

Barchester Healthcare Homes Limited

Chorleywood Beaumont

DCA

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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: Chorleywood Beaumont DCA is a domiciliary care agency which provides personal care to people living in their own flats in the grounds of Chorleywood Beaumont Nursing Home. At the time of the inspection six people were receiving support.

Not everyone using Chorleywood Beaumont DCA receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided

People's experience of using this service:

Medicines were not managed safely. There was a lack of oversight of medicines management, and we could not be assured that people were receiving their medicines as prescribed.

There was a lack of oversight by both the provider and registered manager. The divisional clinical lead nurse from the provider was present at the inspection and told us that because the service was not providing nursing care, there were no audits of people's medicines routinely completed by the provider.

People told us they sometimes had to wait to receive support. The registered manager had not looked into why people sometimes had to wait. We have made a recommendation regarding monitoring the time people had to wait to receive support.

The registered manager told us that accidents and incidents which occurred when staff were not present were not routinely recorded. There was a risk that trends and patterns may not be identified, and ways of reducing the chances of them happening again may not be implemented. We have made a recommendation regarding the monitoring of accidents and incidents.

Some of the issues regarding analysis of accidents and incidents and separating out records relating to the DCA and the nursing home also managed by the registered manager had been identified, although not yet addressed.

The registered manager did not routinely audit and check people's daily notes, and a recent compliance audit by the provider had failed to identify the issues we found regarding people's medicines.

People told us that they had built up strong relationships with staff and were treated with respect and dignity.

People were supported to eat meals and attend activities run by the nursing home, on the same site as their flats.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

Staff told us they felt supported by the registered manager and received the regular supervision and appropriate training to complete their roles effectively.

People told us that they thought the registered manager was approachable and people knew how to complain if necessary.

Rating at last inspection: At the last inspection the service was rated Good. (Report published 7 July 2016)

Why we inspected: This was a planned inspection based on the previous rating of the service.

Follow up: Please see the 'action we have told the provider to take' section towards the end of the report. We will ask the provider to send us an action plan regarding how they are going to improve and continue to monitor the service.

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

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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

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 ●

Chorleywood Beaumont

DCA

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 carried out by one inspector.

Service and service type:

Chorleywood Beaumont DCA is a domiciliary care agency. It provides personal care to people living in their own flats in the grounds of Chorleywood Beaumont Nursing Home.

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 announced inspection. We gave the provider 48 hours notice, because we wanted to make sure that people would be available to speak with us.

What we did:

Before the inspection we reviewed the Provider Information Return completed by the provider. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the deputy manager, one member of care staff and the divisional clinical lead nurse from the provider. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including one staff recruitment file, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys.

During our inspection we spent time and spoke with three people using the service.

Is the service safe?

Our findings

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

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

- Medicines were not managed safely. There was a lack of accurate records in place to document the support staff were providing to people with their medicines, which left people at risk of harm.
- An initial list of medicines that people were prescribed was included on their assessment form, however, when we asked the provider for an up to date list of people's medicines, which we were sent after the inspection, these showed other medicines not on the initial list. There was therefore a lack of oversight of medicines, and it was unclear what medicines people were prescribed at the time of the inspection. No-one at the service, at the time of the inspection, had oversight of the medicines which people were taking.
- Staff did not always record the support they provided to people with their medicines, or the time people received this support. Some people needed medicine at the same time each day to help keep them healthy and others were prescribed medicines which needed a specific amount of time between doses to avoid an overdose. Without accurate records of when people were supported to take these medicines there was no way of ensuring that people received these medicines as prescribed.
- Staff supported some people with prescribed creams. There was no record of where these creams should be applied or when, meaning people were at risk of not receiving their creams as needed.
- Staff told us that one person's medicines were stored in a container they referred to as a 'dossett box.' The person's medicines were removed from their original packaging by their family and placed in the container. There was no record of the medicines contained within the container and no way of knowing if the person was receiving the medicines they were prescribed.
- Staff left some people's medicines to take later and the risks relating to this had not been assessed.
- The divisional clinical lead nurse from the provider was present at the inspection, and they told us that because Chorleywood Beaumont DCA was not delivering nursing care there were no formal checks or audits completed on medicines by the provider. The registered manager was unaware of any of the issues we found because they did not regularly audit the DCA records.

