

Mr & Mrs P A Hughes

Barchester Tower

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Barchester Tower is a residential care home providing personal care for up to 20 older people living with dementia or dementia type illness. At the time of the inspection there were 13 people living at the home.

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

People's safety was assessed and monitored. Staff completed safeguarding training and were aware how to recognise and report concerns. Staff worked with other agencies and health professionals to ensure people's health and support needs were met.

Infection prevention and control measures were in place. Staff used PPE appropriately and reported health concerns when required. The home appeared clean and tidy.

Medicines systems and processes were in place to support people to receive their medicines as prescribed. Staff were safely recruited, and appropriate checks completed before staff began work at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Feedback was sought from people and staff and people were supported to spend their time how they chose. People told us they had no concerns and felt well cared for. Feedback from relatives and health professionals was positive.

Staff received supervision and staff meetings had taken place. Staff felt supported and told us they enjoyed their role.

Governance and auditing systems were in place. This enabled the registered manager to have oversight of the day to day running of the service. Systems and servicing checks were also completed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 December 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 we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 and 13 November 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Is the service well-led?

Good ●

The service was well-led

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 Health and Social Care Act 2008.

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 carried out by one inspector.

Service and service type

Barchester Tower is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Barchester Tower is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered provider was also the registered manager. They will be referred to as the registered manager throughout the report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at information from other agencies including the local authority and reviewed statutory notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We looked at care documentation for 3 people. We reviewed information relating to medicines administration including all MAR charts and accidents, incidents and 2 staff recruitment files. We reviewed governance and auditing systems to gain an oversight on how the service was managed. We spoke to the registered manager, staff and 6 people living in the home to get their views and feedback. Not everyone living at Barchester Tower was able to tell us about their experiences in the home. We spent time with people in communal areas to observe how staff interacted with them and how support was provided. Following the inspection, we continued to review information sent to us by the registered manager and sought feedback from relatives and visiting health professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good: This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection the provider had not ensured that people were not always protected against the risk of infection. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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. Staff were wearing masks and told us PPE was available and used appropriately.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a designated member of cleaning staff who was supported by care staff to maintain the overall daily cleaning of the home. A cleaning schedule was completed daily to evidence cleaning completed. A relative told us, "The environment has always been homely rather than high end but in my experience my relative and their room are always clean and tidy when I visit."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Following a recent COVID19 positive test for one person the service had followed current government guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

There were no visiting restrictions in place and visitors to the home were welcomed.

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

- Staff demonstrated an understanding of safeguarding and were able to tell us what they would do if they suspected someone was a risk of abuse. One staff member told us, "I would report any concerns to [managers name] and if needed I would contact Adult Social Care or CQC."
- Staff had access to a safeguarding policy and had received safeguarding training.
- Accidents and incidents were recorded and referred to other agencies if required. The registered manager told us they were made aware of accidents and incidents when they occurred.
- Accident and incident analysis was completed. We found one accident which had not been included in the analysis in September 2022. This was an oversight by the registered manager and had not led to any further

risk for the person.

- The registered manager told us lessons were learnt and actions taken forward when appropriate. During a recent local authority safeguarding enquiry, information was shared with CQC and the local authority by the registered manager. Actions identified were shared with staff to facilitate ongoing learning.

Assessing risk, safety monitoring and management

- Relatives told us they felt people were well looked after and kept safe. One said, "I never have to worry about them, as I know they are being looked after and that the Manager would call me if there was an issue, which is so reassuring."
- Documentation included care needs and associated risks identified. Risk assessments were reviewed and updated as required. Staff were aware of people's individual risks.
- Care plans included information for staff including how to keep people safe. We discussed with the registered manager that care plans for people who may become anxious or agitated did not include details of specific triggers for people. The registered manager assured us this information would be added to care plans to ensure all staff had access to relevant information.
- We observed staff providing support to people when they became anxious in a kind and considerate manner. Staff told us they were aware what may upset people for example changes to routine or when they had a urinary infection.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs. We saw that people were supported by staff when they became anxious or upset and call bells were answered promptly. One person told us, "They take good care of you, staff are pleasant and kind."
- Recruitment processes were in place. Required checks were completed to ensure people were safe to provide care. This included references and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff received an induction and were able to shadow regular staff until they felt confident to meet people's needs.

