

## Barchester Healthcare Homes Limited

# Rothsay Grange

### Inspection report

Weyhill Road  
Weyhill  
Andover  
Hampshire  
SP11 0PN

Tel: 01264772898  
Website: [www.barchester.com](http://www.barchester.com)

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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

Rothsay Grange is a residential care home providing personal and nursing care to 53 people at the time of the inspection. The service can support up to 60 people in one purpose-built three-story premises. The first floor, Memory Lane, provides more specialist services to people living with advancing dementias.

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

The service was not always safe.

We were not assured that medicines administered were monitored safely and improvements are required.

There were not sufficient staff deployed to maintain people's safety in all areas of the service, in particular, the Memory Lane floor lacked staff in communal areas meaning people were at increased risk of harm. Improvements are required to ensure there are sufficient staff deployed.

There have been no cases of COVID-19 at Rothsay Grange, however we found that infection prevention and control practice, (IPC), was not always as robust as it should be. We have made a recommendation for the provider to review good practice and government guidance around IPC.

Links to health care professionals had been maintained through the pandemic.

Risk assessments had been completed however we were not assured that risks were effectively managed. We have recommended that the provider reviews practice around managing risks.

People were safeguarded from the risk of abuse by staff trained to identify and report potential concerns.

Accidents and incidents were analysed, and learning was taken from them to minimise future occurrences.

The service was not always well-led. Monitoring of systems such as medicines and care plans did not identify the issues we found. Current good practice and government advice was not always adhered to.

Staff did not always feel supported by the management team however relatives we spoke with were mostly happy with the service provided.

Complaints and concerns were dealt with promptly and there was ongoing work to improve the service.

The provider acted on the duty of candour and was open with relevant parties when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was good (published 4 July 2018).

## Why we inspected

The inspection was prompted when we received concerns in relation to the management of medicines, staffing levels, care delivered, how incidents were recorded and use of personal protective equipment, (PPE). As a result, we undertook a focused inspection to examine the risks and to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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.

You can also 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 Rothsay Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe administration of medicines, staffing and our concern that there was a lack of effective monitoring of some aspects of the service. We have also made recommendations about staffing, risk management and infection prevention and control.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan for 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** ●

# Rothsay Grange

## 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.

#### Inspection team

Four inspectors attended the inspection and three additional inspectors, one who had a specialism in medicines, supported the inspection remotely. A specialist advisor registered nurse, (RN) attended the service on the second day of our inspection. An Expert by Experience supported the inspection by telephoning relatives of people living in the home to obtain feedback to support our findings. 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

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

The service had a manager registered with the Care Quality Commission. 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 inspection was unannounced due to the nature of the concerns raised about the service.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all of the information we held about the service. This included notifications, accounts from whistle-blowers and complaints from relatives. We also reviewed letters of thanks and cards sent to us by the registered manager. We spoke with local authority social care professionals and healthcare professionals at the local clinical commissioning group. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with eleven members of staff including the registered manager, registered nurses, care practitioners and care assistants. We spoke with two staff and fifteen relatives by telephone after the inspection.

We reviewed a range of records. This included 20 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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

- Records did not give assurance that people received their medicines as the prescriber intended. For instance, of the medicines administration records, (MARs) reviewed, on 12 occasions medicines were not signed for as administered.
- MARs showed that medicines prescribed 'when required' (PRN) were administered regularly, often without recording the reason or the outcome of administration. For example, one person's MAR showed a medicine prescribed at night, when required, yet this was administered regularly each morning.
- Where medicines were prescribed 'as and when required', (PRN), there were not always PRN protocols in place, or protocols that were in place were not always detailed and person centred enough to support staff with when to give the medicine and the expected outcome.
- A relative was also concerned that the medicines administered to their family member were having a negative effect on them. They told us, "I don't feel they are being monitored correctly as they used to be quite a bright, active person but at the moment they are barely able to communicate."
- Medicines care plans detailed additional information about prescribed medicines, including how people liked to have their medicine administered. These were not in place for all people requiring medicines.
- We saw medicines being administered, and found on one occasion, staff were distracted and unable to focus on medicines due to interruptions from people and telephone calls.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Staff ratios were defined using the Barchester staff dependency tool called 'DICE'. The DICE allocates staffing hours according to the number of people living in the home and their needs levels.
- We reviewed staff allocation and saw that though there were slightly more hours across the service than the tool calculated, staff were not deployed as per the DICE tool. For example, the DICE tool calculated that five staff should be allocated to the Memory Lane floor, there were four staff deployed when we inspected as the fifth staff member was used to support the upper floor where there were high care needs. This would indicate that the DICE tool did not indicate an appropriate level of staffing or that the care needs for people had been incorrectly input into the system.
- We saw the Memory Lane floor was not sufficiently staffed. During busy care times such as during the morning and after lunch, four care staff were needed to support people to get up and receive care, a nurse or care practitioner was needed to administer medicines. This left no staff supervision of the communal areas such as the dining area and lounge. After lunch, we saw a person eating other people's leftover food

