

Barchester Healthcare Homes Limited

Tennyson Wharf

Inspection report

Park Lane
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Tennyson Wharf is a residential care home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The service can support up to 60 people in five separate wings, each of which has separated adapted facilities. One of the wings specialises in providing care to people living with dementia. The provider had submitted an application to cancel their registration for nursing and was not providing nursing care at the time of the inspection.

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

The service had experienced a high turnover of managers since our last inspection. Staff told us this had an impact on consistency and had affected the morale of the team. Most staff we spoke with told us they did not feel supported by the registered manager. Staff told us they did not always feel listened to and valued.

Most relatives told us that communication from the registered manager was insufficient and had caused them anxiety during the recent outbreak of COVID-19 in the service. We raised these issues with the provider who took immediate steps to address these concerns.

The provider used a staffing calculator to calculate staffing levels according to people's needs and this had been recently reviewed. Staff and relatives, we spoke with consistently told us they were concerned low staff levels were having an impact on the quality of care people received. We discussed this with senior managers who assured us staffing levels would be kept under constant review.

Systems and processes were in place to manage risks associated with people's care. Risk assessments were in place to reduce risks associated with choking, falls and skin breakdown.

People were protected from abuse. Staff received training in safeguarding and were able to tell us how to recognise abuse and how to report it.

Records relating to the administration of 'as needed' medicines were not always consistent. We raised this with the registered manager who made immediate changes following the inspection to rectify this. Staff were observed following good practice when administering people's medicines. An effective medicines error reporting form had been implemented to enhance monitoring of errors and ensure lessons were learned to improve practice.

The service was visibly clean, and staff were observed following cleaning schedules. Regular enhanced cleaning of high touch points was recorded. Staff were observed using personal protective equipment (PPE) in line with government guidance. Staff had received training about infection prevention and control. We were assured the provider was preventing visitors from catching and spreading infections. The providers policies and procedures reflected the latest national guidance in relation to COVID-19.

A system was in place to record accidents and incidents and staff described how they used this. Some recording discrepancies were identified where falls were not always recorded on people's falls logs. We raised this with the registered manager who provided us with assurance this had been addressed immediately following the inspection.

The provider had a system to ensure the quality and safety of the service were reviewed on a regular basis. Senior managers had access to the audit reports throughout the pandemic and had clear oversight of the actions and progress of the service.

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

Rating at last inspection

The last rating for this service was Good (Published 28 January 2020).

Why we inspected

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place.

In addition, the CQC received a notification of a specific incident. Following which a person using the service sustained a serious injury. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of falls from moving and handling equipment. This inspection examined those risks.

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.

We found no evidence during this inspection that people were at risk of harm from this concern.

Please see the safe and well-led sections of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tennyson Wharf

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.

Service and service type

Tennyson Wharf 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, and

support workers. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment. 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff signed medicine administration records (MAR) when people had taken their medicines. However, medicines people took on an 'as needed' basis had not always been recorded clearly or consistently. In addition, there were no records to show if the medicines had been effective, for example, to relieve pain. We raised this with the registered manager who implemented immediate changes to rectify this issue.
- Records showed staff who administered medicines were provided with training and observation to ensure they were competent.
- Staff were observed following good practice when administering people's medicines. They explained the medicines people were receiving and offered them in ways people preferred.
- The registered manager had developed a more effective medicines error reporting form to enhance monitoring of errors and ensure lessons were learned to improve practice.

Staffing and recruitment

- The registered manager had used a staffing calculator to ensure staffing levels met people's needs and this had been recently reviewed. Staff and relatives, we spoke with consistently told us they were concerned low staff levels were having an impact on the quality of care people received. It was acknowledged that the COVID-19 pandemic had created significant staffing challenges. We discussed this with senior managers and have been assured that staffing levels will be kept under constant review.
- Systems and processes were in place to ensure recruitment of staff was carried out safely and complied with regulations. Previous work history and suitability for roles were checked. The disclosure and barring service was checked to establish if new staff had previous criminal convictions.