Using medicines safely

- People we spoke to told us they received their medicines when they needed them. One told us, "The girls give me my tablets as I would never remember."
- The home had recently changed their dispensing pharmacy, this meant Medicine Administration Records

(MAR) charts were a different format to those previously used. We found 4 errors on the MAR. These errors were in relation to documentation only and we were able to determine that medicines had been given as prescribed. We discussed this with the deputy and registered manager, and they assured us that staff would be reminded to check previous MAR entries for accuracy when administering medicines. The deputy also contacted the pharmacy to see if the MAR could be amended to assist with accurate completion.

- There were no 'as required' (PRN) medicines or controlled drugs currently prescribed to anyone at the home. Policies were in place should these medicines be required. Homely remedies were available and provided when appropriate.
- Medicines policies were in place to support staff. Staff had received medicine training.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were included in day to day decisions and encouraged to participate in activities and to spend time with others to avoid social isolation. A relative told us, "[Persons name] is unable to walk but the staff are very caring and ensure that they are included in all activities and [loved one] is moved into the resident's lounge or dining room to interact with the other residents and staff. Their personal needs are also managed with care and compassion."
- We observed staff offering people choice throughout the day. People were supported to remain as independent as possible whilst remaining safe. People told us they spent their time in the way they chose. One person preferred to sit in a specific spot in the home, staff supported this and carried out regular checks to ensure the person was okay. Another person liked to walk around the home, and we saw this was supported.
- People's views were sought. People and staff satisfaction surveys were in the process of being collated. The registered manager told us that once all surveys have been returned, findings would be analysed and any actions identified. The registered manager told us, "We have not had any complaints, if people or visitors raise minor issues, we sit and discuss these." For example, a relative had requested a larger room for one person and this had been discussed and a room move had taken place.
- Staff received regular supervision and monthly staff meetings had taken place. Staff told us they felt supported by the registered manager.

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; Continuous learning and improving care

- The registered manager understood duty of candour, and their responsibility to share information with people should something go wrong.
- Statutory notifications were completed by the registered manager and submitted to CQC when required.
- Following any incidents or accidents actions were reviewed to see if any learning could be taken forward.
- The home worked with visiting professionals and specialists involved in people's care. Staff told us they welcomed updates and feedback to ensure they could provide people's care safely and appropriately.

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

- Management and staff were clear about their roles and responsibilities.

- Staff maintained detailed daily records about how people had spent their day, their mood, activities they participated in and personal care needs provided. This meant there was a clear picture of people's days rather than just the care provided.
- Governance systems were in place. There was a programme of auditing completed by the registered and deputy manager. This included all aspects of people's care documentation and checks and reviews of systems and services in relation to the day to day running of the home.
- Care plans and risk assessments were reviewed monthly along with any associated documentation for people's individual needs. For example, national tools such as Waterlow were used and reviewed monthly to assess people's risk of skin breakdown.
- The registered manager completed daily walkaround checks of the home, although these were not always documented. Unannounced night spot checks were also carried out by the deputy and registered manager.
- A visiting health professional told us, "Each time I have visited, the staff have been polite and responded to the patients' needs in a timely manner."

Working in partnership with others

- Staff worked with other professionals involved in people's care. This included GP's, district nurses and paramedic practitioners. Referrals were completed to other agencies if required, for example, Speech and Language Therapy (SALT).
- The home had recently changed the pharmacy they used to provide medications. This was in response to some issues with medication supplies. Staff told us this had been a positive move and had improved medicine supply issues which was better for people living in the home.
- A visiting health professional told us, "If there are any concerns from staff regarding patients they contact us, out of hours service, or when needed called for ambulances. They give us all the information we require to complete the ward round each week. The staff come across caring."