

GCH (South) Ltd

Baugh House Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Baugh House is a 'care home' providing personal and nursing care to 32 people at the time of the inspection. The service can support up to 60 people. The care home accommodates people on two floors, a residential floor and a nursing floor. Baugh House was providing care to some people living with dementia.

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

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. Staff were following advice and guidelines recommended by health care professionals. Medicines were managed safely. The service had procedures in place to reduce the risk and spread of infections and COVID 19.

People and their relatives had been consulted about their care and support needs. Assessments were carried out before people started using the service. People and their relatives knew how to make a complaint if they were unhappy with the service. There were procedures in place to make sure people had access to end of life care and support if it was required.

The provider took people, their relatives, staff and health care professional views into account through satisfaction surveys and feedback from these was used to improve the service. Relatives told us there had been improvements since the new manager started working at the home. Staff said they received good support from the new manager and staff moral had improved. The manager and staff worked with health and social care professionals to drive improvement and to deliver an effective service.

Rating at last inspection and update: The last rating for this service was requires improvement (published 30 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baugh House Care Centre on our website at www.cqc.org.uk.

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 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Baugh House Care Centre

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.

Inspection team

One inspector and an Expert by Experience carried out the inspection. 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

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

The service did not have a manager registered with the Care Quality Commission. The current manager had worked at the home since October 2020 and they were in the process of applying to CQC to become the registered manager for the home.

Notice of inspection

This inspection was announced. We gave the manager very short notice as we required information for the Expert by Experience to carry out their role.

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 who work with the service. We used this information to plan our 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-

The Expert by Experience spoke with four people who used the service, and nine relative's on the telephone. The inspector spoke with a relative, a visiting health care professional, a nurse, three care staff, a chef, the clinical lead, the deputy manager, the regional manager and the home manager. We reviewed a range of records. This included four people's care records and 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last comprehensive inspection published 30 July 2019 we found risks to people were not always managed safely. We also found staff had not been following guidance from healthcare professionals in relation to meeting people's care needs. We found that weekly weighing was not always being completed for people when it was recorded in their care plans that they should be.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found that risks were managed safely. People's care records included risk assessments, for example on falls, moving and handling and eating and drinking. The risk assessments included information for staff on how to minimise accidents occurring.
- Staff were following guidance provided by healthcare professionals. They were able to describe in detail how they supported people with their care needs. One staff member told us how they supported a person by following eating and drinking guidance received from the speech and language therapy team. The chef also showed us information they held relating to people's dietary needs and meal consistency requirements. Another staff member told us how they supported a person to move around using specific equipment after receiving training and advice from a physiotherapist.
- A visiting health care professional told us, "The standard of care people receive at the home is good. I came last week to do an assessment and I was provided with the appropriate records. The manager came to check that I had everything I needed."
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- We also found, where it was required, people's weights were being regularly recorded.

Using medicines safely

At our last comprehensive inspection published 30 July 2019 we found people's medicines were not always managed safely. We found gaps in the recordings of 10 people's MAR where prescribed medicines had not been signed as given by staff. A medicines audit documented there had been no gaps in recording on people's MAR despite these instances.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook a targeted inspection, report published 10 March 2021, to check on specific concerns we had

received in relation to medicines management and the way the home was managed. At that inspection records showed that people were being given their medicines, including 'as required' medicines, as prescribed.

- At this inspection we saw people had individual medicines administration records (MAR) that included their photographs, details of their GP and any allergies they had.
- MAR records had been completed in full and there were no gaps in recording. The clinical lead nurse confirmed that people were receiving their medicines on time and as prescribed.
- Where people were prescribed a transdermal patch, we saw that body maps were in place alongside the persons MAR to ensure the patch would not be applied in same locations. There was guidance in place for staff on when to offer people 'as required' medicines or pain relief. Where medicines were given covertly (disguised in food or drink) the service had ensured all the appropriate checks were in place and that it was in a person's best interest.
- Medicines including controlled drugs were stored safely and daily medicines fridge and room temperature monitoring was in place and recordings were within the appropriate range.
- Training records confirmed that staff who administered medicines received training on medicines administration and had their competency to administer medicines regularly checked.

Staffing and recruitment

- One person told us, "I am very happy here. Someone always helps me." A relative commented, "In the past I feel there wasn't enough staff, but that has certainly improved with the introduction of the new manager."
- Comments from staff about staffing included, "Things are much better. We have new staff which is really is good as we used to have lots of agency staff.", "Staffing levels are okay at the moment, it's quite relaxed now." And "Staff moral better than before. Not using agency staff so much has made a real difference."
- We observed that the staffing levels at the home were meeting people's needs.
- Staffing levels were arranged according to the needs of people using the service. If people's needs changed additional staff cover was arranged. The manager told us they used a dependency tool to assess the number of staff required to support people using the service safely.
- 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).

