

# Barchester Healthcare Homes Limited

# Winchester House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Winchester House is a care home registered to support up to 123 people with nursing and care needs. It is divided into six units. One unit was for people with complex nursing needs and two were for people with dementia nursing needs. The home also had two residential units for people without nursing care needs, one of which was a residential unit for people living with dementia. The last unit was closed to admissions due to renovation. At the time of our inspection 90 people were living at Winchester House.

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

There were enough staff to meet people's needs. Records reviewed showed that there were appropriate numbers of suitably trained staff.

People told us that they felt safe. One person we spoke with, told us, "Oh yes it's safe here, and they always check on me." Another told us that, "[staff] are professional and do what I ask of them."

Safeguarding incidents and accidents/concerns were investigated thoroughly, and the registered manager worked closely with local authority safeguarding teams to prevent the risk of reoccurrence and identify the causes. The frequency of safeguarding alerts had reduced significantly since our last inspection.

People's care plan files were up-to date and contained the information needed to support people. However, the care plans we reviewed were difficult to read and follow. They contained a large amount of information, were handwritten and did not contain a summary of the person's needs. This could pose a risk to people as new or agency staff may find it difficult to access the most up to date information needed to care for people safely.

Feedback on activities available to people was mixed. Some people were observed completing hobbies they were interested in, such as gardening however, on two nursing units there was a distinct lack of engagement for people who were cared for in bed.

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.

People who were receiving support from external healthcare professionals had updates to their care plans and there was clear guidance in place for staff to support people appropriately.

People were supported to take their medicines as prescribed. Staff were given training they needed to perform their roles and the registered manager had a team structure in place for supervision and reporting, whilst fostering an open-door culture that encouraged staff to go to them.

There had been improvements in the quantity and frequency of quality assurance checks since the last inspection. The registered manager had implemented several changes to improve the service.

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 requires improvement (published January 2020) where multiple breaches of regulations were found. 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

The inspection was prompted in part due to concerns received about staffing, people's risk assessments and the culture of the service. A decision was made for us to inspect and examine those risks. We carried out an unannounced comprehensive inspection of this service on 12 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, safe care and treatment, good governance, and staffing.

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, 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.

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

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.

#### 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 safe.

Details are in our safe findings below.

Good 

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Winchester 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

This inspection was carried out by three inspectors, a specialist advisor who was a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Winchester 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about the service. This included information submitted to us as notifications. Notifications are information about events which providers are required by law to inform us about. We reviewed the feedback we had received from members of the public, and local authority

commissioners who were involved with the service. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy manager, team leaders, nurses, and care workers. We reviewed a range of records. This included nine 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

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.

### Staffing and recruitment

At our last inspection the provider had failed deploy staff effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection people were at risk of harm due to low numbers of staff being deployed. At this inspection we found, the registered manager had recruited new staff and redeployed existing staff based on their skills.
- Enough staff were deployed to meet people's needs. The home was staffed appropriately on the day of inspection and each unit had a varied skill mix including registered nurses, team leaders, and care staff.
- People and staff said at times there were not enough staff. One person who lived at the service told us, "We only have two carers at night. It's not enough." And another person told us, "The staff are wonderful, but they never have time to talk, they only have time to do the basics." A recognised dependency tool was in use to determine the appropriate levels of staff needed on each unit. Information used to complete the dependency tool was based on daily assessments of what people's needs were at that time. We reviewed this tool and staff rotas for the months of April 2021 to July 2021 and no issues were found.
- Recruitment was discussed with the registered manager and regional director. There were staff vacancies for all positions in the service and applicants were shortlisted by the providers head office. Once shortlisted applicants were invited to attend a competency-based interview and complete pre employment checks such as references and applications to the Disclosure and Barring Service (DBS) to ensure people were suitable to work with people who required care and support. Registered nurses had their registration with the NMC reviewed before starting employment.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There had been improvements made since the last inspection. Suitably trained staff administered people's medicines. We observed medicines being administered and the staff completing this had 'protected time' with phones diverted to the reception so they could concentrate and ensure medicines were administered safely.
- Medicines administration records were reviewed, and these were complete and accurate. Records tallied with amounts being stored and stocks that were present. Medicines were stored appropriately. Medicine trolleys were supervised and locked when required, minimising the risk to people having access to incorrect medicines.
- Where people required creams to ensure skin safety for example, appropriate topical medicine assessments were in place and records were complete. These medicines were also stored correctly.
- People who required prescribed medicines on an 'as needed' basis, for example pain relief, were supported by staff. There was clear information to help staff know when to offer and administer these.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us that they felt safe. One person we spoke with said, "Yes I feel safe, they always check in on me." At the last inspection there were high levels of safeguarding alerts including people who lived together in the service abusing each other. This had significantly improved, and incidents had reduced.
- Staff we spoke with were able to demonstrate safeguarding processes and what to look out for to recognise signs of abuse. Staff knew how to deescalate situations and how to report areas of concerns to managers and team leaders.
- Unit leaders met with the management team in daily 'stand up' meetings. This was to highlight and discuss any concerns and agree any actions required.
- Staff had completed incident forms and reported concerns to the appropriate member of management team. Once these were complete, they were countersigned by the deputy manager following appropriate referrals being made to the local authority, CQC and if required the police. Investigations of safeguarding incidents or concerns were recorded, and these records detailed the incident, actions taken and lessons learned.
- When a safeguarding alert was raised, the provider was required to notify CQC. Notifications that had been received prior to inspection were cross referenced with records held on site. All actions submitted on notifications were actioned.

