

One Housing Group Limited

Baycroft Grays Farm Road

Inspection report

Baycroft
Grays Farm Road
Orpington
Kent
BR5 3BD

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Tel: 02088214190

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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

Baycroft Grays Farm Road is a care home providing personal and nursing care for up to 75 people. There were 18 people receiving support at the time of our inspection. The home accommodates people across three floors. Only two of the floors were being used at the time of the inspection. One of the floors specialises in providing care for people living with dementia.

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

We found a breach of our regulations at this inspection because the providers system for monitoring the quality and safety of the service had not ensured that medicine administration records (MARs) were completed accurately. This is despite our findings at our last inspection in August 2019 where we reported that improvement was required to ensure medicine administration records (MARs) were always completed accurately.

People told us they felt safe. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified. The service had procedures in place to reduce the risk of infections and COVID 19.

The provider took people's views into account through satisfaction surveys and feedback from these was used to improve the service. People and their relatives were positive about the service they received. Staff said they received good support from the registered manager. The registered manager and staff worked with health and social care providers to deliver an effective service.

Rating at last inspection

The last rating for this service was requires improvement (published 25 September 2019) as we found a breach of our regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We received concerns in relation to people's nursing care needs and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 remained the same. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. You can 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 Baycroft Grays Farm Road on our website at www.cqc.org.uk.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 ●

Baycroft Grays Farm Road

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.

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

Two inspectors and a specialist nurse advisor carried out this inspection. They were supported on site by 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. A CQC pharmacy inspector provided medicines advice remotely.

Service and service type

Baycroft Grays Farm Road 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 last inspection and sought feedback from the local authority and local clinical commissioning group (CCG). We also reviewed 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 used this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the area manager, the providers clinical governance lead, registered manager, a nurse, a care worker, an activities worker, two housekeeping staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 Requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection of the service report published on 25 September 2019 we found improvement was required to ensure staff always maintained accurate records relating to the support people received with their medicines.

Using medicines safely

- People were at risk of not receiving their medicines appropriately as records of medicines offered and administered were unclear. It was not always possible to tell whether people had received the medicines they were prescribed in a safe way.
- Staff did not always maintain accurate records relating to people's medicines. The provider was using an electronic medicine administration recording system (EMAR) for recording medicines administered to people using the service. The EMAR included codes for staff to enter for example when medicines were not given, not required or where a paper MAR was used by care staff to record administration topical medicines. A topical medication is a medication that is applied to a particular place on or in the body. This may include creams, foams, gels, lotions, and ointments. We found that accurate records relating to people's medicines were not being maintained as EMAR codes were not being entered consistently by nursing staff.
- We case tracked the EMAR for four people and found numerous gaps where a code had not been entered. For example, between 31 July and 3 August there were no entries for three people's creams. The registered manager showed us paper MAR for these people which had been completed when a topical medicine was administered by care staff. They acknowledged a nurse had not entered the code for medicines administered on a paper MAR into the EMAR to confirm they had checked the cream had been administered.
- We saw that a person had been prescribed a medicine for pain. We found that some nurses had been entering the EMAR systems code for medicine 'not required' for this person and other nurses were not entering anything at all.
- A person who was at risk of choking was prescribed a thickener to ensure their drinks were of a safe consistency. The registered manager told us the administration of the thickener had been recorded on another system. We saw entries on that system where care staff gave the person a drink however, on numerous occasions they had not recorded whether the person had been administered the thickener in the drinks or what dose was administered. Where thickener had been administered the record just stated, 'thickener was used'. Care staff did not consistently record the use of thickener or the dosage administered. Nurse's had not entered the code for medicines administered into the EMAR to confirm they had checked the thickener had been administered.
- We saw records of medicines audits carried out by the registered manager. These included monthly audits, daily and weekly counts on stocks and balances of medicines and checks on expiry dates. We found

that checks were carried out by the registered manager to make sure EMAR codes were recorded to confirm that people had received their medicines as prescribed by health care professionals. The checks in April, May and June 2021 found staff were not recording or using codes consistently when medicine was not required. Staff were reminded to use codes consistently'. Despite these reminders to staff, on the day of the inspection we found numerous gaps in the EMAR's for medicines that were prescribed by health care professionals.'

