

A Bright Care Ltd

# Barham House Nursing Home

## Inspection report

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Date of inspection visit:  
27 January 2021

Date of publication:  
24 May 2021

## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

## Overall summary

### About the service

Barham House Nursing Home 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. Barham House Nursing Home is registered to provide accommodation, nursing and personal care for up to 23 older people in one adapted building. There were 16 people using the service at the time of our inspection.

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

There was a lack of leadership at the service and this had impacted on all areas of people's care. The provider and manager did not have scrutiny and oversight of the service and risks to people's safety and welfare continued unchallenged.

Areas of the service were not clean and infection control risks were not well managed. Staff did not always wear and dispose of personal protective clothing safely. Robust arrangements were not in place to clean all areas of the building and minimise the risk of infection being spread around the service.

Risks to people had not been fully assessed and action was not consistently taken to keep them as safe as possible. People's care had not been planned and detailed guidance had not been provided to staff about how to keep people safe and well.

Staff had not been recruited safely. Checks on staffs' previous conduct and character were not explored before they came to work at the service. Concerns from the Disclosure and Barring service had not been followed up. Staff did not have the skills they needed to keep people safe and respond in an emergency.

People's relatives had not been able to visit the service because of the Covid-19 pandemic restrictions. Some relatives told us they were informed of what was happening with their relative and this reassured them. Others told us communication was not good, they had not been involved in important decisions or were given contradicting information. People's relatives were reassured the new manager had plans in place to improve the service.

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 and update

The last rating for this service was Requires Improvement (published 12 March 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 enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about fire safety, risk

management, infection prevention and control, and leadership. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection prevention and control. Following our inspection we took urgent enforcement action to apply conditions to the provider's registration requiring them to improve infection control measures at the service.

We also identified breaches in relation to risk management, staff recruitment, checks and audits and leadership at this inspection.

We took action against the provider and cancelled their registration. Everyone moved out of the service and the service is now closed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question requires improvement. 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?

At our last inspection we rated this key question requires improvement. 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. question we had specific concerns about.

**Inspected but not rated**

# Barham House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had about fire safety, risk management, infection prevention and control and leadership.

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

This inspection was completed by four inspectors. Two inspectors visited the service and another two inspectors reviewed information off site.

#### Service and service type

Barham House Nursing Home 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. This means that 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 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 all of this information to plan

our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the nominated individual, manager, deputy, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three staff files in relation to recruitment. A variety of records relating to infection prevention and control.

#### 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 two staff and four relatives about their experiences of the service. We raised a safeguarding alert with the local authority regarding serious concerns staff raised to us.

# 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 requires improvement. 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.

The purpose of this inspection was to check specific concerns we had about infection prevention and control, staff recruitment and management of risks. We will assess all of the key question at the next comprehensive inspection of the service.

### Preventing and controlling infection

- People were not protected from the risk of infection, including Covid-19. Eight staff had not completed infection control and Covid-19 training, this included the manager, the infection control lead and cleaner. Staff's competence in key skills, such as hand washing had not been assessed. Signs around hand washing and putting on and taking off personal protective clothing (PPE) were not displayed. Staff did not always dispose of used PPE safely or wear face masks correctly.
- The cleaning schedule did not cover the entire building and we could not be assured all areas of the building were being cleaned regularly. Areas of the service and equipment were not clean, including pillows and bedrail covers on people's beds. The manager told us a deep clean was required but they had not arranged this.
- On the day of our inspection and the day before, there had been no cleaner working at the service. The manager told us high touch points such as handrails and light switches had been cleaned by a part time staff member. However, there was no schedule for this, and records had not been kept demonstrating cleaning had been completed.
- The manager and staff did not follow Covid-19 social distancing rules and inspectors had to remind them of these throughout the inspection. Changes had not been made to the layout of rooms to support social distancing. Chairs were less than two meters apart in the lounge and people continued to share bedrooms despite single occupancy rooms being vacant.
- Practice at the service did not follow Public Health England (PHE) guidance in relation Covid-19. For example, when people returned from hospital it was the provider's policy to isolate people for 10 days. PHE guidance recommends people are isolated for 14 days. Risks to people and staff in high risk groups had not been assessed and mitigated.
- Policies the provider had in place were not being followed. For example, the provider's policy required visitors to the service to wash their hands for 20 seconds on arrival. Inspectors were not asked to wash their hands or use sanitiser gel and no hand washing facilities were available.
- During our inspection a dog belonging to a staff member was in the service. The dog roamed freely around the building. Infection prevention and control risks in relation to the dog had not been assessed to ensure people were protected from any risks. The dog sat in corridors and on the stairs and was a trip hazard to people and staff. People did not interact with the dog during our inspection and it was not in the building for the wellbeing benefit of the service users.

