

Barchester Healthcare Homes Limited

Meadowbeck

Inspection report

1 Meadowbeck Close
Osbalwick
York
North Yorkshire
YO10 3SJ

Tel: 01904424244
Website: www.barchester.com

Date of inspection visit:
30 July 2020
05 August 2020

Date of publication:
15 September 2020

Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Meadowbeck is a residential care home providing personal and nursing care to 52 people aged 65 and over at the time of the inspection. The service can support up to 60 people across three separate wings. One of the wings specialises in providing care to people living with dementia.

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

People were found to be safe at this inspection. However, a full record of the care people received, and assessment of risks were not always consistent. Oral health care assessments, care plans and risks were not completed for every resident. The registered manager and provider implemented new paperwork during the inspection and were looking at training for staff to enhance their skills and knowledge in relation to oral health care to ensure people's needs were met and records were consistent.

We have made a recommendation about the management of oral health care.

At the height of the COVID 19 pandemic, bathing audits were not always completed making it difficult to identify the support people received with personal care needs. However, during the inspection daily records showed people had support with bathing and showering. The registered manager had also made changes to the documentation staff completed which identified people's preferences.

Many of the residents using the service were affected by COVID 19 and records identified some people had lost weight due to lack of appetite. Staff used an appropriate tool to monitor weight loss and sought professional advice when needed to ensure appropriate diets were in place. Records seen on inspection showed residents were weighed regularly and highlighted weight gains. Relatives commented, "[Name of person] lost weight before they went in, they are now weighed every week and are on supplement drinks." Another said, "[Name of person] has put weight on, they have what they want, the food is nice."

There was a positive culture in the service. People were supported by a consistent group of staff who knew them well and enabled positive relationships to develop. The staff team were appreciative of the support they received and felt confident they could speak up and knew they would be listened to.

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.

Rating at last inspection

The last rating for this service was good (published 06 November 2018).

Why we inspected

We received concerns in relation to people's oral health care, personal care needs and weight loss. As a

result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and effective sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadowbeck on our website at www.cqc.org.uk.

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

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Meadowbeck

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by two inspectors over two days.

Service and service type

Meadowbeck is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced from outside the service on the first day of inspection. We did this to discuss the safety of people, staff and inspectors with reference to Covid-19.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with 11 members of staff including two regional managers, registered manager, clinical development lead, two unit leads, two care staff, activities coordinator, chef and maintenance person.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with eight relatives about the experience of the care provided to their loved ones.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Systems were in place to identify risks. The provider assessed risks to people's safety and acted to minimise these. Risk assessments were routinely reviewed. However, outcomes for people were not always monitored effectively to assess if care provided was successful in preventing harm. For example, risks relating to oral care had not been consistently assessed for people and care plans did not contain enough detail on how to manage the risks.

We recommend the provider consider current guidance on oral health care and act to update their practice accordingly

- Staff recorded accidents and incidents and these were analysed by the registered manager to reduce the risk of reoccurrence or to identify any trends.
- Staff routinely carried out safety checks of equipment and assessed any environmental hazards.

Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe from the risk of avoidable harm and abuse. People and their relatives told us they felt safe, comments included, "I feel very safe the staff are lovely," and "[Name of person] is safe, the service is brilliant."
- Staff received safeguarding training relevant to their role and had the skills and knowledge to identify and raise concerns to relevant professionals.
- Where concerns had been raised, appropriate reporting to the correct agencies had occurred.

Staffing and recruitment

- The provider used a dependency tool to calculate safe staffing levels. However, staff told us this did not always accurately reflect people's needs. The registered manager told us they would review staffing levels across the home to ensure people's needs were met.
- Staff had been recruited safely with all appropriate checks completed including checks on nurse fitness to practice.

Using medicines safely

- People received their medicines as prescribed and staff kept accurate medicines records.
- The clinic room was well organised and medicines were stored securely with temperature monitoring in place.
- Medicines audits were in place and provided assurance for processes within the home.

Preventing and controlling infection: Learning lessons when things go wrong

- The home was clean, and the environment was well-maintained.
- An infection control audit was completed during the inspection. The provider's infection prevention and control policy was up to date and infection control audits were completed on a regular basis to maintain standards.
- Staff had access to appropriate personal protective equipment (PPE).
- Additional cleaning had been introduced during the COVID 19 pandemic.
- The home had a significant number of positive cases of COVID 19 in the early stages of the pandemic. Though there were no cases at the time of our inspection. The provider was accessing testing for people using the service and staff on a regular basis to ensure they remained COVID 19 free.
- Over the course of the pandemic, lessons learned had been completed to help support the service to manage the Covid-19 virus in line with government guidance. For example, to prevent the risk of infection, everyone entering the service was required to have their temperature taken, were observed practicing safe handwashing and had to wear appropriate PPE.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines. However, the delivery of people's personal care was not always accurately recorded to evidence the work staff completed. For example, during the height of the Covid 19 pandemic records did not always identify where people had been supported to have a bath or shower or what action was taken when this was not possible. During the inspection we saw that personal care records had improved and the registered manager made changes to bathing documentation to ensure records were consistent and identified people's needs were met.

