

# Barchester Healthcare Homes Limited

## Henford House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Henford House Nursing Home is a care home that is registered to provide personal and nursing care to up to 58 people. At the time of the inspection, 32 people were living at the home.

People's experience of using this service:

Following the last inspection, we issued a requirement to ensure appropriate procedures were followed regarding capacity and decision making. This remained outstanding as the assessments were not always decision specific. In addition, the information did not always show how decisions had been made or whether the least restrictive option had been considered. The registered manager agreed this was "work in progress" and said more staff training in this area would be arranged.

Other requirements made at the last inspection had been addressed. For example, improvements had been made to records detailing the monitoring of people's food and fluid intake and repositioning regimes, to minimise the risk of pressure ulceration. The safety of medicines had also been enhanced yet information about "as required" medicines lacked detail and was not person centred.

There were variable views about staffing levels and at times, there was a limited staff presence. The home however was calm, and staff were not rushed. Call bells were answered quickly, and any requests were made without delay. The registered manager told us the number of staff required and ways to allocate staff more efficiently, was being reviewed.

People were complimentary about their care and spoke highly of the staff team. They could follow their preferred routines and join in with a range of activities if they wanted too. People were encouraged to give their views about the service they received and knew how to make a complaint. People were encouraged to have visitors at any time and be a part of the local community. Their rights to privacy, dignity and independence were maintained.

People could administer their own medicines if deemed safe to do so and saw various health and social care professionals, to help maintain good health.

People said they enjoyed the food and had enough to eat and drink. A varied menu based on people's preferences and good nutrition, was in place.

People were happy with the standard of cleanliness maintained and could personalise their room to make it as homely as possible. There was a well-maintained garden and people could enjoy views across open countryside.

Risks to people safety had been identified and measures taken to minimise these. Staff were knowledgeable about keeping people safe and were aware of their responsibilities to report an allegation or suspicion of abuse. Staff had received up to date safeguarding training.

Staff felt well supported and received a range of training to help them do their job more effectively. New staff were safely recruited although records did not show the rationale for appointing one member of staff. New staff completed a nationally recognised induction programme and worked with more experienced staff, before supporting people on their own. Staff had one to one meetings with their line manager to discuss their work.

People, their relatives and staff were complimentary about the registered manager and felt the service had improved since they had been in post. The registered manager had a person-centred focus and was passionate about ensuring high standards of care. They had clear plans in place to develop the service and were working with staff to implement these.

Rating at last inspection: At the last inspection on 9 and 10 January 2018, the service was rated as Requires Improvement. The report of this inspection was published on 23 March 2018.

Why we inspected: This was a planned, comprehensive inspection, based on the rating at the last inspection.

Action we told provider to take: We repeated the requirement to ensure the breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, was met. This was because some improvements had been made to consent and decision making but shortfalls identified at the last inspection, remained outstanding.

Follow up: We will monitor all intelligence about the service and complete another inspection in line with this and our frequency of inspection guidance.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Henford House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was undertaken by two inspectors 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:

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

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

#### Notice of inspection:

This was an unannounced inspection.

#### What we did:

Before the inspection, we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we reviewed six people's care plans and associated care records. We observed interaction and the administration of medicines. In addition, were reviewed information relating to the management of the home. This included quality auditing and staff recruitment, training and supervision. We spoke with 7 people and 4 relatives. We also spoke to the registered manager, clinical lead, registered

nurses, care, catering and housekeeping staff. After the inspection, we contacted seven health and social care professionals for their views about the service and three responded.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- At the last inspection, there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as medicines were not safely managed.
- Improvements had been made to the management of medicines, yet records showing the administration of medicines to be taken "as required", lacked detail and were not person centred. This included medicines that were prescribed for anxiety and pain.
- Medicines were safely stored and disposed of when no longer required.
- Staff had appropriately signed the medicine administration records to show they had given people their medicines as prescribed.
- Systems were in place to enable people to manage their own medicines if safe to do so.
- Regular audits of the medicine administration systems took place. This included an audit by the pharmacist, which took place on the first day of our inspection.

### Assessing risk, safety monitoring and management

- At the last inspection, staff had not fully completed care records to show people's food and fluid intake had been accurately monitored. In addition, information did not show people had been appropriately repositioned to minimise their risk of pressure ulceration. At this inspection, improvements had been made to these areas.
- Risks to people's safety in relation to falls, mobility, malnutrition and skin integrity had been identified and assessed. Where risks were identified, there was clear guidance about how to keep people safe.
- Other risks, such as those associated with choking, seizures and haemorrhage had been identified. Information showed how these risks were managed. However, there was conflicting information about the amount of thickener one person required, to minimise their risk of aspiration. This was addressed by the second day of the inspection.
- Records showed people had appropriate equipment to help them move safely and to minimise the risk of pressure ulceration. This included sensor mats and specialised mattresses. Those mattresses checked, were on the correct settings.
- One person told us about managing risk. They said, "The staff are assisting me to walk again by walking me around my room until I feel strong enough to manage longer distances."
- On the first day of the inspection, a visitor was welcoming and enabled us to enter the home, without staff awareness. This did not ensure authorised access. The registered manager told us they had taken action to ensure a member of staff would be available within reception when people were within the area.

