

Barchester Healthcare Homes Limited

The Wingfield

Inspection report

70A Wingfield Road
Trowbridge
Wiltshire
BA14 9EN

Tel: 01225771550
Website: www.barchester.com

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

The Wingfield is a 'care home' with nursing. It comprises of two separate sites, The Lodge and Memory Lane. Memory Lane specialises in providing care to people living with dementia.

The whole service can support up to 89 people. At the time of the inspection there were 54 people living there.

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

Prior to the inspection we received concerns from one family about a perceived lack of communication from staff about the health and wellbeing of their loved ones during the Coronavirus pandemic and when visitors were not able to visit.

Following the site visit we spoke to a number of relatives to understand their experiences. There were mixed responses from relatives we spoke with about communication regarding their family member. Most relatives were happy with the level and frequency of communication from the home and the provider. Some relatives were unhappy that they could not make direct contact at times. This may have been due to an increase in enquiries when family members were poorly, and a different system being used prior to and after the home managers being absent.

Prior to the inspection we received concerns about staffing levels, the use of personal protective equipment and perceived cross infection between the two sites of the home. We reviewed staffing rotas and the use of agency staff and found them to be sufficient. As part of this inspection, a public health specialist reviewed infection prevention and control measures and found them to be sufficient. They have provided the registered manager with a report and recommendations.

Some areas of the home were in need of minor improvements. This included worn surfaces, scratched or chipped paintwork and bins without lids. Hand sanitizers were not placed around Memory Lane. This may have been due to the safety of people living with dementia, staff also did not have personal hand sanitizer bottles.

The majority of relatives told us they were very satisfied with the care their family member had received. They highly praised the dedication and care provided by staff and acknowledged how difficult the Coronavirus outbreak was for everyone.

The two buildings were generally clean. Staff were observed using the appropriate personal protective equipment (PPE). Staff were knowledgeable about effective infection prevention and control (IPC) procedures, had received appropriate training and were observed using procedures effectively. Staff told us they had plenty of access to the correct levels of PPE and they had never been without the appropriate equipment.

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.

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 24 May 2019).

Why we inspected

This was a targeted inspection based on concerns raised around the numbers of people and staff confirmed COVID-19 positive, the use of personal protective equipment and infection, prevention and control practices and staff's ability to contact the senior management team to gain support when the Registered Manager was not available. In addition, we had received a number of concerns from relatives and friends about communication from the staff at the home during the Coronavirus pandemic. A decision was made for us to inspect and examine those risks associated with the Key Questions of Safe, Effective and Well-led only.

We have found evidence that the provider needs to make some minor improvements, but overall the service followed infection control policy and guidance from Public Health England.

We found no evidence during this inspection that people were at risk of harm from the concerns raised. Please see the Safe, Effective and Well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

The service was effective

Details are in our effective findings below.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Inspected but not rated

The Wingfield

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

The inspection was carried out by three inspectors and one public health specialist.

Service and service type

The Wingfield 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.

What we did before the inspection

We reviewed information we had received about the service since the beginning of the Coronavirus pandemic. We sought feedback from partner agencies and professionals, such as the local authority and the public health team.

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 eight members of staff including the registered manager, deputy manager, regional director, senior care workers, care workers and registered nurses.

After the inspection

We made contact with a further eight members of staff and received feedback from six. We made contact with twenty three relatives and received feedback from twenty. We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas, documentation and policies.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key questions we have specific concerns about.

The purpose of this inspection was to check if the provider had undertaken appropriate infection control practices to keep people safe during the Coronavirus pandemic.

We will assess all of the key questions at the next comprehensive inspection of the service.

Preventing and controlling infection

- We spoke with sixteen members of staff about infection control practices. They were all knowledgeable about the appropriate use of PPE and the management of infection prevention and control (IPC).
- First floor bathrooms and toilets had pedal bins without lids. Lids are required to prevent un-necessary hand contact. The registered manager had already ordered new pedal bins with secure lids and was awaiting a delivery. Pedal bins were found to have secure lids on the ground floor of Memory Lane.
- Some areas of Memory Lane were seen to be in need of minor upkeep. There were chips, scratches and knocked areas in the bathrooms, corridors, hand rails and skirtings, however it was generally clean. These areas could prevent thorough cleaning.
- At The Lodge, some areas of paintwork were chipped. There were also some surfaces and kitchen kickboards which were worn, however, all areas of The Lodge appeared to be clean.
- The registered manager told us that there was a regular cleaning schedule of all communal areas in place and this was preferable to routine maintenance being carried out during the outbreak of infection.
- Hand sanitizers were not visible around the home on Memory Lane due to the vulnerability of people who were living with dementia. Hand sanitizer was available at entry points to each unit and in locked clinical rooms. The registered manager told us effective hand washing techniques were promoted over the use of hand sanitizer, particularly in heightened areas of risk.
- Before the inspection commenced and prior to entering the two buildings, temperature checks were taken and questions regarding Coronavirus symptoms were asked. Inspectors were asked to don personal protective equipment (PPE) in the porch areas before entering the home. There was hand sanitizer available.
- All staff across both sites were observed to be wearing masks and other forms of PPE appropriately. The home had 'disposal points' in people's rooms for the safe disposal of PPE following each intervention. All clinical waste was managed correctly. Waste was removed from the buildings via a separate door. Other external doors had visible instructions to not use for the removal of waste.
- Staff were observed changing PPE in between interventions with different people and thoroughly cleaning down kitchen and dining areas once used.

