

Barchester Healthcare Homes Limited

Moreton Hill Care Centre

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service responsive?

Inspected but not rated

Summary of findings

Overall summary

About the service

Moreton Hill Care Centre is a nursing home that can provide care for up to 67 older people and people living with dementia. At the time of our inspection 55 people were living at Moreton Hill Care Centre, three of which were supported with end of life care.

Moreton Hill Care Centre is a large adapted home with a number of areas, with two memory lane units, assisting people with dementia care. There was a range of communal areas people could use, including lounges, library, a large dining room and courtyard.

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

This was a targeted inspection that considered end of life care including the management of end of life medicines.

People at end of life received personalised care that took account of their wishes and preferences. Relatives spoke positively about the care and support their loved ones were receiving in the home at the end of their life.

Staff had received appropriate training and people received their end of life medicines promptly and as prescribed to ensure they would remain comfortable.

The management team responded to any concerns or complaints raised regarding people's end of life care and medicines. Action plans were clearly documented, and lessons learnt shared showed that feedback was used to improve the service.

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

Rating at last inspection

The last rating for this service was good (published 07 February 2018).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had in relation to end of life care. Prior to the inspection, we had received a formal reply from the provider in relation to the concerns raised and the provider advised us of the actions they were taking. A decision was made for us to inspect and examine the care people received at the end of their lives.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all

areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moreton Hill Care Centre 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 responsive?

At our last inspection we rated this key question good.. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Moreton Hill Care Centre

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on concerns we had about end of life care.

Inspection team

The inspection was carried out by an adult social care inspector and a medicines inspector.

Service and service type

Moreton Hill Care Centre 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. Moreton Hill Care Centre 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for almost three months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR) from February 2022. 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 this information to plan our inspection.

During the inspection

We spoke to eight staff members including the regional director, the regional clinical development lead, the acting general manager, two nurses, a trainee nurse and two care staff. We also spoke to two family members.

We reviewed three medicine administration records and three care plans related to end of life care. We reviewed other medicines related records.

After the inspection

We looked at policies and procedure in relation to end of life and medicines.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. We have not changed the rating as we have not looked at all of the responsive key question at this inspection.

The purpose of this inspection was to check whether people received appropriate end of life care.

End of life care and support

- The provider had clear policies and procedures relating to end of life care and medicines in place. They were reviewing these to ensure the procedure for disposal of people's prescribed medicines used at the end of life was clearly defined and safely managed.
- People requiring end of life medicines had these available and received their medicines promptly when needed and as prescribed. Staff, including nurses and carers, knew how to identify when people experienced discomfort that might require additional medicines and support. Staff received information about people's changing needs at each shift handover meeting to ensure they were up to date with people's needs.
- All staff had received end of life training and appropriate staff had received more specific training to manage medicines and syringe drivers. A syringe driver is a small, pump that delivers medication at a constant rate throughout the day and night. The medicines are put in a syringe, and the syringe driver pushes them through a small plastic tube and into a person's body.
- Nurses administering people's end of life medicines received annual medicines training, had their competencies checked and understood the action they needed to take if medicines errors were to occur.
- Nurses told us that they felt able to respond to people in a timely manner should PRN (as required) medicines be needed for pain and symptom relief. This was confirmed by care staff who described the nursing staff as responsive.
- The service had reviewed with the GP the admission process for people who were coming into the service for end of life care. Staff also referred people who were approaching end of life to healthcare professionals promptly and appropriately.
- People had care plans in place to inform staff how they wanted to be cared for at the end of their life. This included their treatment and resuscitation wishes and their communication needs. End of life care plans were reviewed regularly with people and their relatives to ensure they remained up to date.
- At the time of our inspection the regional Clinical Development Lead was carrying out an audit of the service, including all end of life care documentation. This would ensure that people's care plans remained current with clear information and described symptoms which could indicate that the person may be experiencing pain or discomfort. This is important for those people who may not be able to communicate their needs.
- The service had an end of life champion. This was a staff member who had received additional end of life care training and was the key person supporting the staff team to remain up to date with best practice in end of life care.

- A relative of a person who was receiving end of life care told us; "Care is exceptional. I would like everyone to have the care [person] is having." They told us their relative was not in pain, the service provided the food the person enjoyed and that they "Feel surrounded by love." The relative also told us that they felt very much supported by the service.
- Another person's relative told us that staff "Can't do enough for [person]" and that "Nothing is too much." They told us that staff were very kind and that their relative was not in pain.
- Feedback from the GP working with the home was positive. They told us that the service supported people at the end of their life with dignity and respect. They followed people's wishes and that end of life care was something that the service did very well. The GP also felt that the nurses were very good at identifying when people's health was deteriorating so that timely symptom control could be provided.
- The management team responded to any concerns or complaints raised regarding people's end of life care and medicines. Action plans were clearly documented, and lessons learnt shared showed that feedback was used to improve the service.