### Systems and processes to safeguard people from the risk of abuse

- Staff had completed up to date training about keeping people safe and had a good understanding of

safeguarding.

- Information about safeguarding was available for staff reference when needed. This included policies and procedures and posters on notice boards.
- Safeguarding was revisited in forums such as staff meetings and one to one staff supervision sessions. Staff were asked about the different types of abuse and what action they would take if abuse was suspected.
- Any suspicion or allegation of abuse was taken seriously and appropriately reported.
- People told us they felt safe and relatives had no concerns about safety. One person said, "I have the peace of mind that I am being looked after." A relative said, "I am very happy with the care my [family member] receives here. It gives me peace of mind knowing they are being looked after."

Staffing and recruitment

- There were variable views about whether there were sufficient staff to support people effectively. One person told us, "I think they need more staff. Staff always tell me they're in a rush." Another person said, "There is no time for staff to sit and talk to me. That makes me feel quite sad."
- During the inspection, there were enough staff. The home was calm, call bells were answered without delay and staff did not appear rushed.
- A dependency tool was used to calculate staffing levels, although further consideration was being given regarding the layout of the building.
- The registered manager told us they were looking at the most efficient ways to allocate staff, particularly in response to the busiest times of the day.
- Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the home. However, the decision to appoint one member of staff was not clearly evidenced.

Preventing and controlling infection

- The home, including those less visible areas were clean.
- Staff had undertaken training in the prevention and control of infection.
- Staff had access to disposable protective clothing and cleaning schedules were in place.
- Communal toilets and bathrooms had soap dispensers, paper towels and foot operated waste paper bins.
- Information in people's care records included details of how staff should dispose of waste.
- People were happy with the cleanliness of the home. One person told us, "The rooms and the rest of the home is cleaned every day."

Learning lessons when things go wrong

- The registered manager regularly met with other registered managers within the organisation. This enabled any incidents and lessons learnt to be shared, to minimise further occurrences.
- Records showed reflective practice took place within the home. One record showed a better suction machine would be of benefit, so this was arranged.



# 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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- At the last inspection, there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not always work within the principles of the Mental Capacity Act (2005).
- At this inspection, improvements had been made to this area, but more work was required. The registered manager and deputy manager recognised this and agreed with this.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People's capacity to consent to aspects of their care had been assessed but the assessments were not always decision specific. For example, one assessment stated, "Lacks capacity to make decisions relating to daily care, care planning, and administration of medicines."
- People's capacity to consent to the use of bed rails had been assessed but best interest decisions did not always detail how the decision had been reached. In addition, less restrictive options had not been considered.

This was a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Records showed two people had authorisations in place and 17 others had been applied for. Any conditions were adhered to and documented in care plans. A system was in place to track the progress of applications that had been made.
- People told us they could make decisions and staff asked consent before undertaking any interventions. One person said, "Staff always ask permission before carrying out any aspect of care. If I am not ready to have something done, they will come back later."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were fully assessed before being offered a placement at the home. This ensured their needs could be met effectively. A health and social care professional said the assessment process they were involved in was good. They told us, "It was prompt and the feedback I received from the care home was satisfactory for the placement to take place."
- Assessments detailed areas such as medical conditions, personal care needs and individual preferences. Information showed when people had expressed a wish to remain as independent as possible.
- People and their relatives told us they regularly discussed their needs and the support they required. People told us any changes in their health were identified and their support plan was amended accordingly. A relative told us, "My [family member's] care plan was set up when they came in and as their [condition] got worse, they had to keep amending it."

#### Staff support: induction, training, skills and experience

- New staff followed a nationally recognised induction programme and worked alongside more experienced members of staff before working on their own.
- Staff had completed a range of training deemed mandatory by the provider. Training related to older age and relevant medical conditions. Registered nurses completed training to meet their professional registration requirements.
- Records showed staff received one to one meetings with their line manager to discuss their role and performance. The registered manager had enabled staff to feel supported by giving time, listening and acting on any suggestions or concerns they had.
- People and their relatives were complimentary about the staff and their skills.

