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

This unannounced inspection took place on 7 April 2016.

The Berkeley is registered to provide accommodation and personal care support for up to 10 people with learning disabilities. On the day of the inspection 8 people were living in the home.

There was a registered manager in post at the time of our inspection. 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.

People felt safe in the home and relatives said they had no concerns. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff that were unsuitable to work at the service. Staff received training in areas that enabled them to understand and meet the care needs of each person.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabled positive risk taking. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were written in a person centred approach and detailed how people wished to be supported and where possible people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the house. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to. There was a stable management team and effective systems in place to assess the quality of service provided.

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 felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to
ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.
People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care

was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and enabled people's communication through the use of pictorial aids.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or
make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded to any concerns or areas for improvement.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

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 inspection took place on 7 April 2016. The inspection was unannounced and was undertaken by two inspectors.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited the home and spoke with two people who lived there and spoke with three of their relatives on the telephone. We also looked at care records and charts relating to three people. In total we spoke with four members of staff, including the registered manager and the operations manager. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

People were supported in a way that maintained their safety. One person's relative told us that they were extremely happy with the care provided by the staff and were confident that their relative was safe. We observed that people in the home were happy and comfortable with the staff supporting them and that people interacted freely with one another.

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed abuse. The registered manager had submitted safeguarding referrals when necessary, which demonstrated their knowledge of the safeguarding process.

Staff demonstrated an understanding of risk assessment and the need to adapt the level of support they provided depending on the person's support needs and circumstances. For example a member of staff described how one person was able to access the local shop on their own, but required regular support to visit the shops in town; this was reflected in their care plan. People had individual risk assessments, which minimised the risk of harm and where possible they had been involved in the development of these; where this was not possible their representative had been involved. These guided staff how to support people to take part in the activities they enjoyed in a safe way and covered all aspects of their lives; for example household activities, leisure activities and behaviours that may challenge others.

People's medicines were safely managed. All staff were trained in the administration of medicines and our observations confirmed that this training was followed in practice. The medicines policy covered receipt, storage, administration and disposal of medicines. Records were well maintained and monthly medicines audits took place to check that stock levels and records were in order; actions resulting from audits had been completed.

People lived in an environment that was safe. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

People were protected from the risk of fire as regular fire safety checks were in place. Fire drills took place monthly and fire alarm testing took place weekly. Staff told us "we all take it in turns to test the alarms, so we all know what to do".

We saw that practical issues concerning health and safety e.g. use of the kitchen and fire procedures were discussed regularly at service user meetings. Health and safety matters were discussed regularly in staff meetings.

There were enough staff to keep people safe and enable people to take part in activities. Staff allocation was

directed by needs of the people living in the home, this was demonstrated as the staffing levels had increased as new people had been admitted. Staffing rotas clearly showed who was leading the shift. People were safeguarded against the risk of being cared for by unsuitable staff. Recruitment files contained evidence that criminal record checks were carried out and satisfactory employment references were obtained before staff were allowed to work in the home.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the required knowledge and skills to support them appropriately.

Staff told us that during their induction they had shadowed experienced staff and had been given time to read the support plans of people using the service. We saw records of the induction that had taken place in staff training files.

Staff received mandatory training such as first aid, fire safety and mental capacity. Additional training relevant to the needs of the people they were supporting was also provided; this included training in autism awareness and Non Abusive Psychological and Physical Intervention training. One member of staff described how mental capacity training had enabled them to understand more about people's rights and abilities to make their own decisions. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed and training requirements were regularly discussed in team meetings.

People's needs were met by staff who were effectively supported and supervised. Staff were able to gain support and advice from the manager when necessary and we saw evidence that regular supervision was taking place. Different topics were the focus of each session and topics discussed included record keeping, health and safety and fire safety. The manager ensured that supervision was discussed regularly in team meetings and emphasised the importance of supervision to staff.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager and staff were aware of their responsibilities under the MCA and DoLS codes of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. We saw documents that showed the registered manager had followed the legal process when applying for DoLS authorisations to place restrictions on people's liberty to leave the building unescorted in order to keep them safe. Staff that we spoke to knew where to find information relating to MCA and DoLS and MCA and DoLS were regularly discussed in staff meetings.

People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. One person living in the home told us that they helped to choose the meals on the weekly menu. We saw that the menu was discussed as part of the weekly service user meeting and everyone was given the opportunity to choose what they wanted to eat. We spoke to a relative, who told us "the meals are amazing".

We saw that food and drink was always available to people living in the home.

People's care records contained information about their dietary preferences and evidence that people were weighed regularly. Some people were trying to lose weight and staff supported them to do this. Staff worked in collaboration with other health professionals, such as the dietician when needed.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. One relative told us "[name] was unwell and they [staff] were wonderful with her". We saw instances recorded in people's care records when they had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on the instructions of the health professionals.

We saw evidence of regular health checks taking place and people were supported to access a range of healthcare professionals such as the dentist, optician, podiatrist and diabetes nurse. As a result of the health checks person centred health action plans were developed, these contained clear information regarding people's health needs, the impact that these had on the individual and how staff could best support them. One person found it difficult to attend external health appointments and we saw evidence that staff were working creatively with the person and their relative to make these appointments less upsetting.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. Staff had good relationships with people's relatives, one relative told us "the staff are attentive, conscientious and very caring. " Another said "I have always been very happy with the care [name] has had".