Systems and processes to safeguard people from the risk of abuse

- A person using the service told us, "The staff always check on me to make sure I am ok." A relative commented, "My loved one is safe and well cared for."
- 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 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.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents. The manager showed us the homes safeguarding, complaints and incidents and accidents logs. They told us they monitored these and if any trends were identified they took appropriate action to reduce the same things happening again. For example, if people had falls their risk assessments would be reviewed.

- The manager provided us with examples of lessons learned following safeguarding investigations and confirmed with us the actions they had taken to reduce the likelihood of the same issues occurring again.

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.
- 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 of the people using the service had been vaccinated against COVID 19.
- There was a team of cleaning staff and we found the home was clean and hygienic throughout.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last comprehensive inspection published 30 July 2019 people's comments about how they were treated and supported were mixed. Improvement was required in this area.

Ensuring people are well treated and supported; respecting equality and diversity

- At this inspection people told us they were well treated and looked after by staff. One person told us, "I like the staff very much. They are kind to me." A relative said, "The staff are a caring bunch who give their best." Another relative told us, "I think the staff will go the extra mile, they give 100%." A third relative commented, "My loved one is well looked after now, much better than before the new manager came. The carers are very good, you can see they really care."
- People's care plans included a section that referred to things that were important to them, for example their relationships, religion, culture and their diverse needs. A relative told us, "When my loved one was moving into the home the staff were extremely helpful. My loved one was moved in safely and with as little distress as possible."
- Training records confirmed that staff had received training on equality and diversity and inclusion. Staff said they would be happy to support people with their diverse needs.

Supporting people to express their views and be involved in making decisions about their care

- People's care records showed that they and their relatives, where appropriate, had been consulted about the care and support they received.
- Records showed there were regular care plan review meetings that were attended by people, their relatives and health and social care professionals when required. A relative commented, "The manager is always available for a chat and to catch up with on my loved one's care."
- Care records were person centred and included people's views about how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "I have all my care done for me. I do need a lot of help." A relative told us, "My loved one always tells me how well the staff care for them." Another relative commented, "I would know if my loved one was not being cared for correctly. It would show in their appearance and moods."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they explained to the person what they were doing and asked them if they were happy with how they were being cared for. They maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could.

- Staff made sure information about the people was always kept confidential. Information about people was stored electronically and staff used handheld personal computers to access care records and to update them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last comprehensive inspection published 30 July 2019 people's and their relatives views about the activities provided at the home were not always positive. This area required improvement.

- At this inspection people told us about the activities provided at the home. One person said they enjoyed reading and the staff always made sure they had books to read. Another person said they enjoyed colouring and painting very much. A third person told us they had been a boxer and they enjoyed watching boxing on the television. This was organised by the staff. They said they enjoyed doing games and puzzles with the activity's coordinator.
- We observed some people participating in activities such as arts and crafts and we saw staff reading to other people in their bedrooms.
- Relatives commented that the lack of entertainment was due to the pandemic, some said the activities coordinators tried very hard. One relative commented, "There's better activities now, everything seems better." Another relative said, "There are not enough activities being offered to the residents. Most activities happen upstairs and not everyone can move about."
- The regional manager told us the activities coordinator had recently left and they were actively recruiting a replacement. As a temporary measure two staff members were acting in the activities coordinators role in supporting people. An acting activities coordinator told us visiting entertainment had been restricted due to the pandemic. We observed the acting activities coordinators providing activities on both floors of the home during the inspection.
- We saw a weekly activity notice board. Activities included dominoes, word games, floor netball, painting, creative drawing, skittles, music and movement, sing along and a staff member facilitated a Sunday religious service. The home had a hairdressing salon and we observed people having their hair done on the day we inspected.

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

- People had care plans that included their life histories, likes and dislikes, their health care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff for supporting people with moving around the home and with eating and drinking. Staff understood people's needs and they were able to describe how they supported them.
- Relatives also told us they were involved in planning for their loved one's care. One relative commented, "I

came to the home a few weeks ago and we went through my loved one's care plan together, they [manager] really listened to what my loved one and I had to say." Another relative commented, "I like the fact that staff ask my advice on how to help and care for my loved one. They will take tips from me. My loved one is not always easy to manage."

- The home had introduced a new electronic care planning system. One staff member told us, "It's simple and straight forward to use, much better than what we had before." Another staff member said, "The electronic care plans are much better and we get to spend more time with the residents."

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 communication needs, and methods were identified and recorded in their care plans.
- The manager told us where appropriate people would be provided with information in formats they could understand. For example, larger print, Braille or audio for people with sight impairment or in different languages if need be.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure in place. The complaints procedure was available in formats that people and their relatives could understand.
- A relative told us, "If I have concerns, I deal with the home by phone and E-mail, because I live a good distance away and only see my loved one occasionally. I have had good communication with the home over the last few months."
- The complaints log showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with the complainant to resolve their concerns.