- Housekeeping and care staff were observed cleaning communal areas regularly.
- One person based in The Lodge was observed to be wearing a mask and when asked they were aware of the need to follow social distancing guidance.

Staffing and recruitment

- Prior to the inspection concerns were raised with us that staff had been working across both sites which may have contributed to the spread of Coronavirus.
- Three members of staff we spoke with confirmed there had been staff working across both sites. However, when the whole home testing confirmed positive results, this was stopped immediately and staff were assigned to specific areas.
- At the time of the inspection there were separate housekeepers for each floor and building of The Wingfield. Following positive tests for COVID-19 at whole home testing, all staff, including housekeeping were assigned to one part only of the home. Rota's we reviewed confirmed this.
- All meals were brought from the kitchen in the main building to The Lodge by a member of the kitchen staff. A hostess based only at The Lodge, then served the meals to prevent cross contamination. Meals were served either on trays for people in their rooms, or for people sitting in the dining room. People were observed to be sitting according to social distance guidance.
- The registered manager told us that staffing levels were good and existing staff had taken on extra shifts. The provider runs a 'whole home' approach where all members of staff 'step up' to the need and work as a whole team to support each other.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The registered manager and regional manager had continued to monitor people's safety and submitted Notifications to CQC where appropriate, these included cases where people had died due to confirmed COVID-19.
- The staff we spoke with stated they had tried to keep people as safe as possible and were aware of people's vulnerability and how to prevent cross contamination or the spread of infection. One staff member said, "We have done the best we can for our residents. Things are much better now as people are in better health."
- People's individual risks associated with the Coronavirus had been assessed and management plans in place to reduce the risk of harm.
- The provider had completed a whole home Statement of Assurance outlining the measures in place to monitor and manage risks associated with the Coronavirus.
- People on Memory Lane were free to walk around and staff were observed trying to manage social distance guidance by encouraging people to stay apart. This included asking people to return to their room, guiding them to another part of area or assisting people to sit at the table separately.
- One person had been receiving social visits in the garden from their family. The deputy manager told us, "[person] has significant mental health needs and the lack of family visits was detrimental to their health." A risk assessment was in place for this person detailing the procedures to take when visiting and weighing this against the negative effects of not having a face to face visit.

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.

At the last inspection this key question was rated as good.

We have not changed the rating of this key question, as we have only looked at the part of the key questions we have specific concerns about.

The purpose of this inspection was to check if the provider had suitably qualified, trained and skilled staff on duty, during the Coronavirus pandemic.

We will assess all of the key questions at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- Prior to the inspection we received concerns that staff did not have sufficient quantities of appropriate PPE and some staff were not wearing it correctly.
- All care staff had been previously trained in appropriate infection control practices. They had also undertaken a refresher in current guidance and IPC procedures, specific to the Coronavirus pandemic. The training was on-line and in video format demonstrating correct practice. Training records we reviewed confirmed this.
- One member of the none care staff group commented that they had been instructed on how to use a mask and follow procedures by a Nurse but had not completed formal training in IPC. However, they also commented that they felt safe and had no concerns about working in the home.
- One carer told us, "I had concerns about the PPE to begin with. You see staff in hospitals wearing full gowns and visors and things and we didn't have those, why was our PPE different? A lot of staff thought this initially and some were really anxious about it and buying and wearing their own."
- The registered manager confirmed this by saying initially staff were quite worried and anxious and 'went overboard' with handwashing and wearing PPE. This was reviewed and monitored against the official guidance. Staff were supported to understand the guidance and how it applied to their role.
- Staff were asked to change into their work uniforms at work and back into their home clothes when leaving. Their work clothes were bagged and washed separately.
- Out of fourteen members of staff spoken with, only two told us they weren't communicated with very well or were anxious about the level of PPE they were provided with. The others told us they had refresher training, could ask for support, had plenty of PPE, everything was explained and they felt safe. Comments from members of staff included, "I don't think we could have done any more than we did", "It has been challenging, really tough. We have enough of the PPE we need" and "We have had IPC training and PPE has never been an issue."
- A senior carer also told us they check the care staff for correct use of PPE and the majority of times staff were following correct IPC procedures. If staff had been found to not follow the correct procedure, this was addressed with them during a one to one supervision session.

