

## Barchester Healthcare Homes Limited

# Paternoster House

### 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

Paternoster House is a care home providing personal and nursing care for 74 people at the time of the inspection. The care home can accommodate up to 108 people across four separate units over two floors.

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

The service's quality assurance processes which were in place did not identify the concerns we found at the inspection. There were some areas of the environment that needed repair. Infection prevention and control policies and procedures were in place in line with the current government guidelines in respect of COVID-19 pandemic, however staff did not always wear the personal protective equipment (PPE) correctly. In addition, some aspects of environment did not allow for effective cleaning. The service was following government guidelines for visitors, and COVID-19 swab testing was being carried out for people and staff.

There had been frequent changes to management which had impacted on staff morale and effective oversight in some areas. The new manager had been in post for a few weeks prior to the inspection. They had made changes to the daily management and had taken a proactive approach to making improvements. Staff were positive about the new manager and the changes they were making.

Some incidents and accidents that should have been raised as safeguarding concerns had not been identified. The new manager was carrying out audits and analysing incidents and accidents and reporting safeguarding concerns. This gave us reassurance that the processes were being followed.

People and their relatives told us they felt safe using the service and knew how to raise any concerns. Staff had received safeguarding training. People and their relatives told us they were happy with the care provided and staff were kind and caring.

Care plans contained risk assessments. Where risks had been identified, people were referred to the relevant health professional for advice.

The service followed a safe recruitment process. There was enough staff on duty to meet people's needs. Staff received medicine administration training which included observations in practice to ensure competency. Medicine management followed legislation and guidelines.

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

The last rating for this service was Good (published 9 April 2019).

### Why we inspected

We received concerns in relation to the management of the service, incidents and accidents and infection

control. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led.

We reviewed the information we held about the service. No areas of concerns 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 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.

We have found evidence that the provider needs to make improvements. At the time of inspection and since the inspection, the provider has responded positively, and some improvements have been made. Please see the Safe and Well-led sections of this report.

You can see what action we have asked the provider to take at the end of this report.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Paternoster House 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 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?**

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** ●

# Paternoster House

## 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

The inspection team consisted of three inspectors and one 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

Paternoster 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 had a manager in place who was not registered with the Care Quality Commission for this service. We were told at inspection that the service was going to apply to register the manager. This means that they and the provider would then be 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.

We visited the location on 29 and 30 June 2021.

#### What we did before the 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. 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 10 people who used the service and five relatives about their experience of the care provided. We spoke with 14 members of staff including the regional director, manager, training officer, nurses, clinical practitioners, care workers, housekeeper, and an administrator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 12 people's care records and multiple medicine records. We looked at four 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 other quality assurance records and the proposed improvement plans. We held a meeting with the managing director and head of regulations to discuss our findings.

# 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 now deteriorated 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; Preventing and controlling infection

- The general maintenance in some areas of the building were in need of repair and redecorating. We observed that several curtains were off the tracks and the chest of drawers in one bedroom had handles missing leaving exposed screws which could pose a risk to scrapes and skin tears as older people's skin is more fragile.
- Some bedrooms required painting and refurbishment. One bedroom was found to have damage to one wall which we raised with the management. Action was taken immediately, and we have since been informed by the management that the wall has been repaired and the bedroom redecorated.
- Care plans identified people's moving and handling risks however some of the measures put in place were not enough. We saw one person's bed which had potential safety risks in relation to the mattress which did not fit the bed correctly and there was a risk of injury. We brought this to the attention of the regional director and manager who took immediate action. Before we completed the inspection, we checked, and the person had been transferred to a lower bed with a suitable mattress. We were assured the person was safe.
- We found wall tiles missing from some bathrooms, toilets and sluice areas creating a possible infection control hazard because they could not be cleaned effectively. The manager responded immediately to our findings and liaised with the maintenance team with plans to address the concerns, but they had not been previously identified during routine checks.
- Not all staff were using PPE effectively and safely. We observed that some staff were not wearing their masks correctly and some staff not always using hand sanitizer between attending to people. We discussed this with the manager who was going to raise it with the staff.

We found no evidence that people had been harmed however, infection control procedures and risks linked to the environment were not robust. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans contained people's individual risk assessments. Where risks had been identified, advice was sought from the appropriate healthcare professional, for example people with a risk of choking were referred to the speech and language therapist (SALT). To make certain people received the correct food textures for their needs, the chef ensured the person's meal was labelled to assist staff at mealtimes.
- 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 accessing testing for people using the service and staff.

- 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 service in accordance with the current guidance.

#### Using medicines safely

- We reviewed medicine management. We sampled medicine administration records (MAR) from each unit to ensure the medicines tallied and there were no missed signatures, ensuring people received their medicines as prescribed. We found MAR charts completed correctly.
- The temperature of the rooms where the medicines were stored, and the medicine refrigerators were recorded daily. We saw these were within the expected temperature range showing that the medicines were stored safely.
- We checked the controlled drugs cupboards and the medicines tallied.
- As required medicine (PRN – pro re nata) protocols were in place. We saw the protocol to one medicine contained guidance for staff in line with good practice on how they could support the person before making the decision to administer the medicine. However, when the medicine was given, care plans did not always illustrate why the medicine had been given or the outcome. This meant there was no system to review the impact for the person or learn about any patterns linked to their wellbeing. This was discussed with the manager who agreed this was needed.
- Staff received training in medicine administration and observational supervisions were conducted to ensure they were competent and to assess if any further training was required.