End of life care and support

- People had been consulted about advanced care planning and how they would like to be supported at the end of their lives. We saw this information was included in their care plans to ensure their end of life wishes were met.
- The manager told us they worked with the GP, the local hospice and family members to provide people with end of life care and support when it was required.
- Training records confirmed that staff had received training on palliative end of life care.

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 require improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last comprehensive inspection published 30 July 2019 we found the home's systems for monitoring the quality and safety of the service were not operating effectively. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found that the home's systems for monitoring the quality and safety of the service were operating effectively. The manager and clinical lead undertook regular monitoring audits. These audits covered areas such as health and safety, infection control, incidents and accidents, care plans and medicines. We reviewed audits and outcomes and saw audits were up to date and that remedial actions were taken with staff when necessary to ensure that care was provided in the right way.
- We saw records confirming monthly safety checks were carried out, for example, on bed rails, hoists, window restrictors and wheelchairs. We also saw records of gas safety checks, portable appliance testing, fire drills and fire alarm testing and servicing.
- There were unannounced 'spot checks' which involved managers checking staff practice, these include night-time visits.
- The provider undertook regular quality audits at the home to monitor compliance with CQC's key questions of safe, effective, caring, responsive and well led. We saw the last audit included actions to be completed for example, evidence of activities for people nursed in bed needed to be documented and staff recruitment should include a full employment history. The recruitment records we looked at included a full employment history.
- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included support required by staff, training, employee of the month, the electronic care planning system, resident's needs, communicating with relatives and activities.

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 home did not have a registered manager in post. The new manager had worked at the home since October 2020. They told us they were in the process of applying to become the registered manager for the home.
- The manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the

home.

- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. There was a positive workplace culture amongst nursing, care, kitchen, domestic, office-based staff and the management team.
- Specific staff had been designated champions in areas such as dignity, moving and handling, dementia, infection control and medicines. A staff member told us they were the oral health care champion and they had received extra training on the topic. They observed staff practice and reminded staff of the importance of maintain good oral health care for people.
- A member told us they were awarded the May 2021 Employee of the Month. The award works through staff nominations. They said it felt nice that staff appreciated and supported them.
- The manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open, honest and took responsibility when things went wrong.

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

- Nine out of the ten relatives were positive about the management of the home. Comments included, "The manager has turned this home around.", "When we have meetings the manager listens and handles difficult situations very well.", "This new manager has started to make some good changes in the home." And, "The manager is on the ball."
- A relative commented, "The new addition of a clinical lead nurse has seen some great improvements. For example, good care plans and bathing and showering is happening on a regular basis."
- A relative felt that issues were not dealt with in a timely manner and they had not been informed about their loved one's health. Other relatives said that communication had improved since the new manager started.
- The provider took people's, relatives, staff and visiting professionals' views into account through satisfaction surveys and feedback which was used to improve the service. Comments from relative in a recent survey included, "I am happy with the current visiting procedures," and a health care professional commented, "Very reassured on observing and speaking to the manager, deputy manager and clinical lead."
- Staff told us about the support they received from the manager. One staff member said, "The new manager and the clinical lead are doing a good job. Staff and the management team's relationship has improved. We see the managers around more. The clinical lead is very supportive. Another staff member told us, "There has been a lot of improvements. There a nice new kitchen upstairs, we are not using so many agency staff, the electronic care plans are much better and staff moral better than it was before."

Working in partnership with others

- The local authority quality assurance team recently carried out a visit to the home. They made a number of recommendations for improvements at the home. The manager showed us an action plan confirming they had taken action to address many of the recommendations. For example, people's fluid charts had personalised daily fluid intake targets in place. The managers action plan had also set timescales to address the other recommendations.
- A GP commented that since the new management took over six months ago and with the introduction of the clinical lead that there had been far more stability than previously. As result, the impact had been positive. They felt they had developed a good and strong working relationship which was very positive in being able to work effectively as a team and thus provide better patient care. They said they were strongly supportive of the way in which the home engaged in monthly multi-disciplinary team meetings, which was a fantastic way of working with other providers being able to liaise directly and discuss patients in a holistic

approach. Another GP commented that the care home was well managed. The feedback they got from the practice manager, the prescribing team and fellow GPs was that everything was running smoothly at the home.

- The manager told us they regularly attended provider forums run by the local authority. Following the last forum, they told us they had implemented a 'react to redness' program recommended by a tissue viability nurse. If staff observe any redness, they create a skin plan and follow up with the GP for advice and support. They said the learning was helping staff to proactively support people with skin care.