Assessing risk, safety monitoring and management

- Systems and processes were in place to ensure risks associated with people's care were managed safely. Risk assessments were in place to reduce risks associated with choking, falls and skin breakdown. Risk assessments were reviewed and up to date.
- Risks associated with fire were managed appropriately. Staff received fire training and regular testing of the alarm system were carried out. People had evacuation plans in place to ensure they could evacuate safely in an emergency.
- Risks associated with the environment were managed appropriately. The service employed a maintenance officer whose role it was to carry out regular checks of the building and the environment. Risk assessments were in place for all equipment used.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. The provider had a safeguarding and

whistleblowing policy which staff were aware of.

- Records showed and staff confirmed they received training about how to recognise and report abuse. One staff member said, "I would always report my concerns to my manager, the training is very good we get lots of it."

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.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents and staff described how they used this. Some recording discrepancies were identified where falls were not always recorded on people's falls logs. We raised this with the registered manager who provided us with an assurance that this had been addressed immediately following the inspection.

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.

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

- At the time of the inspection there was a registered manager in post. Prior to their appointment and since our last inspection there had been a significant turnover of registered managers which staff told us had been disruptive and affected the morale of the team. One staff member told us, "There have been lots of different managers since I have worked here." Another staff member said, "Everyone is stressed and not happy at the moment and everyone complains to each other."
- Relatives expressed concern about the high turnover of registered managers in the service and told us communication from the current registered manager had been insufficient. One relative said, "Since lockdown I have felt very disconnected from [relative] and the changes of managers certainly haven't helped."
- Frequent changes of registered manager reduced the providers ability to achieve and maintain improvements. Staff described how the inconsistency brought about by changes in leadership had affected their enthusiasm for new initiatives and ways of working. This meant there was a risk improvement would not be sustained in the long term.

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

- Relatives told us communication with the registered manager during the COVID-19 pandemic needed to improve to reassure them their family member was safe and well. Several relatives expressed concern they were not informed when their family member had been unwell or had been admitted to hospital. Some relatives told us the registered manager did not always respond or return calls when enquiries had been made.
- Most staff told us they did not feel supported or valued by the registered manager. One staff member told us, "The previous managers were nice and listened to me, but [registered manager] won't respond to my emails and is always busy when I try to talk to them."
- We spoke with the providers senior managers about the concerns raised by relatives and staff and were assured by the action taken to address these concerns. The regional director shared plans with us regarding how they were going to improve levels of communication with relatives and how they would improve support for the staff team.
- Relatives told us they received regular updates from the provider throughout the COVID-19 pandemic. Some relatives found this useful and informative but told us they would have preferred information to be

shared specifically about the service rather than the providers organisation.

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

- Throughout the inspection senior managers were reflective and open when discussing areas of leadership which required improvement. The providers response to concerns we identified assured us they were committed to driving improvement in the service.
- The provider had systems and processes in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- Systems and processes were in place to ensure audits of all aspects of the service such as IPC, medicines and building maintenance were undertaken to review the safety and quality of care. Shortfalls and actions were added to an online action plan which the provider and senior managers had full access to. This meant during the COVID-19 pandemic senior managers could keep track of actions to ensure the service achieved regulatory compliance.
- Records of meetings with staff showed that actions and shortfalls identified in audits were discussed. The registered manager had developed a new approach to handover meetings which included all staff on duty. Some staff told us this had been an improvement.
- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care during extreme circumstances. For example, if there was a fire or flood.

Working in partnership with others

- The registered manager and provider worked in partnership with outside agencies to improve people's care. Staff at the service were confident to liaise with other organisations to ensure people received a high-quality service.
- Staff recognised when people's needs changed and made appropriate referrals with health and social care professionals. This ensured people received the care they needed.