

Europe Care Holdings Limited

# Berwick House Rest Home

## Inspection report

1 Berwick Road  
Blackpool  
Lancashire  
FY4 2PT

Tel: 01253342181

Date of inspection visit:  
20 April 2016  
25 April 2016

Date of publication:  
27 May 2016

## 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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People and their representatives told us they felt safe whilst living at Berwick. Staff had a good understanding about protecting people against harm or abuse.

The registered manager had safe systems to ensure suitable staff were employed. We saw staffing levels and skill mixes were adequate to meet people's requirements.

Staff used suitable arrangements to ensure the safe management of people's medicines.

### Is the service effective?

Good 

The service was effective.

Staff had training and formal support from the registered manager to underpin their skill and knowledge.

People and their relatives said consent to care was in place. Staff described good practice in relation to the MCA and DoLS.

People said they enjoyed their meals and we found care records contained risk assessments to protect them from malnutrition.

### Is the service caring?

Good 

The service was caring.

We observed staff were kind and caring when they engaged with people. They assisted individuals to maintain their important relationships.

We found the registered manager utilised approaches to help enhance people's memories, such as reminiscence therapies.

### Is the service responsive?

Good 

The service was responsive.

People and their representatives told us they were fully involved in their care. Support planning was personalised to the individual's requirements.

We observed people were fully occupied throughout our inspection.

Systems were in place to enable people or their representatives to comment about their care.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager undertook a variety of audits to check quality assurance. They regularly sought feedback from people and their representatives about improving the home.

People and their relatives told us Berwick House was well organised. Staff said the registered manager was supportive.

# Berwick House Rest Home

## 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.

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 20 and 25 April 2016, we reviewed the information we held about Berwick House. This included notifications about incidents that affect the health, safety and welfare of people who lived at the home. We had not received any notifications in the past 12 months. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection, the provider was working with the Local Authority's investigation into ongoing safeguarding concerns.

We were only able to discuss care with one person who lived at Berwick House. We case tracked this individual by reviewing their care records and checking their experiences of living at the home. During our inspection, we also used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Additionally, we spoke with a range of individuals that included the registered manager, three staff and three relatives. We discussed the service with the commissioning department at the local authority who told us they had no ongoing concerns about Berwick House. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to four people who lived at Berwick House and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

# Is the service safe?

## Our findings

People and their representatives told us they felt safe and comfortable whilst living at Berwick. One person said, "If I don't feel comfortable going out on my own, the staff will go with me." A relative stated, "I've seen the staff use a hoist to help [my relative]. She's very safe when they do this." Another relative added, "The staff manage my [relative's] safety very well." A third relative told us, "It's really good here because [my relative's] safe."

We reviewed the systems the registered manager had to manage accidents and incidents to ensure people lived in a safe environment. Staff had recorded information about accidents, including treatment undertaken and actions to manage them. The associated logs included a section to record how the incidents could be avoided in the future. The registered manager had reduced the risk of incidents from reoccurring to protect people from potential harm.

We observed the home was clean, tidy and smelt pleasant. Hot, running water was available throughout the home. The management team recorded temperatures to ensure water was delivered within health and safety guidelines. Window restrictors were in place to protect people from potential harm or injury. The service's electrical, gas and legionella safety certification was up-to-date. The registered manager had these processes in place to assist people to live in a safe environment.

The management team had completed risk assessments to protect people from potential harm or injury. Assessments covered, for example, oral hygiene, falls, safeguarding from abuse and smoking. We noted documents included a measurement of the level of risk and actions to manage them. The provider had guided staff in the safe support of individuals who lived at Berwick.

Staff were able to describe good practice in relation to protecting people from potential abuse, harm or poor practice. Staff were clear about reporting procedures and training records we looked at held evidence they had received related guidance. One staff member told us, "If I had any concerns I would report them immediately to my manager. I also know we must report to CQC and the local authority." We found an up-to-date safeguarding policy was in place, which included contact details of the various organisations staff were required to inform.

We found staffing levels were sufficient to meet people's requirements in a timely manner. We observed staff were patient and unhurried in their duties and responded to call bells quickly. When we discussed staffing levels with staff, people and their representatives, they said levels and skill mixes met care requirements. A relative added, "There are lots of staff on. It reassures me [my relative] gets the care when she needs it." Another relative stated, "There's plenty of staff. They are there when the residents need them, but they don't fuss over people." We reviewed how short-term circumstances, such as leave or sickness, were managed to maintain people's continuity of care. One staff member told us, "We try and cover this between ourselves. It means the residents' care continues with staff who know their needs and are familiar faces to them."

