

Barchester Healthcare Homes Limited

Herne Place Care Home

Inspection report

2 Parkland Road
Herne Bay
CT6 5DN

Website: www.barchester.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Herne Place Care Home is a residential care home providing personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 66 people who live with dementia and who have physical conditions.

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

The manager had oversight of the service and people and their relatives felt the service was well led. There was no registered manager in post at time of inspection. The manager had recently been promoted from deputy manager and had been working at the service since it opened in 2020. An application to become registered manager was being considered. People, their relatives and staff all felt the manager was proactive, supportive and caring.

People and their relatives told us they felt the service was safe and people were cared for well. Feedback was positive with people telling us they felt at home and treated as family.

People were supported to remain safe by staff who could recognise signs of abuse. Alerts of concerns were raised to the local authority safeguarding teams where necessary. Concerns raised by staff to the manager were investigated appropriately.

People were supported by appropriately trained members of staff who were recruited safely. Staff were supervised regularly to ensure they were providing high levels of care and support.

People were complimentary about the food served at Herne Place Care Home and told us there were always extra snack and drinks available when required. People were encouraged to take part in the range of individual activities offered and if people did not wish to take part, one to one sessions were arranged to ensure all people had some social contact.

People were supported to remain as safe and as healthy as possible with the manager and the staff working with external professionals to provide joined up support. People had access to their GP and nurses when required. Staff arranged dentists, podiatrists and hair stylists to visit and provide services to people.

People were offered choices, treated with respect and were cared for in a dignified way. Staff treated people as individuals and provided support based on their individual needs. 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.

The provider and the manager completed a range of checks and audits of the service to ensure any issues were quickly identified and put right. Accidents or incidents were investigated fully and any lessons which were learnt were communicated with all involved.

People who required support at the end of their life were supported by appropriately trained staff. Staff liaised with external professionals to ensure people could remain in the service and be supported, without having to be admitted to hospital or move to a different service.

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

Rating at last inspection

This service was registered with us on 03/06/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Herne Place Care Home

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

This inspection was carried out by two inspectors 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.

Service and service type

Herne Place Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. 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 information we had received about the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spent time observing interactions between staff and people. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

We spoke with eight members of staff including provider's senior manager, manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included two 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. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff understood how to recognise signs of abuse and poor practice and were confident to raise these with the manager.
- Alerts of concerns raised to the local authority safeguarding teams were detailed and investigated appropriately.
- Heads of each department met each day at 10am to discuss emerging risk or concerns. Goals were set for the day to ensure action was taken to protect people.
- Relatives told us they felt their loved ones were safe at Herne Place Care Home. One person we spoke with told us, "I feel more than safe, as I am surrounded by people who help me."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual and personal risk assessments were in place for people using the service.
- Risks to people were assessed and identified actions for staff to take to minimise the risk of occurrence. For example, one person's care records had assessed a person at risk of choking. Meals were pureed and staff were to support the person fully with meals and drinks to ensure the person was safe.
- Accident and incident records were fully completed and showed a comprehensive account of what had been reported by people, their relatives or by staff.
- When things had gone wrong the manager had completed a root cause analysis. This was a detailed investigation of what had happened, what actions were taken, the outcome and what needed to be completed to reduce the risk of happening again.
- All records of concerns, incidents, accidents were uploaded to the provider's governance system. This allowed senior managers to monitor if there are any trends or patterns in things happening and put things in place to reduce this.

Staffing and recruitment

- There were appropriate numbers of staff employed by the service who had been recruited safely.
- People were complimentary about the staff telling us, "There always seems to be plenty of staff about with very little turnover" and, "There are always plenty of staff about. I can always find one within seconds if I need help."
- The manager completed the recruitment of new staff. Applicants were asked values-based questions at interview and checks of applicants work references, full employment history, relevant qualifications and applications to the Disclosure and Barring Service (DBS) were completed for all applicants. A DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

- Staff provided help and support to people when needed. Herne Place Care home opened during the COVID-19 pandemic. The manager employed a core staff team to sure people received consistent care.

Using medicines safely

- People were supported to receive their medicines safely. Medicines were stored correctly and securely, and stocks were checked regularly.
- Newly recruited staff completed a medicine competency tool which was reviewed by the manager and senior care staff to ensure staff were safe to assist people with their medicines.
- Guidance was in place for staff when administering people's medicines and records included documentation such as body maps, topical cream charts and medicine administration records which had been appropriately signed by staff when supporting people with these medicines.
- People's relatives told us they felt their loved ones all received their medicines on time and had not had any issues or concerns.

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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- Initial assessments required when people started to use the service, were completed by the manager. These assessments detailed people's needs, what they were able to achieve by themselves, medical history and likes and dislikes, enabling staff to know how to support people in the way they wished to be supported.
- Assessments of need were fully completed whether a person was staying for a period of respite or living at the service permanently.
- Each person was named 'resident of the day' once every month. On this day there was a review of their care plan, discussion of any concerns and a focus on their wellbeing.