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines was effectively managed.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following this inspection, the registered manager met with clinical staff to remind them of the need to check that care staff are applying topical medicines and for them to include the appropriate coding when signing the EMAR.
- Medicines including controlled drugs were stored safely and daily medicines fridge and room temperature monitoring was in place and recordings were within the appropriate range.

At our last inspection the provider had failed to ensure that risks relating to the health safety and welfare of people were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. We case tracked the care records for four people with specific conditions. These included people at risk of pressure sores, falls and choking.
- These people's care records included risk assessments, for example on falls, skin care, moving and handling and eating and drinking. We saw input was sought were required from health care professionals such as the falls team, tissue viability nurses and speech and language therapy (SLT).
- These people's care records included details of how they should be support with their care needs. For example, there was guidance on moving and handling, falls prevention, repositioning and with eating and drinking. We saw where required people were being weighed regularly and there were turning and repositioning charts in place.
- A member of the kitchen staff showed a notice board that included people's dietary needs and support, this included where people needed support with eating and drinking. They told us the chef was kept up to date by staff and the SLT when people's needs changed or when new people moved into the home.
- We looked at how fire safety was managed at the home. Training record confirmed that staff had received fire warden training. Regular fire drills were carried out. At the last fire drill in June 2021 eighteen staff took part. During the inspection two staff told us they were not aware of how to use equipment if there was a fire. The manager told us they had obtained new evacuation equipment and staff had yet to be trained on its usage. They provided us with evidence that assured us that there were appropriate fire evacuation procedures in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I am very safe, because everything is very organised. They (staff) keep a good eye on me." A relative commented, "My (loved one) is definitely safe."

They are well looked after. There is always someone in reception, and the doors are kept locked. If my (loved one) had any concerns they would know who to talk to."

- There were safeguarding adult procedures in place and staff had a clear understanding of these procedures.
- Staff told us they would report any concerns they had to the registered manager and to the local authorities safeguarding team and CQC if they needed to.
- Training records confirmed staff had received up to date training on safeguarding adults from abuse.

Staffing and recruitment

- There was enough staff to meet peoples care and support needs. One person told us, "There is enough staff. If ever I need something, I can press my call button, and most of the time they come quickly." Another person said, "They (staff) look after me very well. I have been happy since being here. I have no concerns at all."
- Comments from staff about staffing levels included, "It was difficult during furlough but now all of the staff are back staffing levels are good." And, "We have plenty of staff to look after the residents."
- We observed the staffing levels at the home were meeting people's needs. We saw the registered manager used a dependency tool to assess the number of staff required to support people using the service safely. Staffing levels were arranged according to the needs of people using the service.
- Robust recruitment procedures were in place. Recruitment records included completed application forms with full employment histories, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.
- Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Preventing and controlling infection

- The provider was taking appropriate action to protect people using the service, staff and visitors from catching and spreading infections. We observed staff wearing appropriate PPE and following social distancing rules. We found the home was clean and hygienic throughout.
- The provider had procedures in place for admitting people safely to the service. People using the service and staff were regularly tested for COVID 19. All the people using the service had been vaccinated against COVID 19.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring, investigating and learning from incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends and actions had been taken to reduce the likelihood of the same issues occurring again. For example, after a person had a fall, appropriate actions were taken to reduce the risk of them falling out of bed again.
- The registered manager told us the number of falls at the home had significantly reduced.

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. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

At our last inspection on 25 September 2019 we found the provider had made improvements to their systems for monitoring and mitigating risks to people. However, we found further improvement was required to ensure the provider's quality monitoring systems were consistently effective in identifying issues and driving service improvements.