We found the provider had safe systems to protect people from the employment of unsuitable staff. Staff

files contained references and criminal record checks obtained from the Disclosure and Barring Service. The provider had reviewed gaps in staff employment history. We also noted personnel files contained documented evidence staff had completed induction training to support them in their roles. This ensured recruited staff were trained to provide safe care for people who lived at Berwick. A relative told us they noted staff had left recently and had been replaced. They said, "These new staff are really good and seem very caring."

We observed staff administered medicines safely by concentrating on one person at a time. The staff explained what the medication was for and provided a drink for people to take their tablets. Staff recorded in each person's records afterwards to evidence they had taken their medication. We reviewed three people's medicines charts and noted staff completed them correctly. For example, there were no missing signatures and handwritten entries were clear. A visitor told us, "[My relative] gets her medication when she needs it. That's managed very well."

Medicines were stored in a clean and secure cupboard. We saw boxes and bottles were dated to indicate when staff opened them. This would reduce the risk of them passing their expiry date. Training records we reviewed contained evidence staff had completed relevant training. The provider and local pharmacy undertook separate audits of procedures, records, stock control, disposal and storage. We found evidence of identified issues being addressed. This showed the registered manager had systems in place to protect people from unsafe management of their medicines.

# Is the service effective?

## Our findings

When we discussed staff training and experience, people and relatives said they found staff to be effective in their approach. One person said, "I think the staff are well-trained. They understand how to look after those residents who are really poorly." A visitor told us their relative had become poorly recently, but recuperated because of staff actions. They added, "The staff acted fast, which meant [my relative] got the treatment she needed and recovered well, thank goodness." Another relative added, "They have helped me to understand [my relative's] condition much better."

Staff files we looked at held evidence staff had received guidance to ensure their effectiveness in supporting people. This included environmental and fire safety, infection control, movement and handling, safeguarding, food hygiene, dementia awareness, falls management and advocacy awareness. One staff member stated, "I definitely get the training I need. [The registered manager] is really big on that." Staff also told us the provider had updated their understanding and skills through refresher training. A relative added, "The staff know what they are doing. I see consistency in staff attitude and skill. They are all very caring, experienced and well trained."

Furthermore, staff files included supervision records and we noted this was provided to staff on a regular basis. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. A staff member told us, "I get it every three months. It's good to discuss any training or if have any problems I need to discuss." Likewise, the registered manager completed annual staff appraisals. These were both two-way processes that consisted of discussion about professional issues, personal welfare and training. This meant the registered manager had supported staff to carry out their duties effectively.

People or their representatives had signed consent to demonstrate their agreement to care. Care records included information about people's wishes and preferred approaches to support. A relative said, "No worries about consent, that's definitely in place." We observed staff checked for people's consent whenever they engaged with them. The relative added, "[My relative] can't communicate much verbally and is becoming more confused. They still always offer her choice about her food or what she wants to wear." A staff member explained, "Consent is about understanding and getting to know people to be able to know if we've gained their consent."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures, where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager told us 22 people had a DoLS in place to deprive them of their liberty in order to safeguard them. We found care files contained best interest meetings, capacity assessments and legal



authorisation processes and applications. A relative told us, "I've never seen the staff deprive anybody of their liberty. [My relative] likes to wander about the home and they help her to do this." When we discussed the principles of the MCA and DoLS with staff, they demonstrated a good understanding. One staff member said, "We check and monitor the residents' behaviour and offer them choices of what to wear and what to eat."

We found kitchen cleaning records in place and noted the kitchen and food storage areas were clean and tidy. Staff had maintained records of food and appliance checks to ensure the effective management of food safety. All staff who prepared food had completed food hygiene training to assist them to maintain food safety standards. The Food Standards Agency had awarded Berwick a rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We observed meals were staggered to support each person's wishes in relation to mealtime preferences. This also reduced disruption from people with behaviours that challenged and assisted staff to promote meals as a social occasion. People told us they enjoyed their meals and were offered choice of what to eat and drink. One person said, "The food is great. I get what I want." Care files we looked at contained nutritional assessments to manage the risk of malnutrition. Staff had monitored people's weights and updated care plans to ensure they were effective in meeting the individual's ongoing nutritional support.

Staff worked closely with other healthcare services in meeting people's changing health needs. One relative told us, "We agree things and work together. They help people to go about their business." We noted care records contained an 'acute illness form', which staff completed to monitor short-term support actions. This included medication prescribed by the person's GP. Staff also documented contact details of other professionals involved, including GPs, social workers and hospital services. We found care plans were updated to reflect the outcomes of healthcare visits and appointments.