Assessing risk, safety monitoring and management

- People's needs and current risks were appropriately assessed. Each person's care record we reviewed had detailed risk assessments applicable to their needs. Including risks to people's moving and handling, risk of choking, risk of malnutrition and pain.
- Risk were identified with information on how to reduce potential of these occurring. Reviews were completed regularly or if there had been a change in a person's needs.
- Some of the people reviewed were unable to verbally ask for help or use the call bell system to summon assistance. This had been appropriately assessed and people were checked every hour by staff to ensure they were safe. Records of these checks were completed. Guidelines for people who could not communicate were in place also so staff were able to determine if they required any assistance.
- Risk assessments and care plans had been made in conjunction with professionals. For example, one person's care plan we reviewed had a specific seating plan completed by a physiotherapist. There were instructions for staff, what equipment needed to be used and photos to assist staff to achieve the correct seating position for the person.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.



- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service 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 remained the same. This meant people's needs were not always met.

### End of life care and support

At our last inspection the provider had failed to effectively record appropriate quality of care plans and records, accessibility of information and responses to people's presentation. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At this inspection there had been improvements. People who were approaching the end of their life were treated with dignity by staff. People had advanced care plans developed by them or their relatives to inform staff of what their wishes and preference were such as whether a person wished to be admitted to hospital or to be cared for at the service and treated conservatively.
- Religious beliefs of people were noted and there were details of funeral arrangements with who to contact. Do not attempt cardiopulmonary resuscitation (DNACPR) records were completed and discussed with the person and/or their representative.
- People receiving palliative care and support had appropriate professionals involved. There had been regular reviews by dieticians and palliative care nurses. GPs had been involved in prescribing appropriate medication to keep people comfortable. All reviews and instructions from professionals were included in people's care plan and updates given to staff.

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

- Feedback from people regarding their experiences of the activities and engagement was mixed. Some people had been supported and encouraged to participate in activities that they liked, such as gardening. However, some people felt bored and remained in their rooms for prolonged periods.
- There were a range of activities on offer and we were told there was a total of three activity coordinators working in Winchester House. On the day of inspection there was one. Activity staff had a difficult task of engaging all people living in the service due to the size and number of people living there with different interests and abilities. On one unit most people were cared for in bed and there did not appear to be any stimulation for these people, only when care staff were completing tasks or relatives visited. We discussed this with the registered manager who stated the other two members of the activity team were away or on non-working days.
- People were encouraged to keep in contact with family and friends. Staff supported people to complete video calls. The visiting policy had been updated to coincide with the latest guidance. Staff we spoke with

told us they had seen a positive increase in people's mood since visits had been restarted.

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

- People's care plans were detailed and extensive. They contained a large amount of information. We discussed this with the registered manager as it could be a potential barrier to new staff or agency staff finding the most up to date and relevant information needed to support people correctly.
- However, staff and managers demonstrated good knowledge of people's needs and what their likes and dislikes were. We discussed with the management team reducing the amount of information contained to only include the most up to date and relevant information. The registered manager agreed to look into this.
- The registered manager completed initial assessments with people or their representatives to ensure they could meet the needs of the person and people had personalised assessments dependant on these. For example, one person living with dementia had a specific assessment to determine if they were suffering from depression, another had a specific pain assessment. Some care plans did not include a completed 'getting to know me' document which is the providers standard document, and this was fed back to the registered manager.
- The service used paper records for care plans and daily intervention records. We found that some of the handwritten notes were difficult to read. The regional directors' audits had identified this as an issue, and we were assured that work was already being undertaken to improve this. The provider was looking to implement an electronic system for care plans and recording.
- We found evidence of people's relatives or representatives being involved in developing their care plan. One relative told us, "[the staff] go out of their way to help. The staff are hardworking and really make the effort to get to know [people] and us."

