

Barchester Healthcare Homes Limited

Henford House

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

Henford House is a care home providing personal and nursing care to 31 older people at the time of the inspection. The service can support up to 58 people.

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

People were not always supported to safely take the medicines they were prescribed. Some people had not received their medicines and staff had not completed accurate records for other people. This meant it was not possible to say whether some people had received their medicines.

The provider had quality assurance systems in place. However, the audits had failed to identify the shortfalls we identified. We have recommended the provider seeks guidance on the systems they have in place and the training provided to staff who complete audits.

The provider did not have a registered manager in post, which is required as a condition of their registration. The home was being led by an operations manager, who said they intended to apply for registration while the provider was recruiting a permanent manager for the home.

People and their relatives felt safe living at Henford House and felt staff treated them well.

The provider had made changes in response to the COVID-19 pandemic and there were good infection prevention and control measures in place.

The operations manager had worked well with people and their relatives to identify improvements that were needed at the service and plan out how to achieve them. Progress with the action plan was being overseen by senior directors to ensure the necessary improvements were made.

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 16/10/2020)

Why we inspected

We received concerns in relation to managing the risks people faced, infection prevention and control measures and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Henford House on our website at www.cqc.org.uk.

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 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 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. 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 two inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with a nurse, two care staff, the deputy manager, operations manager and regional director. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We received feedback from seven relatives and one member of care staff. We requested feedback from health and social care professionals who have contact with the service but did not receive any response.

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.

Using medicines safely

- People were not always supported to take the medicines they were prescribed and medicines records had not been fully completed.
- Medicine administration records (MAR) for the eight days up to the inspection demonstrated three people had not been supported to take the medicine they had been prescribed. There were also four incidents in which staff had not signed the MAR chart, although the balance of medicines suggested they had been administered. On five occasions the MAR chart had not been signed but there was no balance of the medicine recorded. This meant it was not possible to say whether people had received their medicines.
- Checks on equipment to ensure a person's diabetes was safely managed were not being completed. The person had a blood sugar meter, which was assessed to need calibrating once a week. No calibration of this machine had been completed since October 2020. The operations manager investigated this concern during the inspection and informed us this was due to a supply problem with a liquid required to complete the test. Staff responsible for completing the calibration checks had not raised the supply issue with management and no action had been taken to resolve it.
- Liquid medicines were not always stored and recorded in line with the provider's policy. There were two bottles of liquid medicine that had been opened for more than six months and three bottles that had no record of when they were opened. A nurse told us the provider's policy was for all opened bottles of liquid medicine to be disposed of after six months. Once bottles of liquid medicines are opened, they start to deteriorate, which may make them less effective.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed reviews had been completed with staff responsible for the errors and systems had been developed to minimise the risk of the errors being repeated.

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

- Care records contained assessments of the risks people faced and plans to manage those risks. The plans set out the support people needed to stay safe, including any equipment they needed.
- Staff demonstrated a good understanding of risk management plans and the actions they needed to take to keep people safe.

- The management team reviewed incident reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the operations manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- Relatives told us they were confident people were safe in the home.
- The service had worked with the local authority to investigate issues when concerns had been raised.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People and their relatives told us staff were usually available to provide support when people needed it.
- Staff told us they were able to meet people's needs safely.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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; Continuous learning and improving care

- The provider did not have a registered manager in post, which is required as a condition of their registration. The operations manager reported they planned to apply for registration and would remain in the home whilst they recruited a permanent manager.
- The provider had not notified CQC of a significant event which they were legally required to. The operations manager told us this had been an oversight by the previous registered manager. Records of the incident, which was an injury to the person, demonstrated staff took appropriate action and involved external health professionals where needed. Notifications of other events had been submitted when necessary.
- The provider had identified several shortfalls in the service and had developed an action plan to address them. Progress with the action plan was being overseen by senior directors to ensure the necessary improvements were made.
- The provider had auditing systems in place. These included, reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. However, the audits had failed to identify the failure to submit the notification when needed or the shortfalls with the medicines management practice we identified.

We recommend the provider seeks guidance on their quality assurance systems and the training provided to staff completing audits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 operations manager had promoted a person-centred approach in the service since they had been in post. This was evidenced through the content of staff meetings, support sessions for staff and the training and guidance staff received.
- Staff reported the operations manager had started to make improvements at the service and said they felt well-supported.
- The management team had a good understanding of their responsibilities under the duty of candour.

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

characteristics; Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. The operations manager had established residents' and relatives' meetings. People told us they were starting to notice improvements following their feedback.
- Relatives said there had been communication problems with the previous manager, but this was now improving. Comments included, "The main issue was a lack of communication. The [operations manager] has been brought in and we have seen improvements" and "I have confidence in the [operations manager] to sort out any issues that may come up."
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.

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 The registered provider had not ensured medicines management systems were operated effectively. People were not always supported to take the medicines they were prescribed. Regulation 12 (2) (g). |