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

- People were offered a varied choice of meal and an alternative, if they did not like what was on the menu. People were happy with the food provided.
- People's nutritional needs were assessed, and their weight was kept under review. Guidance was sought from the GP or dietician, if a person was losing weight.
- Records showed people's food and fluid intake was accurately monitored. Action was taken if concerns were identified.
- Some people were receiving their nutritional intake via a feeding tube into their stomach, known as PEG or percutaneous endoscopic gastrostomy tube. There were clear details of these regimes including guidance from the dietician as needed.

#### Staff working with other agencies and healthcare services to provide consistent, effective, timely care and access to healthcare support

- People were supported by a range of health and social care professionals. The GP routinely visited each week and saw people more often when requested. One relative told us, "I take my [family member] to hospital appointments and the staff make appointments with the doctor, optician, podiatry, dentist and anyone else they need to see." One person said, "Staff are good on picking up when I am not feeling 100%, they call a GP if necessary and phone my [relative]."
- Records showed people had been referred to see specialised services such as the speech and language therapist and tissue viability specialist.

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

- The home was well maintained with a good standard of furniture and furnishings.
- People could arrange their room and personalise it as they wished. Rooms were arranged to make the most of the open views across the countryside.
- The gardens were accessible and well maintained, with various seating areas.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people spoke highly of the staff team with comments such as, "Staff are lovely. They do everything for me, they're brilliant" and, "The staff are very kind and do anything I ask." One person told us, "Some staff are good, some not so good. The good ones smile and they don't rush me. The not so good ones rush me."
- A relative told us, "My [family member] is all smiles with the staff. What more could I ask?" Another relative said, "90% of staff are excellent. One or two are a bit grumpy. Some of the young ones [staff] are very good. Some of the older ones don't seem to have the patience anymore."
- Staff were friendly and showed a caring approach when interacting with people.
- The management team monitored care practice and acted as role models to promote high standards. A relative had identified this and said, "The way [the registered manager] talks to people is wonderful. [They] keep saying, 'This is your home, I will make it the way [people] want it to be'."
- The registered manager said they had a good staff team who really cared about the people they supported.
- There were plans to develop 'champions' in areas such as dignity and dementia care. This developed staff's expertise and enabled them to cascade their knowledge to the staff team.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to follow their preferred routines and individual interests. One person told us, "I can do what I choose. I'm very happy here."
- People were involved in the development and review of their care plan. One person told us, "The staff involved the family and myself in my care plan when I first came here and do regular updates as my health dictates."
- Forums such as resident meetings were held to enable people to give their views about the service they received. One person told us, "I find things are solved quickly on me bringing something up."
- The registered manager told us as a result of the meetings, a visual choice of the meals and a "night owl" menu had been introduced.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they always treated people as they would want to be treated.
- People told us staff were respectful of their dignity when assisting with personal care. One person said, "When staff help me have a bath, they keep me covered. I'm never embarrassed."
- Staff knocked on people's doors before entering and made sure all care was delivered in private.
- People were encouraged to be as independent as possible. One care plan stated, "Independent. Very

private. May need some help with socks but will try first." A relative told us, "The food is fine, he eats well and tries everything. The staff have re-abled him to feed himself."

- Staff were knowledgeable when talking to us about people's rights.
- People could have visitors at any time. They could entertain in the privacy of their own room or within the communal areas.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection, information in people's care plans did not always reflect people's preferred routines or how they wished their care to be delivered.
- At this inspection, improvements had been made. However, some information varied in quality and was not always person centred. For example, one plan about a person's hallucinations, showed staff should "provide reassurance". There was no further detail to ensure a consistent, appropriate staff approach, at these times.
- Information regarding communication and plans for people with sensory needs were detailed and well written. Staff supported people to use communication aids when needed.
- Care plans gave information about the person's life history and preferences for how they wanted their care to be delivered.
- There were clear and well written plans showing the management of specific health conditions and any wounds.
- People and their relatives were happy with the care provided. One person said, "The care I receive is very good. If I am not ready to do something they will come back later, and they do things the way I want them doing."
- A range of social activities were organised for people to join in with if they wanted to. Key events such as Chinese New Year were celebrated and activities, linked to people's individual interests were being developed. There were also activities to help people maintain their physical wellbeing. For example, people could join in with a musical exercise group to encourage improved movement.
- A relative told us, "They had bagpipes playing here a little while ago and they brought [family member] down to listen to them. He was so touched by it, that he cried."
- There was a strong focus to further develop links with the community. For example, villagers were being invited to afternoon tea and people were knitting blankets for the local special care baby unit.