At this inspection we again found the provider's quality monitoring systems were not consistently effective in identifying issues and driving service improvements.

- The registered manager supplied us with an audit carried out by the provider at the service between 8 and 12 March 2021. The audit recorded, following a review of the medication system, it was noted that MAR charts had been completed with staff initials and correct codes, however there was inconsistency with PRN medication. Some staff are initialling if offered and not given, where others are not. Despite identifying record keeping issues in March, these issues persisted at our inspection in August 2021.
- The registered manager held regular clinical meetings with nursing staff. The minutes from a clinical meeting held on 24 June 2021 included a section on medication errors, the minutes acknowledged a reduction in medicines errors however they also recorded staff were not consistently evidencing the reason why they were administering PRN medication. The meeting had not driven improvements in medicines recording as issues persisted at the time of the inspection in August 2021.
- As described in the Safe domain above, the auditing systems in place had not addressed the issues with medicines recording.
- The home had a service improvement plan which was overseen by the registered manager and senior management team. This covered areas such as audits of care plans, staffing, social inclusion and health and safety. We saw that some of these areas had been recorded as actions completed and some within the timescales for action.
- The area manager sent us a copy of a new high-level improvement plan developed following a recent review of the service. This covered areas such as leadership and management, falls management, care planning, medicines, staffing and record keeping. We will assess the providers progress with these improvement plans at our next inspection of the service.
- In other areas the provider's systems for monitoring the quality and safety of the service were operated effectively. For example, we saw records of health and safety audits, checks and servicing on call bells, weighing scales, fire safety equipment, gas safety and electrical appliances.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had a registered manager in post. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home and on the providers website.
- There was no clinical lead nurse working at the home as they had resigned their post just prior to the inspection. A staff member told us; nurses do not get real support with revalidation because the clinical leads keep changing. The providers clinical governance lead told us they were attending the service twice a week to offer clinical support to the nursing team. They also offered remote support when required.
- The registered manager understood the duty of candour. They told us they had been transparent with professionals and peoples relatives when any accidents of incidents had occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives views about how the service were considered and acted on. People and their relatives were positive about the service they received. Two people told us the registered manager was very approachable. Another person said, "I have no problems at all. All the staff are very helpful. Those in charge are always walking around."
- A relative commented, "They (staff) are all very charming. Very efficient. They are willing to do anything to please. For example, if my (loved one's) newspaper does not arrive, the staff member goes to the shop to buy it for them. This is exceptional."
- The provider carried out satisfaction surveys with people using the service. For example, people were generally happy with food but felt some improvements could be made. The registered manager included discussing food delivery and requirements at resident meetings.
- We saw records from residents and relatives' meetings. The record included information sharing and questions from relatives. Areas covered at the last relatives' meetings included a Covid 19 update, family visiting and changes to staffing.
- The registered manager held regular meetings with staff. At the last team meeting in July 2021 issues discussed included medication, safeguarding, learning from incidents and accidents and record keeping. A staff member told us they felt very well supported by registered manager especially during in pandemic. Another staff member said, "Staff morale has improved recently because a lot of staff have returned from furlough. We can do a lot more with the residents now. I feel well supported by the registered manager."

Working in partnership with others

- The registered manager told us they had regular contact with health and social care professionals, and they welcomed their views on service delivery.
- We noted that Local authority staff and CCG professionals had carried out visits to the service to review people's nursing care needs and staffing.
- A CCG pharmacist had recently visited the service to check on medicine errors and how medicines were being managed at the home. The area manager received the pharmacist report on the day we inspected. They told us they were liaising with the pharmacist regards the findings recorded in the report. The area manager told us they wanted to work with the CCG pharmacist on areas that would require improvement.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The providers monitoring systems were not robust enough to demonstrate medicines was effectively managed.