

Mentaur Limited

The Berkeley

Inspection report

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Ratings

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

Summary of findings

Overall summary

The Berkeley is a care home for up to 10 people. It is registered to provide accommodation and personal care to younger adults, people with learning disabilities or autistic spectrum disorder, people with mental health needs and people with sensory impairments.

The service provided was not initially developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. However, people were given choices and their independence and participation within their local community was encouraged.

Not everyone living at the Berkeley receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection it was confirmed that seven people using the service received 'personal care'.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was fully aware of their legal responsibilities and was committed to providing excellent leadership and support to staff.

People were treated with kindness, compassion, dignity and respect. People were supported by staff to engage in activities of their choosing. The provider built relationships with services within people's local community to enhance people's care experience.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems support this practice.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were comprehensively assessed to ensure they were effectively managed. Safe recruitment procedures were followed.

People were supported by staff that had received training the provider deemed as mandatory to ensure the people they were supporting received safe care. The provider had systems in place to assess and identify the support people required before receiving care.

People and their relatives all spoke positively of the staff team. The registered manager was visible, approachable and highly regarded amongst people, relatives and the staff.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

The Berkeley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced, comprehensive inspection took place on the 30 October and was undertaken by two inspectors. We gave short notice of the inspection visit because people living at the location are often out during the day. We needed to be sure that they would be in. We visited the location on the first day and made telephone calls to relatives on 1 and 2 November 2018.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR and we considered this when we made judgements in this report.

We reviewed other information we held about the service. This included notifications regarding important events which the provider must tell us about. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We contacted the local authority who commission packages of care for people and Healthwatch Northamptonshire to obtain their views about the care provided at The Berkeley.

As part of this inspection, we spent time with people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people that could not talk with us. Some people we spoke with had limited communication abilities.

During the inspection we spoke with five people using the service and two relatives. We spoke with five members of care staff, the registered manager, the quality and compliance manager and one health professional.

We looked at care records in relation to three people using the service. We looked at four staff recruitment

files and staff training records. We looked at records that showed how the provider managed and monitored the quality of service. These included, audits, complaints, compliments, incident reports and a sample of the provider's policies and procedures.

Is the service safe?

Our findings

The systems, processes and practices in place protected people from abuse. People confirmed they felt safe with the staff. One relative told us, "[Name of relative] is happy and safe which makes me happy."

People were supported by staff that had a good understanding of safeguarding procedures and could describe what to do if they suspected or witnessed any form of abuse. One staff member said, "If I had a safeguarding concern, I would report it to the manager straight away." Records showed staff had up to date training in safeguarding procedures. The management team knew how to escalate safeguarding concerns and had policies and processes in place to ensure prompt action would be taken to keep people safe.

Risks to people's safety were assessed and closely monitored. Risk assessment records confirmed specific risks to people's health and well-being were appropriately managed. For example, epilepsy, personal safety, fire, falls, medicines and behaviours that challenge. People had access to support when they needed it. The provider ensured there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. We saw rotas confirming staffing numbers were consistent and appropriate for people's needs. One relative told us, "There are enough staff, [name of relative] has never needed to wait for staff support."

People were supported by staff that had been recruited following safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

People received their medicine's as prescribed and on time. There were appropriate arrangements in place for the management of medicines. Staff had received training and were knowledgeable about how to safely administer medicines to people. The provider used Medication Administration Records (MAR) to record when people received their medicines.

People were protected from the risk of infection. The provider had infection control procedures in place. Staff understood their responsibilities in relation to infection control and hygiene and told us that personal protective equipment (PPE), such as disposable gloves and aprons were readily available for their use. One staff member told us "We have gloves for personal care, food preparation and medication."

The staff we spoke with told us they knew how to report and record accidents and incidents. Records showed accident forms were completed by staff. For example, one member of staff had completed an accident form for a slip in the kitchen area, this had been reviewed by the registered manager to ensure the environment was safe and to prevent this occurring again. Monitoring charts were reviewed following behavioural incidents to identify any causes. Records showed that where the registered manager identified a change in approach was required, this was communicated with staff and addressed during staff meetings. The registered manager kept an incident log to ensure the relevant notifications had been made to CQC and the Local Authority where appropriate and that all appropriate actions had been undertaken and

improvements made where required.

Is the service effective?