Visitors, such as relatives and people's friends were encouraged and made welcome, one relative said "nothing is too much trouble for the staff here".

Each person had an identified keyworker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and they spent time with them individually. One member of staff described being allocated as a person's keyworker because the person found them easy to talk to.

Staff knew about people's life histories and the people and things that were important to them. Staff were respectful of people's interests and knowledge, for example one person had a particular interest in natural sciences and staff were using this interest to support the person to settle into the home and build rapport.

Staff were able to explain how they had worked with people to support them to progress in areas of their lives where they faced particular challenges. For example one member of staff described how they had supported someone who had found it difficult to settle into the home and how the person was now able to communicate more freely with others.

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important goals that they wanted to achieve. People were supported to choose the food they liked; if they could not express their choices verbally they were shown alternatives of things the staff knew they liked to support them to choose. Information about how to access advocacy services on behalf of individuals was available.

People's dignity and right to privacy was protected by staff. Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way. For example one member of staff told us how they supported someone with communication difficulties. They described how they observed the person's responses and adapted their approach and pace accordingly, by doing this they were able to ensure that the person felt comfortable with the way they were being supported. Staff also described the importance of knocking on people's doors, asking people what they wanted and allowing people the time they needed to do things.

Good

Is the service responsive?

Our findings

People were assessed before they came to live at the Berkeley to determine if the service could meet their needs. The assessment was carried out by the operations manager, who told us that they first visited the person at home to carry out the initial assessment. They would then invite them to visit the Berkeley and transition into the service was adapted to fit the needs of the person. Initial care plans were produced before new people came to live in the home; these were then monitored and updated as necessary.

Care and treatment was planned and delivered in line with people's individual preferences, choices and needs. One relative said "Nothing is too much trouble and they listen to what the residents want". The assessment and care planning process also considered people's hobbies, past interests and future goals. Person centred support plans were up to date and contained information about people's support needs and potential risks to their safety. Positive risk taking was discussed in staff meetings and this was reflected in the records we looked at. Care plans covered areas such as personal care, behaviours, personal safety, communication, religious needs, food likes and dislikes and life history. People were involved in planning their care and staff signed in the care plan folder to demonstrate that they were aware of the content of people's care plans. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs. Most care plans were reviewed in a timely manner by the person's key worker.

A relative told us that they had spoken to staff, as they were concerned that their family member was putting on too much weight. Staff discussed the issue with the relative, involved the person's GP, put measures in place to enable the person to exercise and encouraged them to eat a healthy diet. They said "staff responded quickly and effectively".

Staff had a good knowledge of people and their communication needs. Staff understood what different signs and body language meant and what people may be expressing by this. For example one person used pictures in a book to show staff what they wanted. We saw evidence that staff encouraged people to develop their life skills and independence and there were specific times set aside for individuals to do this.

Staff supported people to do the activities that they chose and were knowledgeable about people's preferences and choices. People living in the home were involved in activities, including; visits to cafes, attendance at day centre, shopping, swimming, baking, going out for walks, going out for meals and letter writing; all activities were individually focussed. The Registered Manager told us that when planning extra activities they were able to increase the staffing levels accordingly.

There were arrangements in place to gather the views of people that lived at the home via weekly meetings. The agenda for these meetings was in a pictorial as well as written format. During the meetings there was opportunity to discuss the activities that people wanted to do. We saw evidence that these activities had taken place or that staff were working to arrange these activities.

People said they had no complaints about the service. One relative told us that although they had never needed to make a complaint, they knew who to speak to if they were unhappy with any aspect of the service

and felt confident that the manager would respond to any complaints correctly. There was a complaints policy and procedure in place and the information was available in picture and written formats. During service user meetings, people were asked if they had any concerns that they wanted to share, there were also regular opportunities for people to speak in private to staff or the Registered Manager. We saw service users go to the Registered Managers office when there were things they wanted to talk about.

We saw examples of positive feedback from relatives, such as a relative thanking staff for working positively with their family member to reduce their feelings of anxiety and distress.

Good

Is the service well-led?

Our findings

People said that the manager was approachable and they had confidence in their ability to manage the home. One relative told us that the manager always came to speak to them when they were visiting their family member.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. Staff were provided with up to date guidance and policies and felt supported in their role. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company. Whistleblowing procedures were discussed in team meetings.

Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. They told us that they felt able to approach the manager for support, advice and guidance about all aspects of their work. We observed that the manager had an open door policy and was accessible to staff and people living in the home.

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive culture, with discussions about accentuating the positives of people's abilities, mental capacity, completion of key paperwork, staffing matters, supervision, training and the value of teamwork.

The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided for people in the home. The manager said "We are here to understand people and treat them with respect". They were supported to fulfil all aspects of their role by the provider.

The provider had a process in place to gather feedback from people, their relatives and friends. We saw easy read questionnaires completed by people that described all aspects of the service as good. We also saw questionnaires completed by relatives that rated the service provided as excellent and good. At the time of the inspection the service had recently issued quality assurance questionnaires to people using the service, their relatives and staff. They were in the process of collating the responses to these.

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. One member of staff said "This is a nice place to live, people have choices and they have their rights"

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out by the manager. We saw that actions required as a result of these audits

were usually taken in a timely manner.