The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke with a representative of the provider after the inspection and they told us the provider was urgently reviewing their medicines policy. Action had been taken to ensure that people's medicines remained in their original packaging and accurate records were kept regarding people's medicines. The registered manager had met with staff and ensured they received up to date training on safe medicines management. We will follow this up at our next inspection.

Learning lessons when things go wrong

- The registered manager told us that there had been no accidents or incidents since our last inspection. They told us that it was the provider's policy to, 'not record anything which happened when staff were not present.' They confirmed that this meant that if a person had fallen before staff arrived, a full record would not be made.
- Staff told us they could recall occasions when people had been unsteady on their feet, and could have fallen. However, due to the lack of records we were unable to confirm if and when this had occurred.
- Without accurate records relating to accidents and incidents there was a risk that patterns and trends could be missed, and a full analysis of what happened could not be completed.
- A recent audit by the provider, had identified this as a potential issue, however no action had yet been taken to rectify the concerns.

We recommend that the provider and registered manager review their policies regarding the management of accidents and incidents.

Staffing and recruitment

- People told us they sometimes had to wait to receive support from staff. We discussed this with the registered manager, and after the inspection they sent us information about the 'peace of mind service' offered by the DCA. This stated that people should only use their call bells to contact the DCA in an emergency.
- During the inspection the registered manager went through people's call bell records and told us in February one person had waited 37 minutes to receive support, on another occasion the same person had waited 15 minutes to receive support and another person had waited nine minutes to receive support.
- No analysis had been completed to look at why people had to wait to receive support, so we were unable to determine if people had waited to receive support in an emergency situation or for a routine reason, which could have been addressed by other means.

We recommend that the provider takes advice from a reputable source regarding their monitoring of the time taken for staff to respond to people.

- Staff were recruited safely. Appropriate recruitment checks were completed before staff started working with people, including gaining a full work history and appropriate references.
- Each staff member had a disclosure and barring service (DBS) check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff knew how to recognise and respond to abuse, and spoke confidently about the action they would take to keep people safe. One staff member told us, "Different types of abuse include physical abuse, financial abuse and psychological abuse... I would report it straight away. I would ring the safeguarding team number if necessary."
- There had been no safeguarding concerns since our last inspection.

Assessing risk, safety monitoring and management

- Risks relating to people's care and support had been assessed and mitigated where possible. There were risk assessments in place regarding risks to people, such as not being able to use the call bell, falls, moving and handling, tissue viability and choking. When risks had been identified, people's care plans contained

clear guidance for staff on how to manage these.

- People's risk assessments had been reviewed monthly, and the plans had been changed as people's needs changed.

Preventing and controlling infection

- There were systems and processes in place to prevent the spread of infection.
- Staff had received training in infection control, and told us they always wore appropriate protective clothing, such as gloves and aprons when necessary.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service.
- Staff told us they discussed people's needs with them, which was used to draw up an initial care plan.

Staff support: induction, training, skills and experience

- Staff received the support they needed to carry out their roles effectively. During the inspection the provider's regional training lead was working at the service. Staff had received training in topics essential to their role and specific to people's needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their role.
- Staff met regularly with their line manager to reflect on their practice and discuss their development needs.

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

- People received the support they needed to eat and drink safely.
- Staff told us they helped some people to prepare simple meals such as toast for breakfast.
- Some people were supported to eat their meals in the nursing home on the same site as their flats.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to manage their healthcare needs.
- Staff told us they would support people to contact healthcare professionals if necessary.
- Some people required additional support with their mobility, and staff had liaised with an occupational therapist to ensure people were using the correct equipment and knew how to use it safely.

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

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff told us that everyone using the service had capacity and were able to make decisions for themselves. They understood the action they needed to take if people's needs changed and said they would consult with people's relatives and other professionals if decisions needed to be made in people's best interests.
- People we spoke with confirmed that staff asked for their permission before entering their flats and providing support.

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

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

- People told us they had built up strong relationships with the staff that supported them.
- One person told us, "On the whole they are very helpful and some are absolutely lovely." Another person said, "They are wonderful and quite fun with it. You can have a laugh."
- Staff and the registered manager were knowledgeable about people's individual needs and spoke with confidence and understanding about the different people who received support.
- People's diverse needs were respected, and when people required additional support this was provided.
- During the inspection we met people whilst staff were present. There was an easy rapport between staff and people, and people appeared relaxed in their company.