Our findings

The provider had systems in place to assess and identify the support people required before receiving care. The management team completed the risk assessments and care plans with people and their relatives in line with current legislation, standards and evidence-based guidance. Care plans were updated as the provider got to know people or as their needs changed. Records showed the provider had liaised with professionals such as speech and language therapists to inform people's care plans.

People received care from staff who had the skills and knowledge to meet their needs. Records showed staff had an induction and had undertaken training for their role, which the provider deemed mandatory. This included training in medicines, safeguarding of vulnerable adults, moving and handling, infection control, Mental Capacity Act (MCA) and health and safety. Staff felt supported by the registered manager and received regular supervisions.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. Staff we spoke with were knowledgeable of people's food and drink likes and dislikes, and the level of support they needed. One relative told us, "The food is always good, they have a residents meeting to choose the meals every week, [name of relative] enjoys the food." We observed mealtimes to be a positive and relaxed experience.

People were supported to live healthier lives by attending regular medical appointments. The provider had systems and processes in place for referring to external health care services. Records showed people were regularly supported to have their eyes and teeth checked. We saw that with people's consent the management team had liaised with health and social care professionals to ensure people's care plans remained up to date. One health professional told us, "The information they [the staff] bring [to appointments] is clear and concise, they know [name of person] really well and ring me directly if they have any concerns."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

The provider had submitted two DoLS applications to the local authority, both had been authorised. The DoLS authorisations were required as some people required continuous support and supervision. We found that the conditions of the DoLS authorisations were being met.

We checked whether the provider was working within the principles of the MCA. People's mental capacity had been comprehensively assessed and people were empowered to be as independent as possible. The staff and management team understood their responsibility around MCA and had received training. People told us and we saw that staff always asked for consent before supporting with care, offered choices and respected people's decisions. One relative told us, "They don't do anything without [names] knowledge or consent."

People's individual needs were met by the adaptation, design and decoration of premises. People had personalised their rooms with their own belongings and were involved in decisions regarding the decoration of their home. People's artwork was displayed in one lounge. One relative told us, "I've always felt The Berkeley is [name of relatives] home, [name] has a lovely room." Another relative told us, "Everyone can have their bedrooms how they want them." There was an accessible garden space and communal areas available for people and their visitors to have privacy.

Is the service caring?

Our findings

People were happy with the care and support they received. Throughout our inspection we observed staff treating people with warmth, kindness and compassion. Staff interacted with people in a polite and respectful manner and frequently shared a laugh or joke with people. We found the Berkeley to have a relaxed and happy atmosphere. Staff sensitively provided reassurance and re-direction to a person that had become distressed during the inspection, which enabled them to continue positively with their day.

Staff and the management team all spoke positively about the people using the service, and were knowledgeable about people's needs and preferences. The care plans advised how people wanted their support provided. This helped staff to provide person centred care that fully supported and respected people's individuality. One staff member told us "The care plans tell you the service users background, what they need daily and what they react well to. They are more than enough information."

The staff were committed to supporting people to enhance their lives and maintain their independence. One staff member told us, "I make sure the service users have independence and only help when they ask." We saw people were supported to take part in activities of their choosing. On the day of the inspection people were looking forward to going to a disco with their friends and having a Halloween party. People were valued by the care staff. One relative told us "They [the staff] give support when needed one hundred and ten percent."

The management team and staff understood when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive and when they are unable to speak up for themselves the advocate will represent them to ensure any decisions are made in their best interests. One person was in receipt of advocacy support, other people living at The Berkeley were supported by their family members and did not require advocacy support.

People were supported by staff that respected their privacy. Information about people was shared on a need to know basis. We saw people's care files were stored securely. The management team were aware of their responsibility in complying with the Data Protection Act and the General Data Protection Regulation. We saw that care was carried out in a dignified and person-centred way. One relative told us "[Name of relative] has a key to their bedroom, staff never go in without [name of relatives] permission. They totally respect [name of relatives] privacy." A staff member told us "I always knock on people's doors and ask if I can come in, sometimes they [people] say no, that is their choice." We observed that staff knocked on people's bedroom doors and asked for permission to enter.

People were supported to maintain relationships with their loved ones, relatives we spoke with told us the registered manager kept them updated about their loved one and they could visit any time. One relative told us "[Name of registered manager] emails me all the time, [name of registered manager] is awesome. I am greeted warmly and lovingly like part of the family when I visit."

Is the service responsive?

Our findings

There was a person-centred approach to the service offered. Each person had a care plan tailored to meet their individual needs. People, and where appropriate, their relatives were involved in developing and reviewing their care plans. We saw daily records were maintained to demonstrate the care provided to people and that people received their care as planned.