Staff support: induction, training, skills and experience

- Staff had completed an induction and received training in areas relevant to their roles including dementia, moving and handling and infection control.
- Staff had not consistently supported people to brush their teeth, and no action was taken where residents declined support.
- During the inspection, the registered manager had sourced guidance and introduced new oral health care paperwork to ensure people were supported with this.

We recommend the provider arrange oral health care training for staff to maintain people's oral care needs and enable staff to seek support and advice in a timely manner.

- Care staff supporting people at the end of life had not always had appropriate training for this. The registered manager told us they would review staff training to ensure care staff who were supporting people at the end of life had the necessary skills to do so.
- Relatives commented, "The staff are wonderful, even when the unit manager was off, [Name of staff member] took over, we got the same support and the information was consistent." Another said, "[Name of person] has always been well looked after, staff's attitude is brilliant."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were effectively met.
- Care records identified people's nutritional needs and recorded people's dietary intake. People were offered choice of meals and snacks during the day.
- Where people were at risk of poor food and fluid intake, appropriate monitoring documents were in place.
- Staff closely monitored people's weight to highlight any concerns.

- During the height of the COVID 19 pandemic documents identified people had lost weight. Professionals had been contacted in a timely way where concerns had been identified and recent records showed there had been weight gains.

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

- The provider ensured regular maintenance work was carried out. During our visit rooms were being refurbished to maintain the homes standards.
- The accommodation was arranged across two floors with a dedicated unit (Memory Lane) which accommodated people who were living with Dementia.
- People rooms were personalised and nicely decorated. Residents benefited from additional seating in communal areas with refreshment facilities and modern décor in the lounges.

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

- Staff recorded people's healthcare needs which were met in a timely way.
- Staff supported people to access healthcare services and followed professional advice. A professional said, "I find the staff always communicate well with the GP practice concerning any changes around resident's needs."
- Staff were knowledgeable about people's needs and kept people's relatives informed. A relative said, "They let us know [Name of person] that the GP had seen them and prescribed antibiotics," another said, "The staff keep in touch and GP appointments have been done on line."
- Staff were kept informed of any changes to people's needs through handover meetings.

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager applied for DOLS applications and authorisations were in place.
- Staff assessed people's mental capacity to make specific decisions and decisions were recorded in their care plans.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The registered manager and staff demonstrated a positive and caring culture. There was a calm and relaxed atmosphere in the home. Comments included, "[Name of person] has settled really well, better than we thought they would, they have a new lease of life."
- The registered manager was clear about their role and vision for the home, this was embedded by dedicated staff who had worked at the home for numerous years.
- Staff were happy in their work and felt supported by the management team.

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

- The registered manager was open and honest throughout the inspection process.
- The provider and registered manager were committed to continuous improvement. They undertook comprehensive audits and constantly reflected on the care and support provided. The registered manager told us issues identified during the inspection would be addressed and monitored to ensure improvements were made.
- Staff received regular supervisions and attended staff meetings to promote their continuous learning and development.
- Staff had access to up to date policies and procedures to ensure care and support was provided in a timely manner.
- The registered manager submitted timely statutory notifications of incidents which affected the safety and welfare of people, in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- People were involved in the running of the home. The registered manager sent questionnaires to people, their relatives and professionals, asking about their views to ensure the service was improved in the way they wanted.
- People, relatives and staff spoke positively about the home, the management team and the support they received. Comments included, "When they closed the service to visitors, we got emails and phone calls from the nursing team, they have been really good." Another said, "Communication has been great, we regularly get text and emails to keep us up to date."
- The provider encouraged diversity and respected all people with equal consideration.

- The service worked well with other organisations and supported people to access community and healthcare services. A health professional told us, "The home excels in palliative care and has developed excellent working partnerships with GP's district nurses and Macmillan nurses in order to provide high standards of care."

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 registered manager was able to demonstrate a good understanding of the duty of candour and when this would apply.
- The registered manager analysed accident and incidents for any patterns and trends and shared learning with staff to help reduce the risk of incidents happening again.