The provider had failed to robustly assess the risk of the spread of infections and act to prevent and control the spread of infections. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently assess, identify and monitor risk to people's health, safety and welfare. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People continued to be at risk of harm. Pre-admission risk assessments had not been completed for three people before they moved into the service. Risks to them had not been identified and care had not been planned to mitigate the risks.
- Some people were at risk of choking. Risk assessments and care plans did not provide staff with guidance on the immediate action staff should take if the person choked. Staff were not able to tell us how they would support someone who was in bed or in a wheelchair when if they choked and did not have up to date first aid training. There was a continued risk people would not receive the care they needed if they choked.
- Some people were at risk of falling and basic assessments of their needs had been completed. However, action had not always been taken to keep people as safe as possible. One person's risk assessment identified they were at risk of falling from their bed and the use of bedrails increased the risk of injury to them. The person was in bed and bedrails were being used. Another person used an alert mat to inform staff of when they moved and were at increased risk of falling. We checked the mat and found it was not working.
- Robust assessments of bedrails had not been completed and risks associated with their use had not been mitigated. Some bedrails were not covered, and this increased the risk of people becoming injured while using them. One person only had a bedrail on one side of their bed and the other side of the bed was pushed up against the wall. There was a risk they could become trapped between the bed and the wall. Recognised guidance from the Medicines & Healthcare Products Regulatory Agency around the management and safe use of bedrails had not been followed.
- People were not protected from the risk of losing weight. The manager told us some people had not been weighed for several months as the chair scales were broken. Action had not been taken to ensure people's weight was monitored. One person was at very high risk of losing weight and their meals were fortified with extra calories. They had been weighed December 2020 but had not been weighed since to check action to reduce them losing further weight had been effective.
- Robust action had not been taken to reduce the risk of people developing pressure ulcers. The risks to people had been assessed using a recognised risk assessment tool. However, care had not always been planned to reduce risks. Some people used pressure mattresses on their beds to protect their skin. There was no information about the pressure mattress in their care plans or risk assessments. There was no guidance in place around their use and checks were not complete to ensure they were working correctly. Detailed guidance had not been given to staff about how to reduce the risks to people, such how often to support them to change their position.
- One person had diabetes and was not supported to manage their condition safely. Guidance around insulin which was used to manage their blood sugar levels had not been followed. Care had not been planned to reflect the health professional's guidance and nurses at the service were not providing consistent treatment. A senior nurse told us if the person's blood sugar was below a specific level, insulin was not to be administered. This contradicted the health care professional's advice. Records of insulin administration showed it had been given inconsistently. There was a risk that the person was not receiving the treatment and support they needed to manage their condition safely.



The provider had failed to operate effective processes to assess risks to people's health and safety and mitigate risks. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People were not protected by safe staff recruiting processes. The provider had not recruited staff, including the management team safely. They had not completed their own Disclosure and Barring Service (DBS) checks when staff were employed and had relied on checks completed by staff's previous employers. Disclosures on DBS checks had not been checked and risk assessed to ensure staff did not pose a risk to people.
- Staff had not always been required to complete an application form before they began working at the service. A full employment history, with the reasons for leaving, such as if staff had been dismissed, had not been obtained. Gaps in staff's employment history had not been identified and explored.
- References had not been obtained for some staff. Other references had not been obtained from the previous employers or had not been checked and verified. All of these checks are required to ensure staff are of good character and have the skills and experience they need to complete their role. No checks had been completed to make sure nurses were registered with the Nursing and Midwifery Council and were fit to practice. The provider's failure to complete these checks had placed people at risk of harm and abuse by staff.

The provider had failed to establish and operate effective recruitment procedures to ensure staff were of good character and had the qualifications, competence, skills and experience necessary for the role. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff on duty to meet people's needs. However, training and competency checks had not been completed to ensure all staff had the skills they needed to keep people safe. Agency staff had not completed a comprehensive induction and told us they had learnt what to do from working alongside other staff. Checks on agency staff's skills and competence had not been completed before they worked alone with people.
- Nurses' competence to complete basic nursing tasks, such as medicine administration, using a percutaneous endoscopic gastrostomy (PEG) to assist people to eat and drink and managing urinary catheters had not been assessed. The manager told us they did not know if nurses had up to date skills and training to complete these tasks safely.
- Care staff had not completed training or refresher training in core skills such as moving and handling, health and safety and food hygiene. This was important as detailed guidance was not available for staff to refer to. For example, detailed guidance was not in place about how to support some people to move safely. Staff told us they used their experience to make decisions or followed others. Staff completed fire training during our inspection.

