

Harbour Healthcare 1 Ltd

Bright Meadows

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bright Meadows is a purpose-built care home, registered to provide care and accommodation for up to a maximum of 121 people. The home provides residential, nursing, residential dementia and nursing dementia care and is split into five wings. On the day of the inspection there were 100 people using the service.

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

We have made a recommendation about prioritising record keeping, to ensure people's care records are kept up to date.

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. Staff followed an induction programme, and training was on-going throughout employment.

Staff made appropriate referrals to other agencies and professionals when required. The provider and registered manager followed governance systems which provided oversight and monitoring of the service. Care plans included information about support required in areas such as nutrition, mobility, and personal care to help inform care provision, however, some people's care records were not up to date or had missing information. Some areas of the environment needed improving.

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.

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 on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

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

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 under the previous provider was requires improvement (published 17 November 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bright Meadows 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe responsive below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bright Meadows

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 3 inspectors, a medicines inspector and 2 Experts 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

Bright Meadows is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Bright Meadows 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought 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 this information to plan our inspection.

During the inspection

We looked at 18 people's care plans and associated records, we looked at 11 people's medicines records. We spoke with the registered manager, deputy manager, regional manager, 2 nurses, receptionist, office administrator, activities staff and laundry staff. We received additional feedback from 11 care staff members. We spoke with 12 people who used the service and 9 relatives about their experiences of care. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, auditing and governance records were reviewed.

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. The rating for this key question has remained 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

At our last inspection, the previous provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the current provider was no longer in breach of regulation 12.

- Medicines were managed safely. Staff had received training in medicines administration and were observed by managers to ensure they were competent.
- During the inspection we identified some record keeping issues surrounding the electronic medicines recording system. The electronic system showed there were discrepancies in stock levels for some medicines, there was more stock in the home than expected. The electronic system failed to manage the stock levels of prescribed creams and sprays to treat angina attacks, it was not possible to account for these medicines.
- People's allergy status was not always recorded on the electronic system which placed people at risk of being given medicines they were allergic to.
- Pain relief was sometimes given unsafely because the alert on the electronic system had not been set to prevent doses being given too close together.
- Staff failed to make accurate and contemporaneous records when they thickened people's fluids which meant the records were not accurate and people may not have had their fluids thickened properly.
- The information for staff to follow when applying creams to show where or how often they should be applied was not always recorded, which meant creams may not be applied safely.
- Staff failed to record the location they had applied transdermal patches to, which placed people who were prescribed these patches at risk of contact dermatitis.
- When medicines were prescribed to be taken when required or with a choice of dose was prescribed there was not always guidance recorded to help staff choose safely and consistently administer these medicines or select the most appropriate dose.
- We did not find anyone had been harmed by these issues. The provider responded immediately during and after the inspection. The registered manager told us they had taken immediate action to resolve these issues and ensured staff were given additional training to help them use the system properly so the mistakes would not be repeated. Evidence was sent to show what actions had been taken and how the system had improved. However, we are unable to report if these actions have been sustained.

Assessing risk, safety monitoring and management

- Risks to people and the environment had been assessed and reviewed. Some areas of the environment needed improving, for example there were loose or rusty handrails, some cluttered areas, and some damage to walls and floors.
- Managers carried out audits to monitor the safety and quality of the care people received. However, we found gaps in some people's care information.
- Managers involved people, and where appropriate their relatives, in assessing risks to their support. Decisions about risks were recorded in people's support plans. 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse.
- Managers modelled an open and transparent culture which encouraged people to raise any safeguarding concerns. A relative said, "The staff have been wonderful with [Person], any request made has been granted. There have been no problems with the medication. It seems to be a consistent staff team, although there have been some changes. [Person's] equipment is always at hand, and I feel that it's a clean home."
- Safeguarding incidents were recorded and investigated by managers, and outcomes were shared with staff to reduce future risk. A person told us, "I feel safe here and I have no cause to worry. If there was something wrong, I would speak with anyone in authority here. I think that the care is okay."

Staffing and recruitment

- Staff were recruited safely, and the provider followed effective recruitment processes. Recent records showed staff being recruited safely, with appropriate checks completed. DBS checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- Managers ensured there were enough staff, with the right training and skills, to meet people's needs. A relative told us, "I think there are enough staff, and they are all very nice. We don't feel it is understaffed at weekends."
- Staff felt recruitment was effective in reducing the need for agency staff, which contributed to improving the care received by people. We found agency staff were now hardly ever used and only used in exceptional or unexpected circumstances.