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.

- Care plans were not in a format that was easily accessible to people. They contained a lot of information and some of the hand written notes were hard to read and understand the information documented.
- People's communication needs were highlighted in their care plans. Guidance was in place for staff to communicate in the most effective way. There were examples of what communication method some people may use and what this potentially could mean. There was guidance on how to interact with people. Regular visual checks were in place for people who could not communicate or ask for help.
- People who were able to make their wishes known told us that they felt comfortable speaking with staff and team leaders. One person we spoke with told us that they discussed menus with the chef and had, "Quite a laugh about [chef] trying a new recipe and advising it was not very nice and not to make it again."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make complaints. The registered manager encouraged complaints to be raised directly or through the providers central complaints procedure. The registered manager had an open and proactive approach in dealing with complaints.
- Complaints records were reviewed on inspection. The response to complaints had improved greatly. When a complaint had been received, the registered manager had acknowledged this promptly and in line with the provider's complaint's procedure.
- Investigations into complaints were detailed and thorough. Investigations included recorded statements from staff and data analysis, all presented to the complainant in the formal written response.

- One relative we spoke with said they had raised an informal complaint with the deputy manager, and this was resolved quickly and satisfactorily. This was supported by people living at the service.

# 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 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.

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

At our last inspection the provider had failed to implement systems to monitor the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection there had been improvements in the systems used to monitor the quality of the service. The registered manager had completed a range of quality assurance checks regularly. These included unannounced visits to the care home at night and daily walk arounds by the deputy manager. These checks highlighted any issues and identified actions to be taken to improve the service.
- There were records of the regional director completing bi-weekly audits of quality and the clinical development lead for the provider regularly visited the service to improve standards. The clinical development lead told us, "We have really focused on avoiding home acquired pressure sores and making nutritional improvements. We look at causes and then what actions to take to reduce this."
- When an incident or accident had occurred, there were detailed records of what had happened. Records included copies of relevant documents such as daily notes or body maps. All accident and incident records were reviewed by management team and had actions suggested and what could be done to mitigate the risk of it happening again.
- The registered manager had clear staff structures in place enabling staff to find support from the most appropriate senior member of staff. Care staff reported to team leaders or nurses in charge. The nurse in charge reported to the deputy manager and deputy manager to the registered manager. There was an open-door policy in place where any staff could access the registered manager if required outside of this structure. One member of staff we spoke with said, "Previously I had not felt supported by management however it's so much better now and I can go to [registered manager] and they are available and will listen."

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

- At the last inspection it was found that the registered manager had not completed surveys for people who use the service and their relatives for feedback on how the service was operating. This was asked for on

inspection and the registered manager stated none had been requested. The regional director informed us that the provider completed this however we were not assured that the systems or processes to seek feedback from relevant persons were completed or if they were, that the results were passed to the registered manager.

- The registered manager had completed meetings with people and invited their relatives. These meetings were documented and the areas discussed included activities and events, visits, catering, Covid-19 and a question and answer session.
- People told us they felt able to raise concerns and complaints. They were able to speak to the team leader or nurse in charge of the unit and felt confident that issues would be handled correctly and promptly.
- When the registered manager received compliments or complaints these were shared with the team, which allowed units to reflect on what information was contained.
- One relative we spoke with told us, "I would like to know what my [relative] gets up to daily and how they are occupied. I don't use social media, so unless I phone or visit, I wouldn't know." We discussed this with the registered manager and suggested another form of communication, such as a newsletter or memo to relatives to keep people informed if they couldn't access the providers website or social media platforms. The registered manager agreed to review this.

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

- Staff told us since the management team had changed and developed, the culture had significantly improved. One member of staff said, "I love working here. There is great communication between all the teams. I have great support from the team leaders and I think we all make a difference [to people], making sure people have a better life."
- The registered manager had an open and honest demeanour and told us there had been significant improvements in the last 12 months and they were proud of the work they had already completed. The regional director had completed a whole home inspection and had found the internal scoring had increased.
- The providers values were on display in the entrance hall and communal areas of the home.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities. They had notified CQC about all important events that had occurred and had met their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the main entrance to the service and on their website.

Working in partnership with others

- The staff worked with healthcare professionals well and made appointments for professionals to visit people so they had access to appropriate care.
- On inspection it was identified that a person required input from a dietician. The nurse in charge was proactive and contacted them straight away seeking advice and documented this for other staff to be aware of.

