings. The management sought feedback from people who used the service and their relatives through satisfaction questionnaires. The latest one was completed in August 2015 and results were found to be positive about the service and facilities provided.

We saw evidence of maintenance checks, gas and electrical servicing, small electrical appliance testing (PAT) and lifts and hoists. Certificates looked at were up to date and valid.

Prior to our inspection we checked information we held on the service. We saw accidents and incidents that CQC needed to be notified about had been sent to us by the registered manager. This meant we were able to see if action had been taken by the management to ensure people were kept safe.