

# Barchester Healthcare Homes Limited

# Herne Place Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Herne Place Care Home is a residential care home providing personal care to 62 people aged 65 and over at the time of the inspection. The service can support up to 66 people with personal care relating to their health conditions, such as dementia, and frailty of old age.

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

We found shortfalls in the records the service held regarding risks to people. These shortfalls had been identified by the services own internal audits and checks before our inspection and progress was being made to ensure these were updated as quickly and efficiently as possible.

The manager told us there had been staffing issues in recent months and had to use agency staff, however, new staff had been recruited and recruitment remained ongoing. Staff had been recruited safely and appropriate checks made of their suitability for the position.

People were supported by staff who knew how to safeguard them by recognising signs of abuse or harm. Staff understood their responsibilities to record and report these concerns to their line manager. Safeguarding alerts had been raised to the local authority teams in accordance with the providers policy.

Staff supported people to stay as safe as possible and minimise the risk of infections. Staff had access to Personal Protective Equipment and had completed infection control training.

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.

Staff spoke positively of the change in culture and atmosphere since the manager had arrived in their post. The manager and deputy manager were open and honest throughout inspection regarding any identified shortfalls and developed actions to take to improve these.

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

### Rating at last inspection and update

The last rating for this service was good (published 8 November 2021)

### Why we inspected

We received concerns in relation to staffing and records. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. The provider started to make changes before our inspection and will continue to ensure improvements are made. We will be updated on the progress of these as required.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Herne Place Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# 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 Health and Social Care Act 2008.

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 2 inspectors.

#### Service and service type

Herne Place Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Herne Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been recruited and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke with 7 members of staff including the manager, deputy manager, community leads, seniors and care workers. We completed a range of observations throughout the day to look at staff practice. We reviewed a range of records. This included 4 people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Not all risks were recorded safely. Some people did not have up to date and relevant risk assessments. We found inconsistencies between people's care plan and risk assessments. For example, one person's care plan stated they were to be supported with a full hoist, however, the risk assessment guided staff to use a different hoist. Staff were using the correct equipment in accordance with the care plan but there was a potential risk people would not be supported using the right equipment in a safe way if the risk assessment was to be followed. The manager took immediate steps to update the risk assessment.
- Not all people we reviewed had a Personal Evacuation and Escape Plan (PEEP) this is an assessment of people's needs and risks when evacuating in the event of an emergency. It gives detail to the fire service and staff of how much support a person would require in order to safely evacuate the building.
- The manager and deputy manager were aware not all parts of people's care plans and risk assessments had been completed or reviewed. They had developed an auditing system to increase the numbers and accuracy of reviews going forward to ensure they contained the necessary information and we saw evidence this was being progressed.
- Other care plans we reviewed held important risk assessments for people to keep them as safe as possible. For example, people had been assessed for risks to their skin integrity, risks of choking and risk of falls.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- There were enough staff to meet people's needs. Numbers of staff were determined using the provider's

dependency tool which calculated the numbers of staff required to meet people's needs. The manager and deputy manager told us they had issues with sufficient staffing, but this had been improved recently as the service used regular agency workers to cover any gaps in shifts and recruitment of permanent staff was ongoing.

- Staff told us, "Yes there is enough staff, we usually have 2 but this has been increased as we have someone who requires 2 staff." And people we spoke with told us, "Staff come when I need them." We observed staff were present, visible and responded to people when asked.
- New staff had been recruited for day shifts, and there were vacancies for night staff. These positions were being covered with agency staff until new applicants were in post.
- Staff had been recruited safely. Records were kept in the service and showed correct checks had been made on employment history, references and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

#### Using medicines safely

- People were supported to receive their medicines in a safe way.
- Senior care staff were responsible for administration of people's medicines. Senior care staff personnel files we reviewed, had up to date competency assessments. This assured the provider that staff who gave people their medicines were safe to do so.
- We observed good, safe and caring interactions by staff with people when giving their medicines. One member of staff was giving medicines to a person and they explained what the medicines were and what they were for. The staff member came down to the persons level and gave the person time to take them.

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

- Policies and procedures were in place to protect people from avoidable harm. The manager and deputy manager understood their responsibilities relating to safeguarding and had reported concerns to the local authority and knew to report to the CQC.
- Staff received safeguarding training and were able to demonstrate the different types of abuse a person may be at risk of and how they would report this if they were concerned.
- Alerts of concerns raised to the local authority safeguarding teams were detailed and investigated appropriately.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- Visitors were able to visit their loved ones when they wished. The service was following the latest government guidance regarding visits to the location.



### Learning lessons when things go wrong

- We reviewed complaints and feedback which had been received by the manager and deputy manager. Things which had gone wrong were highlighted and investigated as per the provider's policy, and lessons learnt were shared with teams to minimise the risk of reoccurrence.
- 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 with people's care, the manager and deputy manager completed root cause analyses. These were detailed investigations of what had happened, what actions were taken, the outcome and what needed to be completed to reduce the risk of it 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.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

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

- It is a requirement of CQC registration for services to have a registered manager in post. There was no registered manager at time of this inspection. There was a registered manager in place until August 2022. A new manager started at the end of January 2023 who is currently in the process of applying to the CQC.
- The provider has ensured a CQC registered manager from another of their services has been working at Herne Place to drive improvement and support people and staff.
- Audits and checks the provider had implemented highlighted there had been a shortfall in the accuracy and numbers of care plans which needed to be reviewed and updated. We saw evidence of reviews of care plans and risk assessments were ongoing and were the highest priority to ensure people received the care met their current needs.
- Staff had spoken positively of the change in culture and working environment since the manager had been in place. They told us they felt more supported and respect that the manager takes time to speak with people who use the service and get to know them. We observed this positive impact during our inspection.
- Providers are required to notify the Care Quality Commission (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

- The manager and deputy manager were open about the issues they had faced at Herne Place Care Home. They told us they were aware staffing had been an issue and had taken steps to recruit permanent staff. Records were in the process of being updated and reviewed and we saw examples of this.
- Staff told us, "It has been difficult but since [manager] came it is great. All the staff work well as a team. There has been a really good change."
- People appeared content and Herne Place Care Home. We observed positive interactions with staff.

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 records of accidents and incidents which had occurred. When an incident had been

reported by staff or by people using the service, the manager took action to minimise the risk of the incident happening again.

- Incidents were added to the providers internal governance system. This helped the manager and regional director identify any pattern or trends of things going wrong and identify the correct actions needed to put it right.
- The provider held regular meetings for managers in the region. This helped managers to 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

- Meetings with residents, relatives and staff had been completed until the previous registered manager left their post. These will be resumed when the new manager has completed their induction. These meetings were important so all views and feedback on the service can be gathered and actions taken if required.
- There was a 'You said. We did' process in place. This gave people who used the service feedback on what they had raised to the management team, such as changes using the minibus to go on different outings or finding ways to involve new residents socialise with people who had lived there for some time.
- The management team told us they had an 'open door' policy which enabled people, relatives and staff to speak to them whenever they felt necessary, so compliments or concerns could be raised immediately, and action taken if required.

Working in partnership with others

- Records showed the manager and staff supporting people, accessed services within the community such as GPs, community nursing teams, specialist professionals and other relevant services to promote people's health and wellbeing when required.
- The manager had kept up to date with the latest training, guidance and best practice policies that were required.