from plates that had been left in the kitchen area. We supported staff by covering the food while they escorted the person away from the area. The nurse administering medicines had to interrupt the medicines round to support them. When there was no supervision in the morning, one person was exposing themselves as their clothing was poorly fitted. There were no staff to see this so we asked that someone support them to be dressed more appropriately.

- One person told us, "I heard staff speaking freely. One of the girls said only 2 nurses (care assistants) on for the whole floor. That was frightening to hear, and I was worried but was only once." The minimal levels of staff caused the person to be worried for their well-being.
- A staff member told us, "My main concern is not enough staff on Memory Lane. It's really bad now it's been taken down to four staff on Memory Lane. It's not enough for the health and safety of the residents. I would say three residents need one to one support but are not funded for it, so sometimes that takes 3 three members of staff so just one staff member is left for 24 residents."
- A staff member said, "At night we have two [staff members] per floor, and if someone goes of sick it's really short. Sometimes if staff go sick it's not covered and we just have to get on with it. I have worked many weekends with only three members of staff and management are aware but don't come in to help. They just leave us to it."

Another staff member said, "It used to be six staff members on Memory Lane which was a good number. This really helped especially if a resident wasn't having a good day, which meant one of us could stay with them to support them and keep them safe. It went down to four in the middle of July we were just told 'it's going down to four'. I told them that was crazy as chaotic in the mornings."

- Most relatives thought there were sufficient staff to meet people's needs, most of the time, however had not accessed the service since the start of the pandemic approximately five months ago so could not comment on current staffing levels.
- One relative told us, "I did feel at certain times of the day that there weren't enough staff, mealtimes and during the morning, but it's a business I suppose and there are a lot of people with difficult problems, I didn't really see that many carers when I visited but I did usually go straight to his room". This correlated with the findings of the inspection team, when people were receiving care there was a lack of staff to support others.
- Staff were safely recruited and staff records reviewed showed that pre-employment checks had been completed.

The lack of staff deployed to safely meet peoples needs demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- Some staff consistently wore face masks as per current government guidelines. We saw several staff who were either not wearing masks or who put them on when they saw us. We saw two staff sitting in a small office neither social distancing or wearing face masks.
- Sessional use of surgical face masks was advised by Public Health England, (PHE) from April 2020. We saw Clinical Governance meeting minutes containing the same entry on personal protective equipment from March 2020 until June 2020 which stated, "If we have a suspected or confirmed case of COVID-19 within the home then we will implement use of masks and other PPE as per policy."
- We saw staff members interacting with different people without using sanitiser between them. For example, at lunchtime, staff provided meals for people, cleared plates and provided desserts without cleaning their hands or changing gloves. We also saw a staff member completing progress records for people, accessing each room, sitting on the bed to write notes and then moving to the next room without washing hands or sanitising them.
- Temperatures were taken as staff arrived to ensure they were within a safe range and staff were not showing signs and symptoms of Covid-19. We were not assured that these checks were providing the

intended safeguard. We reviewed signing in sheets and for one week, on four days there were no temperatures taken and most of the recorded temperatures were for office staff, not staff who would interact with the vulnerable people living in the home. We also noted there were several temperatures outside of the 'normal' range of 36.5<sup>o</sup> Celsius to 37.5<sup>o</sup> Celsius such as 27.6, 28 and 30.9<sup>o</sup>. This appeared to indicate that staff were either not operating the thermometer correctly, or that the thermometer needed to be calibrated. It also indicated that signing in sheets and temperature checks were not adequately audited.

- The premises were mostly clean and there were no malodours however we saw there were commodes stored in the upper floor sluice room that, though they had been cleaned, remained soiled, there was a stained urine bottle on a bathroom floor, one of the bathroom bins was overflowing with waste and had a broken lid, there was ingrained soiling on a bath panel and some furniture was stained and needed to be deep cleaned or replaced.
- There was a thorough cleaning schedule and records showed that planned cleaning tasks had been completed.