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

- People and their relatives had been involved in planning their care. One person told us, "I can speak to staff and let them know what I think."
- Staff told us that everyone using the service was able to make decisions about their care.
- Staff explained that if they visited someone at their usual time, and they did not want support, they would go back at a later time. People were in control of their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and ensured that their dignity was protected. Staff described how they supported people, saying, "I would not discuss other residents with other people. When it comes to personal care, I would always make sure the door is closed and they were covered with a towel. I'd always ask if people want a shower or a bath."
- People were supported to be as independent as possible. Staff told us they tried to encourage people to do what they could independently. One person confirmed this, saying, "They try and help me to do things for myself."

Is the service responsive?

Our findings

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

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

- People's needs were assessed before they started using the service. A care plan and associated risk assessments were written to ensure staff had as much detail as possible to know how to support the person.
- A recent audit by the provider had identified that more information regarding people's interests and lives before they started using the service could be contained in people's care plans for staff's reference. The registered manager was aware of this recommendation and work was underway to ensure this was in place.
- People's diverse cultural and spiritual needs were identified and met. Other needs such as disability, physical and mental health or sexuality was recorded when needed.
- Staff and the registered manager had an understanding of equality and diversity.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, including information being available in alternative formats such as large print or different languages.
- People were encouraged to take part in activities organised by the nursing home on the same site as their flats. People told us they enjoyed taking part in trips organised by the nursing home, such as to the shops or areas of local interest.

Improving care quality in response to complaints or concerns

- All complaints had been responded to in line with the provider's policy, and fully investigated.
- People told us they knew how to complain and would feel confident raising any concerns with the management team.

End of life care and support

- There was no one using the service that was currently at the end of their life.
- The registered manager told us that when people's needs became more complex, they were able to move into the nursing home which was on the same site as people's flats. This meant they had access to trained nurses who would be able to provide them with appropriate support.

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

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.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At this inspection, we identified concerns regarding the management of medicines, the analysis of when people used their call bells and the recording of accidents and incidents.
- The provider and registered manager lacked oversight of the service, because specific checks and audits on the service were not completed. The registered manager did not routinely check records relating to the service meaning they were unaware of the concerns identified during the inspection.
- The provider's regional clinical lead told us about the range of checks and audits the provider had implemented, however, because this service was not delivering nursing care, they did not apply. The only check the provider completed was a 'compliance audit,' however this had not identified the issues regarding medicines that we identified at this inspection.
- The provider had identified that accidents and incidents were not being recorded correctly in January. However, the registered manager told us the reason this was not being completed was because it was the provider's policy. No action had been taken to rectify this concern between January and March.
- Accurate records regarding the time people were visited and the support they received were not kept. This left people at risk, as there was no way of verifying what support was being given.
- Records relating to this service were kept jointly with the registered manager's other service, which meant it was difficult for the registered manager to have oversight. The registered manager told us they had sent out a local survey to get feedback on people and their relative's views, however, no one receiving support from this service had responded.
- People and their relatives were able to attend residents meetings held at the nursing home, also run by the registered manager, however, this meant that information specific to this service was difficult to separate out, Staff also attended daily meetings at the provider's other service, and staff meetings there.

The provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service and mitigate risks. They had failed to hold an accurate and contemporaneous record regarding each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the provider sent us information regarding the improvements they planned to make regarding the oversight of the service and the management of medicines. We will follow this up at our next inspection.

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 told us that their vision for the service was, "Everyone being happy. This domiciliary care agency isn't what you would get elsewhere in the community. They can come in, use our [the nursing home on the same site as people's flats] facilities, take part in our activities and I think we are better than a typical DCA."
- Staff believed and shared this vision and told us they were proud to work for the service.

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

- People told us they thought the registered manager was approachable, and on the whole the service was well managed. One person told us, "I've never as yet had a problem, but what I see of him I presume he would sort any problems."
- The registered manager understood their responsibility to notify CQC of important events that had happened within the service, although there had not been anything they needed to notify CQC about.
- The registered manager had ensured that the rating for the service was displayed in the office and on the provider's website.

Working in partnership with others

- Staff worked closely with staff from Chorleywood Beaumont Nursing Home, and people were encouraged to visit the home regularly.
- The registered manager worked in partnership with other health and social care professionals and told us they worked closely with the local authority commissioning and safeguarding teams.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of the service and mitigate risks. They had failed to hold an accurate and contemporaneous record regarding each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>