## Is the service caring?

### Our findings

People and relatives we spoke with told us they felt staff were caring and patient. One person who lived at Berwick with their relative said, "I can tell you we're both happy here." A relative added, "I looked around a few homes for [my relative] and this seemed the best. In the years since my opinion hasn't changed. The care is great." Another relative stated, "[My relative's] in the best place." A staff member explained, "It's about giving and sharing a bit of love and affection. I go home knowing I've helped people feel happy."

People who lived at the home had complex physical and mental health conditions, as well as limited capacity. They were supported in ways that promoted their independence with a dementia-friendly approach. For example, pictorial signs had been placed on all rooms, including communal areas. This assisted individuals to identify their purpose and their own bedrooms. Additionally, the daily menu and activities board were displayed in pictorial format to keep people informed. The registered manager had designed one corridor in the home to provide visual reminiscence therapy. This included flags, pictures and posters from bygone times, including World War Two, the royal family and other events. This helped people to retain and enhance their memories, as well as supporting them to lead meaningful lives.

Throughout our inspection, we observed staff approached people with a calm and non-confrontational attitude. They engaged in a friendly and caring way with each person, without patronising them. Staff made appropriate use of touch, eye contact and soft tones to defuse situations before they escalated. This assisted people who became agitated or distressed to settle quickly. We noted people responded positively and communication was a two-way process to enable individuals to feel valued. One staff member told us, "I love my job. I want to make a difference and try to make the residents' lives as comfortable and happy as possible." We observed staff maintained people's dignity through their caring and kind attitude. A relative confirmed, "The staff are very caring and patient and help [my relative] to keep her dignity and independence as much as possible."

A staff member told us one person was distressed when separated from their relative. The registered manager had designed a unique tool to support the individual's discomfort. They had sewn one of the relative's shirts around a cushion and sprayed their aftershave on it. A picture and life story information was placed in the pocket. We saw this person hugged the cushion and clearly appreciated it. This was good practice in helping the person's anxiety and improving their memory.

We checked care records and discussed support with individuals who lived at Berwick and their representatives. This showed us people and relatives were involved in their care. For example, care planning had been agreed and signed by the person or their representative. Staff had documented their wishes and preferred methods of support. A relative told us, "They keep me informed and help me to be as involved in [my relative's] care as I can be."

The management team completed detailed life histories of each person who lived at the home. These documents provided staff with a picture of the individual to assist them to understand them and their needs. Staff had checked people's wishes in relation to, for example, name preference, communication,

television and radio tastes, activities and meals. Additionally, care files contained detailed documentation about each person's end of life requirements. A staff member told us, "I always look through the care plan as that's the basis of their care. It tells you everything you need to know." This was good practice to guide staff to support people in line with their preferences.

We observed staff welcomed and encouraged relatives and friends to attend Berwick. They supported people to maintain and enhance their important relationships. One staff member explained a couple lived at the home and the staff team strived to assist them to retain their usual partnership. The staff member added, "If they argue we don't interfere, unless one of them was unsafe, because that's their right. They are having a tiff and what right do we have to interfere?" A relative told us they understood why the management team had protected meal times. However, they said meals were always a special occasion for them and their relative. They added, "I spoke to my [relative's] named worker and they let me come and I sit with my wife and have our lunch together now. It's very good of them."

## Is the service responsive?

### Our findings

We discussed staff approach and support response with people and their representatives. One person told us they were happy living at the home. They said this was because, "It's not regimented like other places where you have to do certain things at certain times." A relative told us, "[My relative's] care is personal to her needs."

People's care files held a variety of assessments to measure their support levels. This information was then transferred to the individual's support plans. Care planning covered the person's strengths and abilities, as well as where and how they required support. Staff had signed and dated all records we reviewed to evidence who had completed them and when. A visitor told us staff kept charts in their relative's room to monitor their food/fluid intake and pressure area care. The visitor said they came at different times and explained, "I always check it when I come to see if everything is ok. It's always up-to-date, which is very reassuring."

We noted staff updated care plans regularly to check support continued to meet people's changing needs. The registered manager underpinned this with regular meetings attended by individuals and their representatives to discuss care planning. A relative confirmed, "We have a formal meeting every year to review [my relative's] care. We discuss any changes and sign our agreement. We also discuss things in between."

