

Mr & Mrs P A Hughes

Barchester Tower

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

Barchester Tower is a residential care home providing personal care to up to 20 older people. At the time of the inspection there were 17 people living there. People were living with a range of needs associated with dementia and frailties associated with old age.

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

Although the home was clean and tidy, we found improvements were needed to ensure that infection prevention and control (IPC) measures were fully implemented and government guidance and best practice was being followed.

Quality assurance systems were in place and used to identify areas for development. However, they had not identified all the areas for improvement that we found on relation to IPC. Improvements were also needed in some aspects of record keeping.

There were systems in place to help maintain people's safety. Staff understood safeguarding and their own responsibilities about reporting concerns. Risks to people were well managed and staff understood how to support people. There were enough staff to support people each shift and medicines were well managed.

There was a positive culture at the service. Feedback from relatives, staff and visiting professionals was positive. People, relatives and staff were involved in developing the home through regular meetings and feedback surveys. The provider and staff knew people well and understood their care and support needs.

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

Rating at last inspection

The last rating for this service was good (published 26 February 2020).

Why we inspected

We received concerns that people's health had not always been maintained appropriately. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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 found no evidence during this inspection that people were at risk of harm from this concern. However, we found concerns related to infection prevention and control. Please see the safe section of this 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 Barchester Tower on our website at 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 prevention and control 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 from the provider to understand what they will do to improve the standards of quality and safety. 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 always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Barchester Tower

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

This inspection was carried out by two inspectors.

Service and service type

Barchester Tower 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. They were also the provider and 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

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. 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. We spoke with three members of staff including the provider. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including fire safety were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one further staff member about what it was like to work at the home. We spoke with the relatives of two people. We contacted four health and social care professional's for feedback about 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

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning was taking place. However, there was no cleaning schedule to ensure all areas, for example touch points were cleaned regularly and appropriately to prevent the spread of infection.
- Each person's clothes were washed separately and stored in red bags until washed. (Red bags are usually only used for soiled laundry). There were six bags stored on the floor in the laundry room waiting to be washed. The providers risk assessment informed staff to use red bags, but that the red bags must "go to the laundry in a basket to stop staff spreading COVID-19 from one room to the other."
- We asked staff about the handling of clothing and disposal of waste and clinical waste if a person was suspected of, or was, COVID-19 positive. Staff were not aware of the need for any specific arrangements in line with current guidance, for example safely storing waste for 72 hours before disposal.
- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The provider told us they could section off areas of the home if small numbers of people were symptomatic. However, there was a lack of contingency planning for how to support people who walked with purpose, if they were symptomatic and unable to isolate in their rooms.
- We were somewhat assured that the provider was admitting people safely to the service. People were required to have COVID-19 negative test before moving into the home. The provider told us all new people had isolated for 14 days after admission to the service. However, one person who had been discharged from hospital isolated for two days and following a negative COVID-19 test no longer isolated. There was no information or risk assessment to show how this decision had been made, or other measures put in place to prevent the risk of infection.

These lack of guidance and processes meant the provider could not be assured that IPC procedures were following government guidance and best practice. This could leave people at risk of infection and is a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home was clean and tidy, and all staff had access to adequate supplies of Personal Protection Equipment (PPE) and handwashing facilities / hand gel throughout the home.
- We were somewhat assured that the provider was using PPE effectively and safely. All staff had access to adequate supplies of PPE. However, when we arrived at the home staff were only wearing masks when

providing personal care. This was because people would find it difficult to communicate with staff and this could lead to behaviours that challenge. Following discussions with the provider staff started to wear masks during the inspection. Conversations following the inspection confirmed staff continued to wear masks and people were accepting of this. Staff had received training and understood how to put on and take off PPE appropriately.