End of life care and support

- Staff were passionate about wanting to ensure people had a comfortable, peaceful and pain free death.
- Advanced plans were in place, which showed people's preferences for where they wanted to be cared for if they became unwell or were nearing the end of their life. One person told us, "The staff and my family are aware there is a Do Not Resuscitate in place for me."
- Some but not all care plans, showed special wishes people had, such as whether they wanted to be visited by a member of a church.
- Staff had undertaken training in palliative care and received support and advice from the local hospice as required.
- A visitor told us, "End of life care for my [family member] was excellent. As their health deteriorated I was

kept updated as things happened. When they knew the end was near, they called my [other relative] and we both came in."

#### Improving care quality in response to complaints or concerns

- The registered manager had a positive approach to complaints. They encouraged people to say if they were not happy, so improvements could be made. One person told us, "I really like the Manager. She takes the time to come and talk to me and asks me if things are going well. If they aren't, she deals with it quickly."
- People and their relatives knew how to raise a concern or make a formal complaint. One person told us, "I always feel I can talk to [registered manager]. We can knock on [their] door any time. [They're] very willing to listen."
- There were opportunities to raise any concerns within regular forums such as 'resident' meetings.
- The registered manager spent time with people, to check their wellbeing. One person said, "I really like the Manager. She takes the time to come and talk to me and asks me if things are going well. If they aren't, she deals with it quickly."
- Records showed complaints were fully investigated, with apologies given if needed.

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the last inspection, there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because shortfalls in the service were not being identified or addressed and the service was rated "Requires Improvement" for the second consecutive time.
- At this inspection, improvements had been made although there was more work to do in some areas. This included ensuring staff were working within the principles of the Mental Capacity Act 2005.
- The registered manager had developed the service well since being in post. They were very aware of the service's strengths and the action needed to address any shortfalls.
- Staff were fully informed and felt involved in the plans to develop the home. There were regular handovers and meetings, which the registered manager attended.
- The registered manager worked flexibly, to ensure they met with all staff. This included coming in early to see the night staff team.
- Staff told us they felt supported and listened to. One member of staff told us, "I feel supported now [manager] is here. [They] tell you to do things properly, there's no ambiguity."
- A range of audits were in place to monitor the safety and quality of the service. The system enabled an overview of all areas such as the number of accidents, incidents and infections.
- Equipment such as the fire alarm systems and hoists were regularly checked and serviced by external contractors.
- Members of the management team had specific responsibilities such as clinical lead and quality monitoring. All worked closely with the registered manager and there were regular meetings to discuss key issues.
- Any significant incidents, accidents or allegations were appropriately reported to the Care Quality Commission and local safeguarding team.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was newly appointed and started work at the home in October 2018. They successfully completed the process to become registered with the Care Quality Commission on 13 February 2019.
- The registered manager was passionate about providing high quality care and had clear plans in place for the development of the service.

- There were many positive comments about the registered manager and the difference they had made since being in post. One person told us, "Since [registered manager] started here, there is a more caring atmosphere." A relative said, "The new manager is amazing, please God [they] stay." A staff member told us, "She's definitely the best manager I've ever had. She's the best thing to have happened here."
- A member of the public called us to say, "The care staff have always been absolutely lovely but the new manager has made a huge difference to the home. The atmosphere has changed. She will always do what she said she is going to do and is very approachable." Another member of the public who called us gave similar feedback. They told us, "Since a change in management things are now infinitely better. The manager has an open-door policy and is very proactive. She is very positive and welcoming."
- The management team had a visible presence and regularly worked alongside staff, to give support and monitor the care being delivered.
- There was a caring ethos that was adopted throughout the staff team.

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

- Meetings were arranged to enable people and their relatives to share their views about the service. A relative told us, "They've done two relatives meetings already - one a month - we were lucky if it was one a year before."
- People, their relatives, staff and health and social care professionals were encouraged to complete annual surveys.
- People were encouraged to give suggestions of food to be included in the menus.
- The registered manager gave examples of how people's diversity was promoted. Staff had received equality and diversity training.
- People were supported to maintain their faith. There were regular prayer meetings, Holy communion and a monthly service. Holy communion was offered individually to those people who were being nursed in bed. A local priest visited people on an individual basis as requested.

Continuous learning and improving care

- The registered manager told us they were aware the home needed some improvement when they applied for the position. They were committed to work with staff to develop the service and improve community involvement.
- A member of the management team told us staff were open to change and enthusiastic about the home's development.
- A member of staff told us the home did not have a 'blame culture'. They said staff were encouraged to be honest about any mistakes made and learn from them to improve practice.

Working in partnership with others

- The registered manager told us they knew a lot of health and social care professionals within the area, from their previous work role. This gave them a network of support and knowledge, which was easily accessible.
- Community groups, such as the local Stroke group were being invited to use the home to provide support and advice to people and their families.
- A large group of volunteers had been established to assist people with activities both inside the home and within the community.



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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The service did not always work within the principles of the Mental Capacity Act (2005).