The provider had failed to ensure suitably competent, skilled and experienced staff were deployed to provide care and treatment. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The purpose of this inspection was to check specific concerns we had about governance and leadership. We will assess all of the key question at the next comprehensive inspection of the service.

### Continuous learning and improving care

At our last inspection the provider had failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Improvements had not been made to the service based on effective quality assurance checks. The provider's quality assurance procedure had not been followed. Regular checks and audits had not been completed on all areas of the service and poor quality care had not been challenged.
- The provider had not completed checks on the quality of the service and relied on the manager to do this. They had not assured themselves that managers had completed checks and audits regularly and were unaware checks had not been completed. The provider and manager were not aware of all the shortfalls we identified during our inspection.
- The provider had completed an audit of staff files and identified there were a number of shortfalls in the recruitment of key staff including the management team. However, they had not acted to obtain all the information they required to assess and mitigate risks to people.
- An improvement plan was in place and included some of the shortfalls we found. The plan was not robust and there was a risk it would not drive the improvements required to keep people safe and well. Deadlines had not been set for some high-risk shortfalls, such as obtaining moving and handling equipment and deep cleaning the kitchen. Other deadlines were not specific, and the actions required to address the shortfalls was unclear. The improvement plan was not dated and there was no evidence of any planned reviews.
- At our last inspection we found staff had recorded unexplained bruising, but this had not been reported to the manager to investigate. At this inspection we found lessons had not been learnt from accidents and people's care had not been changed to reduce risks to them.

The provider had failed to operate effective systems regularly assess and monitor the quality and safety of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a lack of leadership at the service. Clear guidance and leadership had not been provided to staff and three different managers had worked at the service in the previous six months. The provider did not understand what good care looked like and had not checked the manager and deputy manager had the skills and experience to fulfil their roles. The manager had begun the application process to be registered with the Care Quality Commission.
- The manager did not know people using the service and was not able to tell us about their needs. For example, they were not able to tell us who was at risk of choking and gave us incorrect information about some people's treatment needs. People's care plans had been written by a member of the management team and lacked detail or guidance for staff about the care people required.
- The provider had not ensured staff, including the manager and deputy manager, understood their responsibilities and were held accountable. The manager and deputy manager did not receive regular supervision, to enable them to discuss their role, achievements or any concerns they had. No arrangements were in place for nurses to receive clinical supervision to ensure their practice was safe. Staff had not met regularly with a manager or the provider. A staff meeting was planned for the week following our inspection.
- The provider had purchased a suite of policies and procedures, but these had not been fully implemented. For example, the fire evacuations policy required regular fire drills, approximately two monthly. These had not taken place and evacuation assistance plans had not been put in place for people.
- Records regarding people's care were not accurate or complete. The provider had recently introduced an electronic care planning system but had not trained staff to use it. Complete records of care provided had not been kept. This made it impossible for the manager and visiting health care professionals to check people's care and treatment was effective and safe.

The provider had failed to maintain an accurate and complete record in respect of each service user care and treatment. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	The provider continued not to operate effective processes to assess risks to people's health and safety and mitigate risks. This placed people at risk of harm.  12(1)(2)(a)(b)

### The enforcement action we took:

We cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The provider had failed to robustly assess the risk of the spread of infections and act to prevent and control the spread of infections. This placed people at risk of harm.  12(1)(2)(h)

### The enforcement action we took:

We applied conditions to the providers registration.

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	The provider had failed to operate effective systems regularly assess and monitor the quality and safety of the service.  The provider had failed to maintain an accurate and complete record in respect of each service user care and treatment.  17(1)(2)(a)(b)(c)

### The enforcement action we took:

We cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider had failed to establish and operate effective recruitment procedures to ensure staff were of good character and had the qualifications, competence, skills and experience necessary for the role. This placed people at risk of harm.  19(1)(a)(b)(2)(a)(3)(a)(b)

**The enforcement action we took:**

We cancelled the provider's registration.