- We were somewhat assured that the provider was meeting shielding and social distancing rules. A number of people walked with purpose and, it was not possible to socially distance because they liked to be close to staff and each other, for reassurance and security. We were told that staff breaks were taken one at a time and that handovers were carried out in a socially distanced way.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider had installed a visiting 'pod' to enable people to meet up with their relatives safely. Following the inspection, the country had entered a second lockdown period. The 'pod' had then been closed to visitors to allow changes, in line with new government guidance, to be implemented. We were assured that the provider was accessing testing for people using the service and staff.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of harm, abuse or discrimination. Staff received safeguarding training and this was regularly updated.
- People were not able to tell us that they felt safe. However, our observations of people and their interactions with staff during the inspection demonstrated that they were. For example, people were comfortable in the presence of staff, spending time with them in the lounge. They approached staff freely and looked to them for guidance and support.
- Safeguarding concerns were raised appropriately with the local authority, and the provider worked with the local authority to resolve and address issues that had been identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Before the inspection we had concerns shared with us that some people's health had not always been maintained appropriately. They told us about some people who had skin irritation. The We found appropriate actions had been taken and measures were in place to ensure these improvements were maintained. Advice given by relevant healthcare professionals guided staff to regularly apply moisturising creams. Staff told us each person cream applied each morning and this had relieved the incidents of skin irritation.
- Some people were living with health needs such as diabetes. Care plans and staff told us how they supported the person to maintain this safely. This included regular blood glucose level checks and appropriate diet.
- One relative told us staff always updated them about their loved one's health and involved them when changes were needed. For example, when medicine doses had been altered. A visiting healthcare professional told us staff contacted them appropriately if they had concerns about people. They followed guidance and advice given to ensure people's health was maintained and improved.
- Systems were in place to help maintain people's safety. Staff were aware of the risks associated with supporting people and were able to tell us how these were managed.
- Staff understood the support that people needed. They were able to tell us how they supported people, for example, how to move safely around the home. Where people needed further support with their mobility, such as the use of mechanical hoists, staff were able to tell us about this and how to do it safely. There was information in care plans to guide staff safely.
- Staff received regular moving and handling training. Due to the COVID-19 pandemic not all staff had not received recent practical moving and handling training. The provider told us that staff who were new to the service would always work with experienced staff when helping people with mobilising.

- Measures were in place to ensure the environment was safe for people. This included regular checks of fire, electrical, gas and water safety checks. This included water temperature checks and fire alarm testing.

Staffing and recruitment

- Staff said there were enough of them working to support people safely. They told us it had been busy during the summer months when some staff had left. One staff member said, "That's settled now with more staff." They told us staff had covered each other to make sure there were enough of them working to keep people safe.
- There were had four care staff, a cook and housekeeper working each day and two care staff working at night. Throughout the inspection we saw staff attending to people in a timely way.
- When staff started work at the service appropriate checks were in place. This included criminal record checks (DBS), references and employment history.

Using medicines safely

- Staff received medicine training and had their competency assessed before they were able to give medicines. Both medicine training and competencies were regularly updated and for example, following a medicine error where staff may need further support.
- Staff followed best practice guidelines and gave medicines on an individual basis. People received their medicines at the right times to ensure choice, safety and effectiveness. For example, staff supported people to have their morning medicines at varying times when they got up and according to effectiveness.
- Systems were in place that ensured the safe ordering, storage and disposal of medicines. Medicines were stored in a secure room and in suitable cupboards and trolley.

