

# Barchester Healthcare Homes Limited

## Chester Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Chester Court is a residential nursing home providing personal and nursing care to 41 people. At the time of the inspection there were 30 people living at the home.

Chester Court is a purpose-built nursing home providing accommodation over two floors. All rooms have en-suite facilities. There are a number of communal dining areas and lounge facilities.

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

Infection control processes at the home were not robust and staff didn't always follow government guidance. Medicines were not always managed safely, and records were often incomplete or poorly maintained. Processes to safeguard people from abuse were followed and risks were effectively reviewed and managed. Staffing levels were regularly monitored by the manager and the provider and there were enough staff on duty to support people's care needs.

People were supported to have good access to a range of food and drinks. People with specific dietary requirements were monitored and supported.

Systems to monitor quality and safety at the home were not always robust. There was a new manager in post who was working through an action plan to help develop and improve the staff and the service. The manager had appointed a representative for people who lived at the home to help capture the user voice and influence.

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 Good (21 December 2018)

### Why we inspected

The inspection was prompted in part due to concerns received about staffing, support with nutrition and the quality assurance systems in place at the home. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chester Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to infection control, the safe management of medicines and quality assurance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. Please see the enforcement section at the end of this report for details of the action we took.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective.  
At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Chester Court

## 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 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 undertaken by one inspector.

#### Service and service type

Chester Court 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A person was managing the home at the time of the inspection and had made an application to become the registered manager, but this had not yet been formally approved.

#### Notice of inspection

We gave a short period notice on the morning of the inspection to ascertain the current status of the home in relation to any Covid-19 infections and to ensure the inspection could go ahead safely.

#### What we did before the inspection

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. We sought feedback from the local authority and other professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including, the manager, clinical support nurse, registered nurse, senior care worker, and kitchen staff.

We reviewed a range of records. This included two people's care records and multiple medicine 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.



# 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 now deteriorated to 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.

### Preventing and controlling infection

- Systems were not in place to ensure there were effective and robust infection control processes at the home.
- Staff did not always wear personal protective equipment (PPE) correctly and did not always follow current Government guidance. Used PPE was not always disposed of appropriately.
- One staff member did not follow Government guidance, and the provider's own policy, on effective infection control by not washing their hands after delivering personal care and before assisting another person.
- The door to a sluice area, where soiled equipment was cleaned, and PPE disposed of, was left open. A clinical waste bin in the sluice area was over filled and a bag of waste left on the floor. This posed a potential infection control risk.

This meant people were not always protected from the risk of infection because staff were not following official guidance. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have taken action outside of the inspection process on this matter and will publish the outcome of this action once it has been concluded.

### Using medicines safely

- Medicine were not always managed safely and effectively.
- We found medicine administration records were not well completed and contained several unexplained gaps in recording. Some medicines had not been given, but no reason for the omission was recorded.
- One person had not received a prescribed medicine for five days, because the home had run out of stock. There was limited evidence to suggest staff had actively followed this up to ensure the missing medicine was made available as soon as possible.
- Records for topical medicines (creams and lotions) were very poorly maintained, with large gaps in recording. Whilst there was no evidence people had suffered substantial harm because of these potential omissions, we could not be certain people were receiving these medicines in line with prescribed guidance.

People were not always supported to receive their medicines in a timely and effective manner leading to a potential risk to their health and well-being. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people and protect them from potential abuse.
- The manager recorded any safeguarding concerns and had reported them to the local safeguarding authority and the CQC. Where necessary, action had been taken to address the concerns.
- Safeguarding matters along with incidents and accidents were recorded on the provider's on-line monitoring system and regularly reviewed for any lessons learned.

Assessing risk, safety monitoring and management

- Systems were in place to effectively monitor and review risks related to the delivery of care and the safety of the environment within the home.
- People's care records contained evidence that risks concerning nutrition, skin integrity and mobility were regularly revised and updated.

Staffing and recruitment

- Staff recruitment was undertaken in a safe and effective manner. We saw appropriate checks were in place including Disclosure and Barring Service (DBS) checks.
- People told us there were enough staff at the home to provide for their care needs. The manager demonstrated regular reviews of people dependency needs were undertaken, and current staffing was above the prescribed staffing hours.



## 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

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

- People were supported to maintain a balanced diet and have access to a range of drinks and fluids.
- People's care plans contained evidence their weight was regularly monitored, and any concerns were shared with health professionals. Professional advice on diet and fluid intake were followed and care plans updated in line with this advice.
- People were supported appropriately during meal times. They told us the meals were very nice and appeared to enjoy the food they were served.

# 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 has now deteriorated to 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.

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

- Quality systems within the home were not robust.
- The manager had undertaken a range of quality checks and audit processes. However, these had failed to identify concerns we found in infection control practices, the use of PPE and medicines management.
- The manager completed a daily 'walk around' check to identify concerns or issues. The accompanying document was largely tick box in nature. Whilst issues such as missing medicines were identified they were not done so specifically, and it was not possible to demonstrate appropriate actions had been taken and followed up to resolve these problems.

Systems to maintain quality and safety within the home were not robust, potentially putting people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had met with a number of staff, to review their work roles and practices and ensure their job descriptions were up to date and reflected the work that they did.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had only been in post a short period had taken steps to establish improvements in care and was following an action plan.
- There was evidence of regular staff meetings and a number of meetings with people who lived at the home. There was some evidence in people's care files that people, or their representatives, had been involved in decision making.

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

- The manager was aware of their responsibility under the duty of candour. There had been no specific instances where the manager had been required to act on this duty.
- There was no registered manager formally registered with the CQC at the home. The manager in post told us they had submitted an application to register with the Commission and we were able to verify this.

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

- The manager had put in place processes to engage with people in the running of the service, including appointing a representative for people who used the service to improve the user voice.

Continuous learning and improving care

- The manager showed us a range of on-line resources staff could access to gain information about care matters and issues related to the Covid-19 pandemic. Staff training showed a good uptake in most areas.
- The manager took action to address the concerns we found at the inspection, such as introducing new checking procedures around medicines on the day.

Working in partnership with others

- There was evidence in people's care files that the home worked in partnership with a range of professionals to support people's health and wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Proper, safe and effective systems were not in place for the management of medicines. Sufficient quantities of medicines were not always available to people. Regulation 12(1)(2)(f)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to assess, monitor and improve the safety and quality of the service were not robust and did not ensure the service was compliant with the requirements of the regulations. Regulation 17(1)(2)(a)(b).

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Staff were failing to follow government guidance on the safe use of personal protective equipment and adhere to Covid-19 infection control procedures. Proper processes for the preventing and control of infections were not in place Regulation 12(1)(2)(h).

### **The enforcement action we took:**

We imposed urgent conditions on the provider's registration linked to infection prevention and control. These conditions were varied and amended following an appeal submitted by the provider.