People's care plans demonstrated the management team had taken time to get to know them and involved them in completing risk assessments and planning their care. The care plans were adapted to meet people's individual needs and how they wished to be supported. For example, one person's care plan detailed the words they used to communicate, what they meant and the level of support they needed to express their needs.

People were supported by staff who enjoyed spending time with them and getting to know them. One relative told us "[Name of relative] gets on with staff and they get on with [name of relative]. We observed laughter and positive interaction between staff and people during our inspection. People enjoyed living at The Berkeley. One person told us, "I like it here. My mum would like it here, it's fun." One relative told us "I love The Berkeley. It is the best place that [name of relative] has ever been."

People were supported to go out to activities of their choosing. One person told us "I like swimming, dancing, bowling it's fun. I like swimming with [name of housemate]. The registered manager had supported one person to go on a cruise the year prior to the inspection. This person's relative told us "[Registered manager] helped [relative] with their anxiety really well. [relative] did not need to use any extra medication for anxiety on the holiday."

People's social and cultural diversities, values and beliefs were considered during the initial assessment and staff demonstrated an understanding of equality and diversity. The provider had ensured people's individual needs had been considered and responded to. For example, two people attended their chosen place of worship close to their home.

The registered manager understood they needed to look at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw Makaton signs being used by one person and staff during our inspection. Makaton is a language programme using signs and symbols to help people to communicate.

People were given the opportunity to discuss what was working for them and not working during regular service user and key worker meetings. For example, we saw that menus, preferred activities and 'things I would like to talk about' had been discussed. Records showed that people discussed what was important to them.

People confirmed they knew how to raise concerns and complaints and felt assured they would be responded to. One person told us, "I can talk to staff if I have any worries." We saw that easy read complaints information was displayed around the home and the provider had procedures in place to respond to people's concerns. Records showed one person had reported a concern regarding a staff member. The provider had made adjustments to enable the person to be fully engaged in the investigation. For example, the provider asked the person to 'act' what had happened as they had limited communication abilities. This enabled the provider to conclude their investigation with the member of staff being dismissed from their role. We saw the person was fully supported with their worries during the investigation and provided additional support and reassurance from the full staff team.

No end of life care was being delivered at the service. However, systems were in place should anybody required this care. People had an End of Life care plan that considered their wishes should their needs change and the provider had an end of life care policy. The management team confirmed that people would be supported with advanced decisions as they required.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood and carried out their role of reporting incidents to CQC.

The provider was aware of the legal requirement to display the registration certificate and rating from this inspection. It is a legal requirement that a provider's latest CQC inspection report and rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. We saw this rating was displayed in the service.

The management team were open and receptive to any minor shortfalls we highlighted during the inspection and set about to action these on the day. For example, the service brought forward planned maintenance work for areas of damp on the ground floor and made some amendments to people's best interest paperwork.

Robust systems were in place to monitor the quality of the service. These included a series of audits carried out by the registered manager. For example, people's care plans, medicines administration and finances. The provider undertook a monthly quality monitoring visit and audited all aspects of the service. Records showed that improvements identified during the most recent monitoring visit had been actioned.

The registered manager was passionate about promoting a positive culture that is person-centred, open, inclusive and empowering, whilst achieving good outcomes for people. People, their relatives and staff all felt confident that they could raise any concerns with the registered manager and these would be dealt with promptly. One relative told us, "If I've had concerns I speak to the registered manager and they are resolved quickly."

People, relatives and staff knew the registered manager by name. We saw people had formed a good relationship with the registered manager. We received positive feedback from relatives and staff. One relative told us, "I can't sing [name of registered managers] praises enough, [name of registered manager] is brilliant...not just with relatives but every resident." A member of staff told us, "I get a lot of support and am really proud to work for the company, they don't accept anything less than good."

The management team encouraged and valued feedback from people, relatives and staff, a satisfaction survey had been undertaken in September 2018. Staff meetings occurred monthly and were used to discuss any changes to people's needs, training, activities and feedback from staff. The registered manager also used these meetings as an opportunity provide positive feedback to staff regarding their practice and to challenge any performance issues.

The provider worked in partnership with other agencies. Records showed the provider worked with health

and social care professionals involved in people's care to ensure their care plans were current and people's health and wellbeing needs were being met. People were supported by staff to attend appointments where required.