

# Barchester Healthcare Homes Limited

# Tyspane

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Tyspane is a residential care home providing personal and nursing care to 62 people aged 65 and over at the time of the inspection. The service can support up to 69 people.

Tyspane is a purpose built service with bedrooms over two floors accessed via a passenger lift. There are communal lounges and dining rooms on both floors. All bedrooms are en-suite.

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

People said they felt safe and well cared for. Some people told us that there had been times when the service appeared short staffed but no one said this had impacted on them significantly. Comments included, "I think there are enough staff to look after me day and night. There is always someone to talk to if you need them." And, "As far as I am aware we are well looked after." One person told us, "I think they could do with more staff. I have to wait a long time and also wait when I use the call bell. I particularly would like more time when they bath me."

During our inspection visits we found there was sufficient staff and people were getting their needs met in a calm and caring way. The staffing rotas showed there had been some shortages due to staff ringing in sick at short notice, but the levels had not reached a stage where people's needs or safety had been compromised.

Relatives said communication with them was good and people's healthcare needs were being met. One said, "The staff do a remarkable job, she feels safe and is happy and thinks all the staff are friendly." Two commented, that in their view, the service being short staffed. One said, "My relative is not happy with the staff numbers she does not think there are enough, she thinks the home is understaffed as she reports waiting for a while to have her pads changed as she needs two members of staff as she uses a hoist.

There was a strong odour in the upstairs corridor and this was also mentioned by a relative. We have asked that this be addressed as a priority as it was impacting on people's enjoyment of their environment.

Risk assessment were being completed but where people were on pressure mattresses, it was not clear when and how staff checked this and we have made a recommendation in respect of ensuring good systems were established. This was to ensure pressure mattresses were on the right settings for the person's weight and that these were checked daily.

Recruitment processes had not been followed in line with guidance and their own policy. Employment histories and any gaps had not been documented as fully explored. When we fed this back, we were sent documentation to show this had been followed up. We have made a recommendation in respect of ensuring future recruitment practice follows guidance and national requirements.

We had received a number of whistle blowing concerns which suggested the culture and teamwork within the service was impacting on staff and their work. Staff said there had been elements of some staff having

favoured tasks. We had sent this information to the provider prior to this inspection. They had taken a number of actions to address both being short staffed and the culture and ethos with the team. This was work in progress. We found no major impact for people using the service despite being told by whistle blowers that people were at risk.

Medicines were managed safely. However, we have made a recommendation in respect of reviewing their systems for recording the application of patches and monitoring that they remain in place.

Infection control processes were embedded and staff had access to and wore appropriate personal protective equipment (PPE). People and relatives confirmed staff wore PPE at all times. However, we received information from emergency services which said not all staff on their visit were wearing PPE. We have asked the provider to respond to this.

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.

Staff training and support was done in a range of ways to ensure they had the right skills to meet people's needs safely and effectively.

Staff showed empathy, caring and patience during our observations of interactions. Some staff were particularly skilled and assisting people with their lunch and ensuring this was a pleasant and unrushed experience.

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 (published 31 January 2018)

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, people's needs not being met and records not being completed. We also heard from whistle blowers that the culture within the service was bullying and had led to staff leaving and low staff morale. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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 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 some improvements in other areas not identified by the information we received. 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.

Following feedback, the provider had taken actions to address staff morale, monitoring of pressure relieving mattresses and deep cleaning of carpets where there was an odour issue.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tyspane 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 will continue to monitor the service.

We have identified breaches in relation to premises and equipment and good governance at this inspection.

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

## 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 well-led?**

The service was not well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Tyspane

## 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 completed by three inspectors, a member of the medicines team and an 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

Tyspane 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.

#### Notice of inspection

This inspection was unannounced.

#### 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 six care staff, three seniors, two nurses, the deputy manager, regional director, maintenance person, administrator and two housekeeping staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

We looked at two 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

The Expert by Experience spoke with four people and eight relatives via phone calls. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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

- The service looked clean and measures were in place for additional cleaning due to the prevention of spread of infection in respect of Covid-19. However, the upstairs corridors had a very strong smell which would indicate the carpets and fabrics were not thoroughly cleaned or needed to be replaced. It was creating a very unpleasant environment for people to reside in.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to prevent strong odours in some part of the service. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection visits staff were wearing appropriate personal protective equipment (PPE) and people and relatives we spoke with confirmed they had observed the same. However, we received an alert from emergency services to say some staff were not always wearing PPE. We have asked the provider to respond to this concern. We followed up with the alters and found they were referring to one member of staff not wearing their face mask. We have asked the provider to ensure staff are reminded to wear face masks at all times in communal areas.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.

- 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.

- At the time of this inspection, the service was in an outbreak due to staff testing positive for COVID-19, so they were closed to visitors.

We have also signposted the provider to resources to develop their approach.

### Assessing risk, safety monitoring and management

- Risks such as pressure damage, risk of falls and specific healthcare needs were clearly documented and directed staff as to what to check and how to mitigate identified risks. However, risks and monitoring of

pressure relieving mattresses to ensure they were on the right setting was not well documented. Following our inspection, the provider sent us details to show that some but not all types of mattress being used in the home and how this adjusts to within a range of weights and to the comfort of each person using the mattress.

We recommend the service ensures it follows manufactures guidance and clearly documents when and how mattress setting are checked to prevent harm of the mattress being wrongly set.

- We received information of concern which indicated that risks were not being well managed and records were not being completed. We found no evidence to support this. Records were reviewed regularly and there were clinical audits carried out by the provider. These helped to identify if risks were being managed. Their audits showed that despite being short staffed at times, falls and pressure sores had decreased.