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

- There was a quality assurance system which included a number of audits and checks. However, we found some improvements were needed. The system had not identified all of the concerns we found in relation to IPC. We also found some aspects of record keeping needed to be improved.
- The provider had completed an IPC audit however this did not reflect the areas for improvement we identified in the 'safe' key question. For example, a cleaning schedule or how staff would support people who were COVID-19 positive and walked with purpose. A provider audit in May 2020 identified a cleaning schedule was needed but this had not been implemented. There was an IPC policy which included guidance for staff. However, this was generic guidance and not specific to Barchester Tower.
- The risk assessment/contingency plan for COVID-19 was not an accurate reflection of the home. It contained a reference to a care home that was not part of the providers group of homes. This meant some information may not be relevant, for example information about a social media presence and contact groups. After the inspection the provider told us they had used the risk assessment as a template and regularly reviewed it and thought they had removed reference to the other care home.
- Improvements were needed to some aspects of record keeping. There were some missing signatures on the medicine administration records (MAR). These related to body creams. The provider told us these creams had been prescribed as a general body moisturiser and were not for a specific medical need. Most people had purchased their own body creams but a few people had continued to have them supplied through the GP. Therefore, the MAR was not required to be completed when cream was used. Staff told us they applied cream each day.
- Staff had not always followed the providers policies. One medicine administration record (MAR) had been handwritten by staff. The providers policy and best practice guidance states that handwritten entries must be checked by a second staff member. This had not happened. On another MAR there was conflicting information about when a medicine should be given. We saw that the medicine had been given appropriately. The provider and deputy manager addressed these issues during the inspection.
- One person had been self-isolating following a very short spell in hospital. A stair gate had been positioned at their door. No risk assessment had been completed and no capacity assessment had been carried out to determine the person's understanding of the situation. The provider told us this had been an oversight and although relevant assessments had been undertaken, they had not been recorded. She told us, in future appropriate assessments would be recorded.

- The provider told us they were aware some aspects of paperwork had not been completed as they would have previously. They told us staff were focussed on looking after people and supporting each other during the pandemic and lockdown periods.

The provider recognised these as areas that needed to be improved and developed.

- We saw mental capacity assessments had been completed for other aspects of people's care, for example COVID-19 testing. Discussions with the provider and staff showed that they knew people really well and understood their care and support needs. This limited the impact any lack of information may have.
- Quality assurance processes included audits of care plans, staff files, falls, incidents and accidents, and quality satisfaction surveys. The falls audit identified one person who had sustained a number of falls, there was information to show why this may have happened, action taken to prevent further falls and discussions with the GP to help identify if there may be a need to amend the person's medicines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service. We observed an open and caring relationship between people and staff. One relative told us, "It's more like a family than a care home." Another relative said, "It's the staff that make the difference."

A healthcare professional told us, "Barchester Tower allows residents to be individuals and from my perspective delivers a homely and refreshingly non-institutionalised provision of care."

- Staff knew people well and were able to tell us about their support needs. They understood the importance of getting to know people well. One staff member said, "We can't do our job properly unless we know people."
- Staff felt well supported by the provider. They told us they could discuss any concerns with her and were confident they would be addressed.
- Surveys were sent out to ask for people's, relatives and staff feedback to identify areas for improvement and development. These had just been sent out at the time of the inspection.
- The provider and staff were aware of the importance of helping people maintain contact with the families and friends. Relatives told us they were kept informed about their loved ones. Throughout the pandemic they had been supported to maintain contact through telephone and video calls. The provider had installed a visiting 'pod' to enable people to meet up with their relatives safely. Following the inspection, the country had entered a second lockdown period. The 'pod' had then been closed to visitors to allow changes, in line with new government guidance, to be implemented.
- The provider acknowledged this had been an extremely stressful time for them and the whole staff team. Staff wellbeing was taken seriously and the provider was aware of staff concerns and anxieties. Staff were able to talk to the provider or deputy manager at any time for support. Staff received regular supervision and staff meetings where they were updated on new guidance and advice. Tokens, vouchers and reusable face coverings were given to staff for personal use.

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 provider was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.
- The provider acted openly and honestly when dealing with safeguarding, incidents, accidents and complaints within the service. In addition to their statutory responsibility they contacted CQC and the local authority to discuss areas of concerns and ensure appropriate measures were in place.

Continuous learning and improving care; Working in partnership with others

- The provider and staff worked in partnership with other services for the benefit of people. This included the community nursing team, GP's and safeguarding teams. One visiting healthcare professional told us staff were very efficient and responded appropriately to people's needs.
- Learning from accident, incidents and safeguarding concerns were shared with staff to ensure learning and improvements had taken place. The provider and staff worked with the local authority safeguarding team manager and staff had been working with the local authority to improve and develop the service.

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 People were not always protected against the risk of infection. 12(2)(h) |