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

- There had been frequent changes in the management of the service which had been unsettling for staff and led to lack of effective oversight. The service had transferred an experienced manager from a sister home to manage the service.
- People and their relatives told us they felt safe using the service and if they were concerned, they would speak with the staff.
- Staff were knowledgeable about safeguarding and were aware of the safeguarding and whistleblowing policy. They said they were confident to raise any concerns or allegations of abuse to the manager and were assured it would be dealt with appropriately.
- Some incidents and accidents that should have been raised as safeguarding concerns had not been identified. The new manager was in the process of analysing incidents and accidents and were reporting any concerns to the local authority. The manager was forwarding notifications to CQC as part of their regulatory responsibility.

#### Staffing and recruitment

- The staff recruitment process was managed by the human resources department of the organisation. They ensured the disclosure and barring service (DBS) checks and references were requested and obtained. The DBS is a national agency that holds information about criminal records. We found that staff recruitment files contained the necessary documents.
- New staff followed an induction programme. The service had a training officer who conducted the service's mandatory and refresher training including practical moving and handling. Observational supervisions were carried out to ensure staff were competent and to establish if training had been embedded into practice.
- There were enough staff on duty to meet the needs of people.

#### Learning lessons when things go wrong

- The new manager was reviewing the complaints, safeguarding, accidents and incident records for themes



and trends to see where lessons could be learned. Any lessons learned were shared with the staff during staff meetings, daily handover periods and supervisions. However, this inspection identified risks that had not been recognised or escalated by staff/senior management. This did not demonstrate that the service had identified where improvements and lessons were needed.

# 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 Good. At this inspection this key question has now deteriorated to 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.

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

- During the inspection we found issues relating to the environment; please refer to information in Safe. We noticed there were not enough height adjustable tables in one unit to meet the needs of all people sitting in armchairs. Quality assurance systems had not identified this so there was no assessment of what impact this had on people's experience / wellbeing or if better longer-term solutions had been explored. This did not demonstrate best practice had been considered.
- The overall systems for quality assurance were not robust at all levels. Senior regional oversight had not identified shortfalls in the environment and infection control and there was no reporting that other staff had identified or escalated these matters. The manager had only been in post a few weeks prior to the inspection and was starting to review systems and processes. However interim measures did not ensure consistent quality and oversight so standards did not drop.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively overseen. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager was experienced and understood their role. They had previously managed a sister service so was familiar with the provider and the organisation policies and procedures.
- Staff were positive about the new manager and were supportive of the changes they were making. Staff acknowledged there had been problems before, including being short staffed which they felt impacted on the care they provided as they were rushed. Staff told us they felt the service went through a period of poor management but now feel listened to by the new manager and the standards were improving.
- We met with the senior management team following the inspection and they have since forwarded an action plan relating to redecoration and refurbishment. Whilst there had been a delay in planned refurbishment due to the COVID-19 pandemic, some of the required repairs had not been identified. The concerns we raised have now been included in the improvement action plan.

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

- We observed positive interaction between staff and people living at the service. Staff were attentive to people's needs. During the lunchtime meal people were offered choice of meals and drinks. Staff assisted people who required support with their meals.
- We spoke with some people who were in their rooms. We observed they all had access to drinks and were within reach. One person told us, "Staff are kind, they come when I need them. I keep myself to myself and prefer to be in my room." Another person said, "It's okay here; I don't mind it. Staff are nice and yes, they come when I need them."
- The manager created an open and inclusive approach. Staff told us they were able to discuss concerns with the manager and they listened. The manager had introduced different communication strategies to share information with staff to ensure people received person-centred care. For example, the manager conducted a handover every morning followed by daily stand meetings mid-morning where the leads of nursing, care, catering and housekeeping met to discuss people's needs and actions for the day.
- Although we saw some people engaged in activities, these were limited, and we observed several people constantly walking around within the unit. Some people were attending the hairdresser and others were reading magazines or talking to staff. On another unit we saw staff dancing with people. The manager told us there were plans to recruit another staff member for activities.
- Relatives we spoke with were positive about the staff. They told us staff were kind and skilful. One relative told us, "There had been some issues with management, but the nurses are good. They are compassionate and they know what they are doing. Communication with them is good." Another said, "The care is brilliant, staff are nice and my relative is happy."

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

- Meetings were held for people using the service and one person had been nominated as a Care Home Ambassador. The meetings were an opportunity for people using the service to discuss proposed activities but it was not clear how this role linked to overall improvement, developments or positive experiences for those using the service.
- Relatives meetings were being conducted through using videoconferencing technology during the COVID-19 pandemic to enable them to stay in touch with the service.
- The service used technology to communicate with relatives and friends through a social media site to inform them about activities taking place in the service. The service's website contained information about the service and relayed current advice on relatives visiting during the COVID-19 pandemic period.
- Staff meetings and clinical governance meetings were held regularly.

Continuous learning and improving care;

- Staff told us they were supported with their continued professional development. Nurses were supported to achieve their revalidation for the Nursing and Midwifery Council (NMC) to ensure their registration remained active.
- Training courses specific to staff designation was arranged, for example nurses attended clinical practice refresher courses such as choking risk and tracheostomy care, when the service used specialist subject trainers.
- The local authority provided additional training for staff on care planning. Staff told us if they required any specific training they could ask and this would be considered.

Working in partnership with others

- The service worked closely with local health and social care professionals including the local authority and clinical commissioning groups (CCG).
- Where required, referrals were made to the relevant professional for advice and reviews. We saw entries in care plans where people had been referred to the occupational therapist, physiotherapist, SALT team and

tissue viability nurse.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  PPE worn incorrectly by some staff and areas of the environment in need of repair were identified as an infection control risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance systems in place were not robust enough to identify shortfalls in the environment and infection control.