

HC-One Limited

# Meadow Bank House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Meadow Bank House is a purpose built care home and is registered to provide both personal and nursing care for up to 47 people. The service provides support to older adults, including people living with dementia. The home is divided into two units, Primrose, and Poppy. At the time of inspection 44 people were living at the home; 21 on Primrose and 23 on Poppy.

### People's experience of the service and what we found:

People told us they were well treated, and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing the support required. Staff identified people's communication needs and addressed these with appropriate actions.

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely.

Care plans included information about support required in areas such as nutrition, mobility, and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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.

The provider and registered manager responded to complaints appropriately and used these to improve care provision. The provider and registered manager were open and honest, in dealing with concerns raised. The registered manager was available for people to contact and undertook regular quality checks, to help ensure good standards of care.

The provider and registered manager followed governance systems which provided oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 22 October 2022).

### Why we inspected

We received concerns in relation to the management of people's pressure care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Requires Improvement to Good 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](http://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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was 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.

#### Inspection team

The inspection team consisted of 1 inspector and 1 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 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 a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We spoke with the local authority who regularly monitor the home. 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager, the area director, the regional senior nurse, the administrator, a senior carer, a nurse and 2 care staff. We received additional feedback via a questionnaires from 12 other staff members. We spoke with 4 people who used the service and 5 visiting relatives about their experiences of the care provided. We reviewed a range of records including 6 people's care records, risk assessments, medication administration records and associated documents. We observed care in communal areas and the dining room.

We looked at 4 staff personnel files including recruitment records. We looked at staff training and supervision records. We reviewed records relating to the management of the service, including audits, governance records, and a variety of policies and procedures.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

People were supported to receive their medicines safely.

Detailed records regarding fluid thickening powder were in place, including instruction on how to use different thickener types. Staff had undertaken a full review of all fluid thickeners since our last inspection.

Records relating to the application of creams were in place and completed as required. Staff used body maps to show where to apply creams. The electronic medicines system also recorded the location of any creams.

Staff had received medicines training and had their competency assessed to ensure they gave medicines safely. Staff completed medication records in line with the provider's policies. A person told us, 'I am safe here. They [staff] look after me well; they give me all my medication each day and they never forget.'

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse, and staff knew how to use them.

Staff recorded any safeguarding incidents and managers investigated these. Staff had received training in safeguarding and understood how to recognise the signs of abuse and the importance of detailed and accurate record keeping.

All the people we spoke with told us they felt home provided safe care. One person told us, "I feel safe here as I get regular attention from the carers and if I call for their attention with my buzzer, they [staff] attend to me fairly quickly. I would recommend the home due to the attention I get. My buzzer is always near my bed or if I am in my chair, they [staff] put it close to hand. If I had a concern about safety, I would speak to the office lady as she shares the same office with the manager."

### Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

Staff assessed risks to people and the environment; managers regularly reviewed these. The provider had systems in place to identify and reduce the risks involved in supporting people. Staff had completed the appropriate mandatory training to keep people safe and understood where people required support to reduce the risk of avoidable harm.

Managers involved people, and where appropriate their relatives, in assessing risks to their support. Staff recorded decisions about risks in people's support plans. A relative told us, "[Person] is safe in the home; staffing levels are good most of the time. The home carried out risk assessments when [person] first came in here, so they make sure [their] Zimmer frame is always by [them], ready for [them] to use. If we have concerns, we go to a senior member of staff on the unit who is very helpful. If we have a major concern we go to the manager."

#### Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.

Staff records we reviewed contained the appropriate information and documents, including Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We saw many instances where staff demonstrated a caring attitude towards people as well as offering practical support. Staff demonstrated a good knowledge and insight into the needs of the people they supported and a friendly rapport with relatives. A person told us, "I certainly feel I am safe; everything seems secure, and I am made to feel comfortable. There are plenty of staff, they are all very good. I can talk to anyone of the staff if I have any concerns and the staff will help in the best way they can. I feel they always have time for me."

#### Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

The home was clean throughout, and we observed staff actively cleaning the premises during the inspection. There were effective cleaning and infection control processes, policies, and procedures in place. A person said, "The home is cleaned every day, my room is spotless."

Staff confirmed they had received the necessary training, guidance, and support to keep people and themselves safe and from the risk of infections. A staff member told us, "We have infection control training which we do on a regular basis. Sometimes we may have a visit from the infection control team."

#### Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

There were systems in place to manage, monitor and support learning from accidents, incidents, and safeguarding.

The registered manager and provider monitored accidents and incidents to identify themes and trends, in order to reduce the chance of a recurrence. Staff understood the importance of reporting and recording accidents and incidents and how best to respond.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

Staff sought consent to care and treatment in line with legislation and guidance. A person told us, "If I want something I only have to ask and then the staff do their best to meet my needs; they keep me informed and if I call for them and they can't help me straight away they tell me they will get back to me. They ask me about aspects of my care. They asked me if I wanted a flu jab, and I gave permission. As they work with me, they talk to me all the time, so I know what is happening."

Staff assessed people's capacity to consent and best interest discussions and meetings had taken place. For example, staff made DoLS applications to the relevant local authority, as necessary. Staff had received training in the MCA.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people. There was an up to date equality and diversity policy in place and staff received training in equality and diversity and dementia care.

The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support. The provider had developed a 'You said, we did' initiative which helped people and relatives understand what action the provider had taken regarding any suggestions made. We looked at feedback analysis recently received from 26 responses completed by people and relatives and found responses to be overwhelmingly positive.

People and staff were now more fully involved in the running of the service and staff fully understood and took into account people's protected characteristics. A relative told us, "The staff are trained to do what they need to do, and I can't fault them; they involve me in discussions about [person's] care. When I visit, I ask them if everything has been ok with [person] and they tell me how [person] has been. Staff ask for consent before they support [person]."

People and relatives spoke highly of the staff team and managers. A relative told us, "The staff are wonderful they are kind and caring. When they enter the room, I can see the staff demonstrate empathy towards [person], and respect [person's] dignity at all times, shutting the door when they support [person's] needs. [Person] had a hospital appointment last week, I couldn't go and so a member of staff went with [person]. The staff member informed me of everything that had taken place. It is in [person's] care plan that I wish for them only to go to hospital if it is absolutely necessary, and the home makes sure this happens."

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; Continuous learning and improving care  
The provider understood their responsibilities under the duty of candour. The registered manager was aware of their responsibilities to report significant events to CQC and other agencies; our records confirmed this.

There was a well-embedded learning culture at the service which helped managers and staff to ensure

people's care always improved. There was an organisation learning monthly meeting held to discuss any issues and share learning with staff.

Meetings with people and relatives were regular and planned. A bi-monthly newsletter identified the dates of planned meetings; these were on display in the home. A person said, "I have no concerns about the home. I am looked after well, so I feel the home is well-managed. They [staff] see to all my needs."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.

A home improvement plan (HIP) helped to identify and track actions from audits, in order to improve the quality of care provided. We saw the issues we found at our last inspection were included on the HIP; these had been fully addressed and resolved.

Staff completed supplementary charts, for example regarding pressure relief and continence care consistently, as required. A person told us, "The home is well-managed. The manager is about all the time, she walks around chatting to residents. She is very approachable. I haven't been to any resident meetings, and I can't remember having a questionnaire, but since I have been here, I have got everything I have needed, and I don't feel there is anything that needs changing. I would recommend the home; it is a calm and friendly environment."

Working in partnership with others

The provider worked in partnership with others.

The registered manager and staff team worked with people, relatives, and healthcare professionals to provide the best outcomes for people. A relative told us, "From my point of view the home is managed well. [Person] is looked after well; [person's] medical needs are seen to and [person] is kept clean and tidy. I have filled in a questionnaire about the home. I would recommend the home; I feel the staff work hard and do their best for [person]."

Records showed a multidisciplinary approach in meeting people's needs and responding to any changes and there was evidence of joined-up work between the provider and other professionals such as chiropodists and opticians to meet the needs of people using the service.