GCH (South) Ltd

Baugh House Care Centre

Inspection report

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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 well-led?	**Inspected but not rated**

Summary of findings

Overall summary

Baugh House Care Centre is a nursing home which can support up to 60 people some of whom are living with dementia. The care home accommodates people on two floors; a residential floor and a nursing floor. One the day of the inspection there were 33 people living at the home.

People's experience of using this service and what we found
Since our last comprehensive inspection of this service the registered manager had left and there had been a number of different managers in succession. An acting manager and deputy were overseeing the service with support from the provider. A new clinical lead had also just started to work there.

Staff told us morale was poor at the service and that they did not feel listened to by the provider. Some staff felt communication was poor. We found there had been limited opportunities for families to express their views about the service. Visiting guidance required some updating to ensure staff and visitors had appropriate guidance so they were managed safely.

The management team were working to address the issues we identified and had planned to carry out surveys and produce a newsletter for relatives. Initiatives aimed to improve staff morale were also being introduced.

There were systems to manage the service. The management team had identified a range of areas which could be improved and had an action plan which they were working through to ensure this occurred. Audits and checks were carried out on the quality and safety of the service and learning was identified.

People received their medicines when they needed to. Medicines were safely administered, stored and managed.

Infection prevention and control procedures were adhered to.

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 requires improvement (published 30 July 2019).

Why we inspected
We undertook this targeted inspection to check on specific concerns we had received in relation to medicines management and the way the home was managed.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do

not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up
We will work alongside the provider and local authority to monitor progress. 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?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at part of this key question.

Is the service well-led?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at part of this key question.

Baugh House Care Centre

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check on specific concerns we had about medicines and the management at the service.

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
This inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience spoke with three people using the service and four relatives by phone.

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

The service did not have a manager registered with the Care Quality Commission. This means the provider is 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 all of the information we held about the service, including previous inspection reports and other important information the provider had sent us. We also sought feedback from the local authority who work with the service.

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 spent time walking around the communal areas at the service, observing staff practice and how they interacted with people. The Expert by Experience spoke with three people and four relatives by phone.

We spoke with the registered manager and clinical lead at the home. We observed part of the medicines administration round carried out by a registered nurse. We spoke with the acting manager, deputy manager, clinical lead and regional director. We looked at medicines records and records related to the running of the service such as accidents and incidents, complaints and management oversight tools such as audits.

Following the site visit we spoke with a member of housekeeping, two nurses, three senior care workers and four care workers.

After the inspection
We continued to seek clarification from the provider to validate evidence found and requested further information including audits and meeting minutes.

Inspected but not rated

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the parts of the key question we had specific concerns about.

The purpose of the inspection was to follow up on specific concerns we had received about the management of medicines.

Using medicines safely

- People and their relatives told us they received their medicines in line with the prescriber's instructions.
- Records showed that people were being given their medicines, including 'as required' medicines, as prescribed. Where medicines were given covertly (disguised in food or drink) the service had ensured all the appropriate checks were in place and that it was in a person's best interest.
- Medicines including controlled drugs were stored safely and mostly securely. We found on one unit that keys to controlled drug cabinets were accessible to staff other than those who administer medicines. This did not conform to current guidance. We discussed this with the manager, and they agreed to rectify this. Staff who administered medicines confirmed they received training on medicines administration and had their competency to administer medicines regularly checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Inspected but not rated

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

The purpose of this inspection was to check a specific concern we had received about the management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

● Most staff felt it was too early to have a view about the effectiveness of the new management team. However, they described overall staff morale as low and that they did not feel valued by the provider. They commented it had been a very difficult year with the pandemic and a quick succession of managers. They said there were limited opportunities to express their views and they did not feel these would be listened to. When the directors visited, they did not take time to speak with them. One staff member commented, "No one is thinking about the staff or their morale and that will impact on people's care."

● Staff told us the high level of vacancies and use of agency staff made their work difficult as the agency staff changed. They explained agency staff were not always invested in the home and did not know people or what they needed to do. Staff also commented new staff did not often stay long because of the high level of agency staff and changes in managers.

● There had been no staff meetings for staff to voice their views or discuss changes. Five staff we spoke with felt there was effective communication at the home. However, the other five were less confident. One staff member said, "Managers just run around putting out fires, but there is very little communication."

● We discussed this feedback with the management team who told us they had identified the low morale and the difficulties with managers that staff had experienced. Staff received regular supervision. They were starting staff surgeries, an 'employee of the month' scheme and had developed a staff gratitude board. They provided supervision and training to regular agency staff. They were also considering other ways to ensure staff felt valued and confirmed staff recruitment was a priority as they recognised the need for more permanent staff. Some new staff had recently been appointed and only two staff had left in the last five months.

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

● We found improvements were required because there was limited information about Covid-19 at the home available in different formats to help easily explain the pandemic, for example, the changes to visiting for people. The regional manager told us they had explained things to people on a regular basis but agreed they would look into providing some written information in different formats so that people had information in an accessible format they could refer to.

● There had been one relatives meeting which had been held online in the last 12 months. No surveys had

been carried in that time out due to the pandemic. A relative commented, "Yes, we used to have meetings, but not now." Relatives said they did receive communication by email from the home. However, although the provider acted on specific feedback such as complaints, wider feedback from relatives had not been actively sought to identify areas which could be improved. We discussed this with the management team who told us they were due to roll out the surveys shortly and were developing a newsletter to send to families. They would be holding further relatives meetings.

● Residents meetings were held to gather people's views and a 'You said, we did' board advised people on what action was taken as a result of their feedback. The home used social media to keep contact with families. Relatives spoke positively about how this supported them. One relative commented, "We have Facebook and they put pictures on there and it is very helpful when you can't see them."

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

● There was an acting manager in post, a new deputy and new clinical lead. They understood their roles and regulatory requirements. The regional director visited regularly to oversee and support the new management team. Most staff thought the new management team were trying to introduce changes, but some staff told us the constant change of managers and high level of agency staff made this difficult. The acting manager told us about ideas they had to improve the service.

● There was a detailed infection control policy and information about Covid-19 in the business continuity plan, which included guidance on individual isolation. There was also an identified isolation area and a visitor pod. Staff understood their roles and procedures in relation to visitors.

● There was a structure of audits and checks to monitor the quality and safety of the service and the provider had oversight of this. Accidents, incidents, complaints and safeguarding allegations were acted on and monitored; for example, referrals to health professionals such as dieticians had been made where people had lost weight. The provider had a quality team who visited and audited the service to identify any improvements needed.

● There were clinical meetings, staff handovers and a department heads meeting to ensure staff were informed about people's needs.