Staff support: induction, training, skills and experience

- Relatives we spoke with felt staff were well trained in all aspects of caring for their loved ones. One relative told us, "My [relative] has very complex needs. The staff deal with them brilliantly" and, "My [relative] can be very awkward, having mood swings and the staff are able to talk them round and calm them down very quickly and efficiently."
- Newly recruited staff completed a full induction over a period of 12 weeks. This included observed practice, training in the mandatory fields and being supervised with activities such as medicines administration, moving and handling of people and infection prevention control competencies.
- We reviewed training records which showed all staff were up to date with mandatory training. Staff had completed five tiers of specific dementia training which provided in depth knowledge to be able to support people living with dementia at meal times, with communicating, understanding people's cognition, providing personal care and caring for people with behaviour which may be challenging.
- Staff had supervisions with the manager which followed the managers system of "Start. Stop and Continue" This encouraged staff to start with good practice, stop identified shortfalls and continue good work. Staff told us they felt this was a supportive way to know what they are doing well and if required, what to improve to provide good care.

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

- People told us they enjoyed the food served with one telling us, "The meals are like being in the Ritz, I have no complaints at all."
- The manager had recently recruited a new head chef who had experience of working in many different catering environments. The kitchen staff told us they are aware of people who require different food types such as pureed or soft food diets and these were prepared and served appropriately.
- One relative told us, "Food seems excellent. There are excellent menus and the food I have seen served looks of very good quality. There are always plenty of snacks and drinks on offer throughout the day also."

- People's needs had been individually assessed relating to their nutrition and hydration. People who were at risk of malnutrition or dehydration had measures in place to monitor this and guidance for staff to take action was present. One relative told us they were "concerned my [relative] is losing weight. The staff and the manager are addressing this issue with giving supplementary drinks and snacks and they are liaising with me and are dealing with the problem."

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

- Staff worked in partnership with healthcare professions and social workers to ensure people remained as healthy and safe as possible. Referrals were made if any changes in need had been identified and guidance for staff to act on was in place.
- Relatives told us, if their loved one required a doctor or dentist for example staff always make the appointments. They told us, "The communication from staff to us is very good and they keep us well informed if and when incidents arise."

Adapting service, design, decoration to meet people's needs

- The service is a purpose built 'care home' which had been designed and decorated with people who would live there in mind. Lounges, bathrooms, bedrooms were large and spacious and well-lit with plenty of signage to assist people to find where they wanted to go.
- People were able to decorate their rooms as they wished. People's rooms, we were invited into, were personal and had lots of personal belongings to make them feel homely.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Relatives felt their loved ones were supported to make decisions about their care and support. People who use the service felt staff offer choices to them. One person told us, "I do what I want throughout the day, I get up and go to bed when I want to" and, "I choose what I do and when I do it. I choose the clothes I am going to wear and what I would like to eat."
- Understanding of the MCA was discussed on applicant interview. The manager ensured new recruits understood supporting people to make their own decisions as far as possible.
- People's ability to consent to care and treatment had been assessed and records also contained details of people's representatives who were required to act in people's best interest. Some people had made advanced care plans, which let staff know what their wishes and preferences were in the event of not being able to make their own decisions. These were recorded appropriately on people's care records.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 spoke highly of the staff who supported them. One person told us, "All of the staff are nice. They help me to wash and dress and always cover me up and treat me with respect."
- Relatives we spoke with were complimentary of the staff and how they treated people. They told us their loved ones were treated with respect and people were always clean and tidy. One relative told us, "The staff seem very polite with people living there. I have witnessed a very kind ethos throughout the home. They treat my [relative] like family."
- Staff demonstrated respect for people and treated them with kindness and dignity. Staff were given training in this and were reviewed by seniors and the manager to ensure this was imbedded into the service.
- Staff offered reassurance to people and responded to people's emotional needs when required by spending time with them or explaining fully what they were going to support people with before they completed it.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The manager held meetings with people every quarter. This encouraged people to make their views and opinions known and to give feedback on the service. The manager implemented 'You said. We did' feedback process. This informed people of what had been implemented following their feedback.
- At the time of inspection, there were no people who were unable communicate verbally. However, the manager had plans in place to involve all people in the service. This was to use individual communication cards and assist people to provide written feedback.
- When appropriate, people were involved in developing their own care plan. This was also reviewed and updated with them.
- People were encouraged to do as much as they could for themselves. There was a focus on promoting independence where possible. Care plans and risk assessments had goals which people wished to achieve, and one relative told us, "[Relative] always looks clean and well cared for, they are encouraged to do what they can for themselves. They can dress themselves, but the staff put out appropriate clothing."
- People's confidential information had been stored correctly in designated areas and on password protected computers.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were varied and tailored to people's likes and dislikes. The service had a full-time activity coordinator who engaged people offering the choice to participate if they wanted to. One relative told us, "My [relative] doesn't like to take part in what they offer. They are content to stay in their room. The staff do try to tempt them to take part, but they do not pressure them and respect their wishes."
- Things for people to do were planned for the morning, the afternoon and the evening seven days a week. Some of the things to do included, reminiscing about past times, card games, watching sports together, violinist, singers and pets as therapy dog visits. There had recently been and a wine tasting event, which was a video call event with some of the provider's other locations in the South East. Other locations were connected remotely and took part with wine and cheese on offer.
- The service has developed good links with the local community. There was a reverend who performed various religious events throughout different religious holidays such as Easter and Christmas and local primary school children visited the service regularly to see people.
- One relative told us, "My [relative] is an artist. The manager set up an art studio at the end of a well-lit corridor and they now spend hours each day painting and drawing. I feel that the manager setting this up went above and beyond their call of duty for my [relative]."
- The schedule of things to do included one to one sessions. Meaning even if people did not wish to join in with group activities each person had a form of social interaction. One person told us, "The activities are not my cup of tea and like to stay in my room. Although the staff can be very busy, they always come and have a chat with me."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received support which was responsive to their needs. Relatives told us they were involved in developing care plans where necessary and both people and their relatives were involved in reviews of these to ensure they continued to meet their needs.
- Care plans were person centred and identified people's individual needs. They contained details of the support people required, their life histories and likes and dislikes which informed staff of how people wanted their needs to be met.
- People living with dementia had an additional care plan in place with information on diagnosis, how long the person had been living the condition and what impact this had on them. This enabled staff to understand how to support people in the most appropriate way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information on their individual communication needs and how the staff were to communicate with them effectively.
- Staff changed the way they were communicating with people based on people's varying needs, for example, staff knew one person was unable to hear very well but could understand by lip reading. The staff were wearing masks due to current COVID-19 guidelines, so they stepped back a safe distance from the person, pulled down their mask and repeated what they were saying before putting their masks back on correctly. The person was able to understand and respond to make their wishes known.
- Activity boards, menus and important information were displayed around the service. These were available in multiple formats if required and the manager and staff assisted people when they requested this information to ensure that it was clear and could be understood.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and who to raise concerns to but had not needed to. People were encouraged to speak with any member of staff if there were any problems.
- There was a positive approach from the manager when discussing complaints. The provider's complaints procedure was included in people's welcome packs when they started using the service. If people were unable to review this themselves it was available online for relatives.
- Complaints were received by the provider's head office and then filtered down to the manager for investigation and response. The manager had investigated and responded to complaints received appropriately.