Learning lessons when things go wrong

- Lessons were learned by managers, who ensured opportunities to learn were reported, recorded, and reviewed in line with the provider's policies.
- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned. People received safe support because staff learned from safety alerts and incidents.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection, the previous provider had not always ensured people's care records were updated in a timely manner. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the current provider was no longer in breach of regulation 17.

- Staff completed assessments of people's needs before they began to receive care and used these assessments to develop care plans.
- Although the quality of care records had improved, some people's daily records were not always consistently completed, for example in relation to diet and fluid intake, personal care, and activities, which meant we could not determine if care had always been provided as required, and if there had been a negative impact as a result. A recently completed audit had identified discrepancies in care planning information.
- The provider had recently transferred people's records from a paper-based system to an electronic system. However, at the time of the inspection this had not been fully embedded, and a number of staff were still using paper-based records. For example, group activities were still being recorded manually. This had contributed to the absence of some records.

We recommend the provider prioritises record keeping, ensuring people's care records are all up to date.

Staff support: induction, training, skills and experience

At our last inspection, the previous provider had failed to ensure staff received appropriate support, training, professional development, supervision, and appraisal. This was a breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the current provider was no longer in breach of regulation 18.

- Staff confirmed they completed a period induction so they could get to know people before starting to work alone. One staff member said, "I had an induction and mine was very good; I stayed with the same support person."
- Managers monitored staff training provided and maintained a staff training matrix. Staff confirmed they received regular supervision and appraisal.
- Care and support was provided by staff who had the skills and training to meet individual needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The home was appropriately adapted and equipped. On some units the seating was arranged round the edge of the room in the lounge areas and was institutional looking. The provider told us this was because four people liked to arrange furniture in a certain way. The provider took action after the inspection to improve this to create a more homely feel. Some toilet and bathrooms did not have any signage on them and dementia signage around the building, needed enhancing and improving, although there was some signage to enable people to find their way around.
- The provider had an ongoing programme of decoration and refurbishment for areas identified as requiring updating; this was taking place during the inspection.
- There were outside garden areas for people to use, and several communal internal rooms which enabled people to socialise and take part in activities. We saw people using these facilities during the inspection.

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

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary.
- Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people. Staff kept detailed records of the support provided each day.
- People's care plans contained important information relating to any equipment, such as specialist beds or moving and handling equipment. Where people had an identified health and social care professional involved, details were recorded within their care plan.
- People were supported by staff to seek medical attention where needed. Referrals were also made to health and social care professionals when required. A relative told us, "The unit heads seem well trained. I've been involved in reviews of [Person] and I feel that I can speak to any of the unit heads. The GP has been called when [Person] has fallen. A plan is now in place for the GP to assess whether a hospital referral is necessary, which I feel is quite an advancement."

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 followed the principles of the MCA. Staff sought consent from people before assisting them; consent was sought for example, for wearing clothing protectors, receiving medication and help with food and drink.
- The provider maintained an up to date DoLS log to track applications, decisions, and any conditions.
- We could not find any MCA or Best Interest assessments for some people, for decisions such as the use of sensor mats or sensor beams in bedrooms. Staff told us these would be in the 'assessment tools' section of the electronic care planning system, however, these were not always present. We raised this with the registered manager, who updated these records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

At the last inspection, the previous provider and staff did not always support people to express their views. Records did not always have sufficient information to inform staff how to respond when people were in distress. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the current provider was no longer in breach of regulation 9.

- The staff team was now more stable and consistent, and staff knew people well and supported them based on their needs, preferences, and choices. Staff delivered care and support in a non-discriminatory way and respected the rights of people with a protected characteristic. We observed people sat in the garden discussing memories with other people and staff.
- Staff had received training in equality and diversity and were committed to ensuring people had equal opportunities. A relative told us, "I think the staff are angels, as they are so caring and good." At lunchtime we observed staff showed people the two choices of meals on offer and people chose on the spot; this was an effective way of helping people make an informed decision on which meal they wanted.
- We observed many instances where staff demonstrated a caring attitude towards people as well as offering practical support. Staff appeared to have a good knowledge and insight into the needs of the people they supported and a friendly rapport with their relatives. We saw staff asked for consent before supporting people.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and had completed training in privacy and dignity. Support plans described what people could do for themselves and staff prompted this to ensure independence was maintained. A person told us, "I have a wheelchair, I used to be hoisted but I don't need it now. I have a Zimmer frame for getting in and out of bed."
- Staff understood the importance of respecting people's privacy and supporting them to be an independent as possible. One person said, "I am very independent, I can do most things for myself; I just need help with showering to make sure I don't fall over." A second person told us, "It's all private with personal care, I don't mind if it's a male or female carer."

