

Barchester Healthcare Homes Limited

Bushey House Beaumont

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

Bushey House Beaumont is a residential care home providing personal and nursing care to up to 62 people. The service provides support to younger and older people, some of whom are living with dementia and people with a physical disability. At the time of our inspection there were 39 people using the service, two of these people were in hospital when we visited the service.

Bushey House Beaumont provides care and support in one adapted building over two floors. There are shared communal spaces such as a lounge, dining room and an activities room and gardens for people to use.

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

At times people's safety was put at risk. Staff received appropriate training for their role and people felt they had good knowledge and skills. However, we found that training was not always put into practice, for example around people at risk of choking, repositioning and ensuring other safety elements were promoted.

People told us staff were kind but busy. There were times when people were left alone to eat and drink when support was needed. There had also been occasions when people were not assisted to use the toilet. The management team were addressing this through disciplinary processes, training and spot checks. The provider had added an extra staff member at night and the ancillary staff were supporting at mealtimes as a result of the concerns. However we found that staffing issues remained and the provider needed review staffing in the service. Staff told us while the home was not full, they could manage with staffing levels but at times were busy.

People felt they were safe and most felt supported by the service. Individual risks were assessed in most cases, and staff were aware of these. Reviews of events and accidents were carried out and any actions needed were carried out. The provider was taking learning from recent concerns and feedback and implementing remedial actions as a result.

People's medicines were managed safely for the most part however records relating to as needed medicines, such as paracetamol, were not always completed. This was being reviewed by member of the management team. Staff knew how to report any concerns about a person's safety or welfare. However, this had not always been identified or reported as we had received concerns from external visitors.

Staff enjoyed working for the service and told us the culture was to ensure care was person centred. They stated they would be happy to have a relative of theirs living there. Care plans were in place, but some were difficult to read due to the handwriting and some had gaps in information. Care plans were reviewed regularly, however when using the resident of the day review process, this was not always completed robustly.

Staff felt supported by the provider and management team. They were positive about the new manager.

People and relatives were asked for their views about the service and were positive about the management team. Staff were also asked for their views and felt the management team were approachable. There were monitoring processes in place to help improve the standard of service and address the shortfalls. Additional management support and training had been implemented to help drive the changes needed.

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.

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 18 December 2019).

Why we inspected

We received concerns in relation to people's care needs not being met, which included continence care, management of pressure care, dietary needs and safe medicines practice. There were concerns relating to staffing, safeguarding people from harm and the overall management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

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

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bushey House Beaumont

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the manager had applied to be registered.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 April 2022 and ended on 16 May 2022. We visited the location's service on 21 April 2022.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and received feedback from four relatives about their experience of the care provided. We spoke with the manager, the regional manager, the regional director, the clinical development nurse and five staff members. We reviewed a range of records. This included six people's care plans and daily notes for an additional three people. A variety of records relating to the management of the service were reviewed.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff were able to tell us about the people they supported, this included their individual risks. However, we found that in practice there were some shortfalls.
- A person who was recently admitted to the service for respite care did not have the appropriate risk assessments in place. The pre-admission assessment did not cover risks for a complex health need nor did they identify a wound dressing we observed.
- Repositioning charts reflected regular positioning in some cases. However, some charts that had gaps overnight or for hours longer than the person's plan indicated. For example, for one person who was assessed to need repositioning every two hours, the record showed them to be in the same position from 00:04am until 11:10am.
- People had access to call bells in most cases. However, two people had their call bells behind their bed. One of these people told us, "They always leave it there." Each room had an hourly checklist that included call bell accessibility. The check prior to our observation had stated the bell was in the person's reach. We discussed with the manager the need to ensure staff were using the checklist as it was intended to ensure these safety elements were met.
- People who needed assistance to eat or those at risk of choking were not always supported or supervised at mealtimes. We saw food left on people's overbed tables and received feedback that at least one person who needed a modified diet due to their choking risk was given inappropriate food. We discussed this with the manager who told us this had been addressed. However, we were made aware of another instance of this happening following it being addressed. The regional director advised us of what immediate action had been implemented to prevent a reoccurrence.

Due to people's safety was not consistently being promoted, this was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People told us that staff looked after them well.
- Bedrails in place had protective bumpers in place. Records we reviewed had risk assessments in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Staffing and recruitment

- People told us at times they needed to wait for support. One person said, "The staff are lovely, always checking in with me. They pop in frequently, so I know they are always around."
- Some people also told us that at times when they needed to use the toilet, staff had previously told them to use the continence products as they were busy. One person continued to say, "I have been told to use my pad, I don't mind much, they will take me to the toilet if I want to go." The manager told us that they had been checking on these concerns since the issues were addressed and the feedback was that this had stopped.
- Staff gave mixed views on if there were enough staff to meet people's needs. Some staff said at busy times they could use more staff. One staff member said, "I think there is a need for more staff. Considering the building, different floors, sections you don't have clear sight for observation like a new purpose-built home." Another staff member said, "Some days are busier than others, but yes (enough staff). The other staff can support if I ask for help."
- While we saw that people had received care and were comfortable, we also found that at times food and drinks were left until staff were available to assist someone. We were not able to establish if the food was eaten or taken away and unable to tell if drinks were fresh in the rooms where there were multiple drinks available. The manager told us that for one person they liked to have several drinks at the same time. We found that people maintained stable weights in most instances, indicating their nutritional needs had been met.
- Following feedback from concerns, the provider had added an extra staff member at night. The management team advised us that the additional staff member had reduced people's waiting times according to call bell analysis. The manager also told us that all staff, including ancillary staff, were deployed at mealtimes to ensure people were not waiting for assistance to eat and drink.
- We reviewed clinical information such as pressure care numbers, falls, infections and people's weights. We found that these were in low numbers. This indicated that people had not suffered harm due to any staffing issues.