#### Staffing and recruitment

- We had received different sources of information of concern which said the service was short staffed and people were at risk.
- We reviewed the staffing rotas, spoke with people, relatives, staff and observed practice. There had been a few days in the previous weeks where care staffing levels had fallen below the provider assessed and preferred levels, but this had not compromised people's safety.
- People said they felt safe and well cared for. Some people told us that there had been times when the service appeared short staffed but no one said this had impacted on them significantly. Comments included, "I think there are enough staff to look after me day and night. There is always someone to talk to if you need them." And, "As far as I am aware we are well looked after." One person told us, "I think they could do with more staff I have to wait a long time and also wait when I use the call bell. I particularly would like more time when they bath me." We fed this back to the provider who agreed to check audits on call bells and review care notes about how long cared tasks such as assisting with a bath is taking.
- Some staff said there had been a large number of staff leaving due to the fact they were short on shifts and it was difficult to complete all care tasks. We reviewed the reasons behind recent staff leaving. Only two said they did not wish to continue to work in a care setting where they felt pressured. Both had moved into other occupations which were better paid.
- The provider was taking action to recruit more staff and in the interim offer incentives to ensure current staff were rewarded for covering additional shifts.
- Recruitment practices did not always ensure that new staff's full employment history and any gaps in employment were documented.

We recommend the service ensures in follows best practice and guidance in all aspects of recruitment processes.

#### Using medicines safely

- Staff had been assessed to ensure they were competent in the safe administration of medicines. We saw that staff gave medicines to people in a caring and supportive manner.
- Staff were able to say how decisions were made to support people with medicines prescribed to be taken "when required".
- Controlled drugs (medicines that have additional controls due their potential for misuse) were stored in accordance with current regulations.
- Pain relief patches were applied in accordance with the prescriber's directions. The recording of the location of application of the patch and removal was seen to not be carried out consistently. There was no monitoring that the patch remained in place. This was addressed during the inspection and a daily check

was added to the recording charts.

We recommend the service review their systems for recording the application of patches and monitoring that they remain in place in line with national guidance..

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

- People were protected from risk of abuse because staff knew what to look for and how to report any concerns about people's safety and welfare.
- People confirmed they felt safe at Tyspane. Comments included, "Yes I do feel safe. Staff are here to look after us."
- Staff confirmed they had regular training in understanding safeguarding processes and had policies and producers to refer to.
- Audits were completed in respect of accident and incidents. An independent clinician reviewed these and looked for any patterns or trends. Feedback was shared with the service and across other homes with the same provider where appropriate.

# 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

- We received information of concern which indicated the registered manager was not being clear in their direction of leadership and in appropriately delegating tasks or redirecting staff at times of being short in the care team.
- We sent information to the provider about concerns in leadership and asked them to investigate and take actions. This was still work in progress but they had held team meetings, listened to staff, evened up pay inequalities, agreed enhanced pay for staff to have an incentive to cover shifts and looked at how recruitment could be boosted.
- Information of concern also included the allegation that the providers representative told staff paperwork was not important and records were not being completed. We found no evidence to substantiate this allegation. The providers representative had asked staff including clinical practitioners to ensure care staff were supported to make sure people's needs were met before paperwork was completed, but not that it should be ignored.
- Some checks on equipment had not been documented, such as mattress settings. If these were on the wrong setting, risk of pressure damage could increase. There was no evidence to show anyone had come to harm and actions were being taken to ensure a robust recording system was implemented so this risk was mitigated.
- We identified a breach in regulation 15, premises and equipment. This was because there was a strong odour in the upstairs area which was unpleasant and people should not have to live with this type of environment. Although this had been identified in the providers audits, no action had been taken to address this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to identify areas for improvement. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Anonymous concerns received indicated the registered manager had not always promoted a positive and inclusive culture between all staff. This had impacted on staff morale.
- The provider was aware of these issues and was taking a proactive approach. This was work in progress

and it was too early to say whether their action plan was having a positive impact on staff morale.

- There had been no significant impact on people. Our observations during our inspection days were wholly positive. Staff were seen to provide care and support in a caring, calm and empathic way. The atmosphere was calm and interaction between staff and people were good.

Continuous learning and improving care; Working in partnership with others; 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

- People, relatives and staff all said care outcomes were good and where needed learning was used to improve care. For example, one relative said, "I feel very happy with the system I do feel my relative has improved since she has been in there, she has had stimulation, the staff are very approachable. The staff listen to me and they do not limit the visiting time I feel quite happy."

- One relative spoke about there not being enough slings but this issue was resolved once she spoke with the service. "My relative was kept in bed earlier this year as there were not enough slings to get her out of bed as the ones she used were in the laundry. I spoke to the undermanager about this and she managed to get more slings."

- Two professionals said the service did work in partnerships to achieve good outcomes for people.

- Provider systems which reviewed audits and checked for patterns and trends was completed by an independent clinician to ensure robust checking occurred and any issues identified were followed up with an action plan.

- Duty of candor was understood by the management team including their legal responsibilities.

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

- Staff did not always feel they had been fully engaged with. The provider had acknowledged this and taken actions to address this.

- People said their views were listened to although some were less clear about whether they had opportunities to be involved in their care plan and the planning of how their care should be delivered. The provider was working on a new slimline care plan documentation so this may be easier to share and consult with people in the future.

- Most relative felt they were consulted and kept up to date with what was happening in the service. One said, "Overall Barchester send information every two weeks. The staff talk to me and I get to know what's going on."

- The activities team have forged good links with the local community and when restrictions allow, local schools visits as well as adult choirs.

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 15 HSCA RA Regulations 2014 Premises and equipment  Failure to act on carpet having strong odours meant people were living in an unpleasant environment and we could not be assured the carpet was fully cleaned and hygienic.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were not robust as they failed to identify the areas for improvement found during this inspection