- A resident and relatives group called 'Friends of Bright Meadows' was being set up for the families and friends to meet and have discussions and form friendships.

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- People received care and support which reflected their needs. Personalised care plans identified the person's likes, dislikes, what was important to them and how staff should best support them. A person told us, "I feed myself, I shave and wash my face, and I get around on my Zimmer."
- Staff respected people's choices. A person told us, "I do a lot myself; I like knitting reading and watching TV." A second person said, "I bought [item] recently when I went to the shops in my wheelchair which was wonderful. Staff ask me about my meal choices every day and they do this well."
- Managers maintained an oversight of complaints and ensured any complaints were logged and actions taken.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences were identified when planning care. Care plans included guidance for staff to help them communicate with people effectively. Opticians and audiologists were involved in identifying any communication aids people needed.
- Signage used around the home helped people to identify rooms and orientate around different areas. Menus were in large print. One person used a picture based communication chart to indicate to us they were very happy with the activity they were taking part in.
- External professional support, such as optical or hearing services were used and referrals were made, as appropriate. Information, such as the complaints procedure was provided in a format which was easy to read and other communications were done in large print.
- People were involved in a review of the 'service user guide' to allow them to contribute their views on legibility and type size; this was included in the service development plan.
- Where applicable, people were supported to access advocacy services.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing. Relatives visited regularly and some people accessed the community with their

relatives. One person was gardening for the first time; their relative told us, "I genuinely cannot believe the difference in [Person] today, and he is looked after well."

- We saw people and relatives took advantage of the easily accessible and landscaped garden areas to enjoy the sunshine by an elegant fountain. People were kept cool with drinks and ice lollies and sun protection was provided. The registered deputy told us new garden umbrellas had been ordered to provide more shade.
- Residents meetings were held on each unit each month to allow people the chance to contribute their ideas and opinions regarding activities. Care records recorded activities people had taken part in. A person told us, "We have bingo, Karaoke, we go in the garden, we had an Elvis Presley look alike, quizzes and I came second." A second person said, "We have quizzes, music on, dominoes and bingo. We have celebrations for things like the coronation when we had a party."

End of life care and support

- The provider held meetings with relevant health professionals to discuss the type of end of life care pathway to follow. A local hospice had offered training in end of life care, and this was due to start.
- People had supportive care records, which identified people's wishes at this stage of life and identified if people had a 'do not resuscitate' order in place.
- District nursing teams, doctors and relevant other professionals supported end of life care provision.
- People and their relatives confirmed they were involved in end of life care discussions.

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. The rating for this key question has remained 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; Continuous learning and improving care

- The provider's audit systems monitored the quality of service delivery and showed the management team were able to question and act on issues raised. There were systems in place in for monitoring complaints, accidents, incidents, and near misses.
- Staff performance was monitored by and spot-checked by managers. A staff member said, "I feel supported, and the manager is good; she listens to me and takes on board what I have to say."
- Staff held a handover meeting in between each shift change and a second daily meeting to discuss each person and any new issues arising in the night or day, which ensured staff followed up on any required actions in timely way.
- A recent staff survey has been conducted and this included areas of improvement for the management team to focus on such as career development opportunities and professional growth for staff. Staff felt the situation had improved under the new provider, with a reduced reliance on agency staff and they felt there were enough staff on duty to meet people's needs. They told us the registered manager was approachable, and they had no immediate concerns.

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

- The registered manager was experienced and had the skills and knowledge to perform their role and maintain oversight of the services they managed. The registered manager was aware of their responsibilities to report significant events to CQC and other agencies and was aware of their obligations under the duty of candour.
- The registered manager and provider promoted openness and honesty and kept in contact with people and their relatives, who told us they were informed if things had gone wrong. Records showed complaints were investigated and apologies given, including confirmation on what action had been taken in response to the concerns raised.
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements; they reflected on past performance issues and used this to improve the services provided.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- Staff worked with people and their relatives to ensure they understood people's support needs. People's equality characteristics had been explored and identified as part of the care planning process.
- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support.
- There was an up to date equality and diversity policy in place and staff had been trained in equality and diversity and dementia care.
- The manager and staff team worked with people, relatives, and healthcare professionals such as GPs, chiropodists, and opticians to provide the best outcomes for people. Records showed a multidisciplinary approach in meeting people's needs and responding to any changes.
- There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.