However, due to the concerns received and our observations during our visit, we found there were not sufficient staff deployed to ensure people's needs were always met safely. Therefore this was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Using medicines safely

- People told us they had their medicines when needed.
- We reviewed medicines recorded and counted a random sample of medicine quantities. We found that medicines carried forward from the previous month did not have their quantities recorded, for example those prescribed on an as needed basis such as paracetamol. The nurse told us they should be recorded but it had been omitted from the medicine charts.
- We found that there had been no as needed medicines prescribed. While we did not see anyone who appeared to be in pain, staff needed to be sure they offered these as part of the medicines round and

recorded if they were not needed.

- In most cases as needed medicines had a plan detailed when people may need them. However, this needed more detail in some instances so that staff could identify the need if a person was unable to communicate this.
- Where a person was noted as needing to have medicines covertly, this needed to be recorded in a more robust way. The instructions needed to be signed by the GP and Pharmacist and their mental capacity assessment and best interest's decision needed to reflect fluctuating capacity and how to administer these medicines.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. However, we did see two staff members with their masks below their nose, one repeatedly.

We have also signposted the provider to resources to develop their approach.

- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have visitors in the home. Safe practice such as screening processes and PPE were in use. We saw visitors at the home on the day of the visit.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe." One person was noted to have bruising to their arm, they told us they bruised easily. We saw this was recorded in their notes, along with a record of recent bruising.
- Staff knew how to report concerns about a person's safety and welfare, both internally and to external organisations. However, the provider, management team and staff had not identified concerns we had been made aware of.
- There had been a number of safeguarding concerns about the home. These were being investigated by the local safeguarding authority. The provider and management team took action in response to these being raised. This included additional spot checks, increased leadership in the home and staff meetings. They also used their disciplinary process where needed.

Learning lessons when things go wrong

- The management team shared the concerns found by professionals with the staff team. They held meetings, supervisions and shared outcomes with the team. This included what action was needed to prevent a reoccurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were governance systems in the service which covered the key areas such as medicines, care plans, accidents and incidents and infection control. Action plans were developed for areas that needed improving. However, the system had let the provider down at local level. This meant they had a period of time when issues including safety, safeguarding and staffing were not being accurately recorded, reported or responded to. This had an impact on the standard of care people had received and resulted in an influx of concerns being raised. Since these concerns were raised, there has been a management change.
- Where there had been concerns raised, for example in relation to safeguarding issues, the management team had developed an action plan to address these areas and these actions had been put into place ahead of our inspection. While we found there were still issues in some areas which could potentially impact on safety, we could see, and were told by people and staff, there had been some improvements. The regional manager said, "We are not there yet but we can see improvements."

Due to the concerns not being identified by the provider and there been some remaining issues at the time of our inspection even though they had been made aware of the concerns, this was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The new manager had been in post for three weeks at the time of the inspection visit. They had applied to be registered. Although relatively new in post, they had a good understanding of what needed to be improved at addressed in the home and knew people well.
- The manager was being supported by a regional manager who had previously managed the service and a clinical development lead who was reviewing the nursing elements and practice in the home. In addition, there was daily oversight from senior management through daily reporting. This was a new process in response to the issues being raised.

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

- Some care plans were difficult to understand due to the handwriting. Others had gaps such sling sizes needed for transferring, improving people's experience questions and a 'resident of the day' review we saw simply said 'stable, no concerns' with no overview of the person or their input. However, staff we spoke with

were able to tell us about people's needs. The improvement of care planning was included in the provider's action plan but had not yet been fully completed.

- People and staff were positive about the new manager. One person said, "I've met the manager, they're helpful and nice." Staff members told us they were frequently around the home providing guidance, implementing changes and checking on action progress. One staff member said, "[Manager] is always on the move, checking, guiding, telling you things if things are not right."
- The management team were clear on the fact that they needed the right staff on board to ensure the standards in the home improved. The regional director told us they were extremely disappointed that the care had deteriorated but had been able to identify the reason for this and was implementing robust systems to help ensure it did not happen again.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, Continuous learning and improving care

- The management team were open with people, relatives and staff about the issues that had arisen in the home. This was shared through meetings and handovers.
- The team were currently recruiting and advising applicants of the process the home was in and stated they were looking for new team members to help them address the areas needing improvement.
- The provider was reporting to us events, incidents and safeguarding concerns along with actions on how they would address the areas identified. They acknowledged things had gone wrong and wanted to improve the standards.

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

- People told us they felt they were listened to. We asked who they would speak with if they had a concern or feedback. One person said, "Any of the staff, they all have friendly faces."
- The regional director told us that a relative had shared that the service could be better at communicating with people. They told us they added this as an action to be developed by the manager.
- There were meetings held with people, relatives and staff. Minutes to these were circulated to ensure everyone had access to the information. The regional director told us an action from one of these meetings was to ensure people and relatives all had access to the complaint's procedure following recent concerns. In addition, they had included their contact information so they could be made aware of any concerns people may have.
- Surveys were sent to people and relatives. Responses were put into an action plan and rated red, amber or green which identified the points that the team needed to address.

Working in partnership with others

- The management team were working with the local authorities' teams to help improve the home. They said initially this was a challenge but now the management and staff team were embracing the support and learning opportunities from them.
- The manager told us that one of their goals was to improve relationships and regain trust with local authorities and health care professionals.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's safety was not consistently being promoted.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that their governance systems identified and resolved issues in the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure there were sufficient staff to ensure people's needs were met safely.