- The deputy manager told us they had all been through a very difficult time but felt they were getting through it. They said they had received good support from the registered manager and other senior managers and that they had all the PPE they needed.
- We were told by a senior carer that when the registered and deputy managers were ill and off work, they were well supported by the regional director including them being part of the care team.
- Staff we spoke with told us they had been supported emotionally during the Coronavirus pandemic. Many staff expressed how difficult it had been, particularly when people died. They had access to counselling services through the provider, separate mental health support from the care home liaison team and regular checks and chats from their line managers.
- An additional empty room was being used for staff to have socially distanced breaks. This room was well ventilated and had sufficient space.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key questions we have specific concerns about.

The purpose of this inspection was to check if the provider had good governance processes in place during the Coronavirus pandemic.

We will assess all of the key questions at the next comprehensive inspection of the service.

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

- Prior to the inspection we were told that some members of staff were unsure who to contact and how to contact a senior manager when the registered and deputy managers were absent.
- The registered manager told us there were contact details visible in all the staff areas and nurses offices. A nurse told us, "We have the details of the regional manager" and a senior carer said, "We have had good support from [the regional director]."
- We spoke with twenty relatives of people who had lived in The Lodge and Memory Lane. Fourteen of these relatives had a family member who had died from COVID-19. We had mixed responses from relatives and two themes emerged from relatives during these conversations, communication and care.
- Some relatives did not feel they were kept informed enough, particularly when their family member was ill. This was despite specific communication measures initiated, such as, electronic tablets on each unit and a direct number on a dedicated mobile phone. In addition to a supernumerary member of staff with a specific role in communicating with relatives. Comments from relatives included, "Communication sometimes took a long time", "When the managers were off, we felt no-one was in charge", "Generally, I had to keep ringing and trying to get through" and "We couldn't always get through which was so frustrating. It would have made all the difference if something could have been set up."
- Although the registered manager and regional director told us there was a supernumerary nurse on duty to make calls to relatives; one comment in particular suggested that relatives may not have known there was a specific role and the nurse had not been taken away from caring duties. The relative told us, "I think perhaps communication could be looked at. A specific person to make daily calls to relatives who are ill may have helped anxieties and taken the responsibility off the nurses who are caring for them. It is too much to ask them to do both."
- Most relatives however, were happy with the content, frequency and access of information and communication. The majority of relatives we spoke with also wanted to reiterate their high praise for the care their family member received and the dedication of the staff.
- Comments included, "We have no negative things to say especially during the Coronavirus, the carers

were brilliant", "The nurses and carers were superb, they were exceptionally busy and very dedicated", "The nurses were very good and communicated regularly and well" and "They have brilliant outstanding nurses and carers and I certainly want to make absolutely clear that the care was very good."

- The registered manager and regional director commented that the provider had put in place robust communication processes specifically for the Coronavirus pandemic. This included, weekly teleconferences with senior managers, the continuation of daily 'stand up' meetings with staff, daily written communication and feedback from how the service was managing.
- The provider set up a Coronavirus intranet page for staff and relatives, as well as a dedicated Coronavirus helpline in operation seven days a week.

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

- Prior to the inspection concerns were raised with us about staffing levels.
- The registered manager told us the home was fully staffed and had been since the last inspection. Any gaps in the rota (due to staff shielding, staff self-isolating or staff sickness) was being covered, in the main, by part time members of staff, in addition to the managers providing direct care.
- The registered manager and regional director told us the home had been very well supported by the provider in terms of sufficient levels of the appropriate PPE. The provider had sourced large quantities of PPE prior to the official lockdown. The supplies were stored around the home and in the manager's office. They took guidance from Public Health England on which level of PPE to use in different circumstances.
- The staff we spoke with were clear about their role and how to deliver care which was safe for people and themselves.
- A nurse told us they have had plenty of PPE, staff had been trained and there were information and guidance posters displayed all around the home.
- They also told us the managers always carried the 'on-call' phone with them and they all had the contact details for the regional director.
- Quality assurance monitoring continued, this fed into the providers central action plan system and Notifications were submitted to CQC. However, the home had not been submitting occupancy status figures to the local authority.

Working in partnership with others

- Concerns were raised by the local authority due to the confirmed cases of COVID-19 amongst the staff and resident population. Sadly, several people died as a result of this and infection control practices were called into question.
- There were also concerns around a lack of engagement. The provider had declined the offer of IPC training run by Public Health England and NHS colleagues; as well as a dial in virtual session run by the public health team and the offer of extra support staff from the local authority. These concerns were addressed with the registered manager and the regional director.
- They told us they had been in regular contact with the local authority and Public Health England. They had also appropriately reported the outbreak of COVID-19 to Public Health England and that they were following IPC guidance. Since these concerns were raised, the registered manager has accepted the independent IPC training and extra support staff from the local authority have been used.
- The public health specialist who supported the inspection had reported, "The home has tried to take on board and remedy the concerns that were raised with them and there was nothing noted at the time of the inspection that was felt to need urgent attention."