End of life care and support

- The service was providing people with end of life support at the time of inspection.
- People who required this support had their wishes clearly documented in their care records. The staff worked alongside health professionals such as the GP, community nurses and local hospice to ensure people were comfortable as possible.
- People were supported with palliative care by staff who had been appropriately trained in providing reassurance to people at the end of their life. Staff worked to respect people's wishes and assisted them to avoid going into hospital where possible.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The location has a condition of registration with CQC that it must have a registered manager, but there was not one in post at time of inspection. The manager had recently been promoted from deputy manager and knew people and the service well. There were plans in place for the application to be made in the near future. The manager was supported by the provider, regional director, clinical lead and a senior manager from one of the providers other locations.
- The manager had a visible presence in the service and feedback was positive. Relatives told us, "I usually have contact with [manager] I feel that I can contact them anytime and they always listen" and, "I have a really good relationship with [manager]."
- One person told us, "The manager comes around and chats with us all. They always ask if we have any problems etc."
- The provider had a detailed system of governance and the manager had daily oversight of this. Audits and checks on the service were in place and were completed regularly. The manager held a range of meetings to ensure important information was checked and shared amongst the staff teams. Meetings included, handovers between shifts, head of department meetings and daily meetings at 10am.
- Providers are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguard authorisation and deaths. The manager was aware of their responsibilities and had notified CQC about all important events that had occurred. The manager had met all of the providers regulatory requirements.

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

- There was a positive culture at the service. Staff spoke to people with respect and were encouraged to speak with the manager whenever they felt they needed to.
- One person told us, "I would recommend this home to anyone. 100%. The staff are the glue that keep it all together."
- Staff told us they felt supported by the manager and the seniors who were in place. All staff were supervised and were encouraged to raise any issues or concerns. We reviewed one staff members supervision where some things were not going quite right and extra support was identified. There was an open approach to achieving goals set for them and records showed the member of staff had achieved these by their next supervision.

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; Continuous learning and improving care

- The manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider and manager should follow when things go wrong and to be open and transparent.
- The manager had detailed records of accidents and incidents which had occurred, safeguarding alerts were raised appropriately.
- The provider held regular meetings for managers in the region. This helped managers discuss and share any problems they were facing, support each other and share good practice to help improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they felt their opinions mattered to the running of the service. After each meal was served there were feedback cards to capture feedback on this. People were encouraged to raise any concerns or issues they may have to the manager.
- All relatives we spoke with told us they had been invited to a 'relative meeting' but none of them were able to attend due to other commitments. All told us it felt good to have been offered the opportunity.
- Staff were kept informed about the vision for service and important updates such as COVID-19 guidance, staff updates and things to move the service forward via newsletters sent from the manager. These were written positively and the most recent one reviewed finished with "Lastly I would like to say that my door is always open, if you need support or even have a bright idea please come and see me." Staff we spoke with supported this telling us they could see the manager at any time.
- Staff worked well with people, their relatives and professionals involved in ensuring people were supported safely and the way they wanted.