People's preferences had been recorded within their care records. This included choice around activities, meals and drinks. We observed staff consistently offered individuals choice throughout our inspection. For example, staff checked what individuals wanted for breakfast, where they would like to go and what they wished to do. This demonstrated the registered manager and staff used a person-centred approach in response to people's preferred daily routines.

People were relaxed and occupied throughout our inspection. The registered manager employed a member of staff with the specific role of activities co-ordinator. They had designed an activities programme that included music, board games, chair exercises, dominoes, reminiscence activities and movie events. Other activities were provided with the intention of promoting people's social and general skills, such as afternoon tea and baking. Staff additionally supported individuals to go out for walks or shopping. A staff member told us, "We encourage people to join in, but they quite often don't. Then they'll see what we're doing and start joining in." A relative stated, "I see they have a lot on and they try to encourage [my relative] to join in."

We reviewed the processes the registered manager had to enable people and their representatives to feed back about the quality of care. Information about making a complaint was displayed in the entrance hall and we found the related policy was up to date. The provider had received two complaints in the last 12 months. We assessed the records the registered manager held in relation to these and found they were clear and detailed. This included the outcomes and response to the complainant. A further log was kept to monitor actions taken to reduce the re-occurrence of identified issues.

People and their representatives we spoke with told us they were fully aware of how to comment about the service. A relative told us, "They have explained what I can do if I have a complaint and there's a notice about it at the front door." This showed the registered manager had a complaints system in place and they had responded to any concerns in a timely and appropriate manner.

# Is the service well-led?

## Our findings

Staff, people who lived at the home and visitors stated they felt Berwick was led and managed well. One person said, "The manager is great, she's really helpful and runs the place really well." A relative added, "I get a survey quite often and always fill it out. I have nothing but praise for the home, but this tells me they are checking if they could improve anything." Another relative told us, "The managers are great and run the service well. They are very professional." A staff member stated, "I couldn't ask for a better boss. She'll bend over backwards."

The provider is required to send CQC notifications about incidents that affect people's health and safety. We had not received any notifications in the past 12 months and discussed this with the registered manager. They told us they had sent a number of documents over the last year and we saw evidence to confirm this. During our discussion, we noted the registered manager had not sent the forms to the correct email address. However, the management team have worked openly and closely with the local authority and CQC to maintain people's safety and welfare.

The registered manager completed range of audits to assess quality assurance. These included checks of infection control, environmental and fire safety, medication and safeguarding processes. We checked a sample of audits and found the registered manager had taken action to address identified issues. This meant the provider monitored and maintained the service to protect people's safety and well-being.

We observed the registered manager had a 'hands on' approach to the management of the home. They were caring towards people who lived at Berwick and were understanding of their support requirements. A relative added, "[The management team] are very approachable. They are like my friends now." We found the registered manager had good knowledge of people's needs and staff confirmed the management team were kind and compassionate. One staff member told us, "[The registered manager] is so supportive for us and is really caring towards the residents."

Staff said they felt the registered manager was supportive worked closely with them. They added this gave them confidence in their role and helped to develop strong working bonds throughout the staff and management team. One staff member told us, "The managers are great. If you have personal issues you can raise them and they will work around you to help." We observed this during our inspection and noted good lines of communication and service organisation.

The registered manager had records to evidence team meetings were held to optimise the opportunity to discuss concerns or new ideas. Issues looked at included health and safety, training, care planning, personal care and new policies. We saw evidence of the meetings used to reflect on incidents and ways to improve the quality of the home. The registered manager followed up identified issues to ensure these were managed effectively. A staff member told us, "We discuss any new things or changes. Anything really important, then we don't wait, we all get together asap." Additionally, the registered manager involved staff in the enhancement of service provision through staff surveys. We noted staff comments included, 'The manager is understanding' and 'The manager makes sure it runs smoothly.'

People and their representatives were supported to give feedback to the registered manager on a regular basis. This included sending out questionnaires to two relatives and two individuals who lived at the home every month. Comments we saw from recent questionnaires included 'Very good care, staff very friendly and welcoming.' A relative had written, 'Very welcoming. I always enjoy my visits. Staff most supportive.' The surveys were also available in pictorial format for those who were unable to give verbal feedback. A suggestion box was situated at the entrance to assist individuals to comment about quality assurance anonymously. The registered manager checked this regularly and had completed follow up actions to address any identified concerns. This showed they had sought people's feedback about the improvement of their environment, safety and quality of care. A relative added, "They do ask me if they could do anything better, but there is nothing they need to improve on. Everything is there."