We recommend the provider reviews practice and procedures around infection prevention and control to ensure they are in line with current good practice and government guidance and are being adhered to by staff.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed however we were not assured that risks were managed as they occurred. For example, we heard the call bell alarm sounding for several minutes from one room. We spoke with staff when they did not respond to the alarm and they found the door to the room locked. They told us that a person would access the room and lock themselves in. The call bell was probably due to them treading on a pressure mat sensor. While this has been the case, the person may also have fallen or could be at risk of harm.
- We found that some people had safe swallow assessments completed by Speech and Language Therapy, (SALT). One person's assessment stated that they should have fluids in small sips from a spouted beaker but should not use straws. We saw that this information had not been transferred to their nutrition and hydration care plan. We also checked when the person was given a drink and saw that they had their drink served in a spouted beaker however were drinking through a straw placed in the spout.
- Regular checks were planned to ensure the safety of equipment such as bedrails. We saw one person's care file held records for the checks that should take place on a monthly basis. In a one year period, rails were checked seven times, not monthly as planned.
- We saw that fluid thickener was not safely stored. There was a container of thickener in an unlocked cupboard on the upper floor. We saw from the handover sheet that there were people who were mobile on this floor and people prone to choking. Fluid thickener, according to a Patient Safety Alert on 5 February 2005 should be appropriately stored to protect vulnerable people.

We recommend that the provider reviews practice around identifying, recording and mitigating risks to people.

- Checks on equipment, fire safety systems and fixtures and fittings took place as required.

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

- Staff were trained in and familiar with types of abuse and the actions they should take should they suspect abuse had taken place.
- A log was maintained of incidents that had been reported to the local authority safeguarding team. This contained a brief overview of each incident, who was involved and what actions had been taken to prevent future occurrences.

### Learning lessons when things go wrong

- Accident forms were completed and immediate actions to ensure people safety were noted. For each incident, longer term plans were made to minimise future similar incidents.

# 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

- We were not assured that monitoring was completed thoroughly. A medicines administration monitoring chart was in use and signed by trained staff to confirm that all medicines had been administered and signed for. We were not assured that thorough checks had taken place as they had not identified the gaps in signatures and administration that we found.
- Audits of care files did not pick up on missing checks such as omitted bed rail checks.
- Staffing levels were not sufficient on one floor of the service and we were concerned that the provider had not adhered to current government guidance on infection prevention and control.
- We spoke with staff in different roles at the service and were not assured that they all fully understood their duties. For example, the clinical lead told us they would expect that registered nurses would complete their revalidation without any support from the service. They also told us they preferred to work with the people using the service than complete managerial tasks which concerned us as their role should involve developing and maintaining clinical standards in the service.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some staff had been absent during the previous months as they were shielding due to the pandemic. They were due to return to duties soon after our inspection and it was expected that there would be a more consistent approach to clinical matters as a result of having a more stable staff team again.
- The registered manager was aware of their responsibilities and notified us of significant events in the service.

Staff did not feel listened to by the management team. One staff member said, "Management are not supportive if I am completely honest. We don't bother talking to managers as nothing gets done. Staff just get on with the job and go home, as if you say something, you get looked at like you have ten heads and nothing gets done so we don't bother."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Before we inspected, we received information from a whistle-blower, another staff member and relatives detailing their concerns about the care provision and culture at Rothsay Grange. While not all concerns

raised were founded, we saw there were not sufficient staff in some areas of the service and documents detailed that PPE was not available as per government guidance throughout the pandemic, instead of being used as a preventative measure, PPE was held in case of an outbreak.

- Generally relatives were happy with the service their family members received at Rothsay Grange. We spoke with relatives and they told us, "They went there for respite, they loved it and considers it their home, their decision to stay there," and, "they do a good job for us. [Name of relative] is bedridden and can't do anything for themselves. They make them comfortable, feed them and clean them."
- We did receive some less positive feedback, mainly around communication. A relative told us, "We've had a few discussions, I know they are now not on [medicine name] they are on [medicine name], I feel they could give me some information as to what decisions have been discussed or decided regarding their care." Another relative told us, "I've had no calls at all about [person]. They haven't told me anything about what they do."

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

- Complaints and concerns were dealt with by the provider in accordance with their procedures. Most relatives we spoke with, if they had raised concerns with the provider, had them dealt with promptly.
- There was continual work to improve the service provision. Some rooms had been refurbished which relatives were pleased about. When we inspected, the service was focussed on safely staffing the service and maintaining good standards of infection prevention and control.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the duty of candour and if something went wrong, they were open with relevant parties such as people, relatives, local authorities and the Care Quality Commission.

Working in partnership with others

- The service had links to local healthcare professionals such as GP's and the relevant mental health 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
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured that medicines were safely administered as prescribed and relevant documentation was not completed competently.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have robust monitoring systems to identify shortfalls in service provision.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider did not ensure there were sufficient staff deployed to safely meet the needs of people.