

# The Community Housing Group Limited

## Berrington Court

### Inspection report

Felix Baxter Drive  
Kidderminster  
Worcestershire  
DY11 7FH

Tel: 01562733134  
Website: [www.berringtoncourt.co.uk](http://www.berringtoncourt.co.uk)

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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 inspection took place on 19 July 2018 and was announced and this was the first inspection since the location was registered in February 2017.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in purpose-built flats on the outskirts of Kidderminster, which included an onsite restaurant, hairdressers and community rooms. The registered manager had an office on site and staff were in building 24 hours per day. There were 100 flats, however only 34 people were receiving the 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.

There was a registered manager 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 and associated Regulations about how the service is run.

People told us that they felt safe in their home and staff knew how they kept people safe. People's risks had been identified and plans showed the steps staff needed to take to ensure people were at low risk of harm or injury. People who had support with their medicines had them administered when needed, with staff who were trained and competent to do so. There were enough staff to ensure people received care at the expected time. People were protected from the risk of infection as staff practice followed good practice guidance.

Staff had received training to ensure their skills and knowledge reflected the needs of the people they cared for. Staff were supported with regular supervisions and the management team checked that staff were working as expected. People were supported with their meals and staff gave people a choice or provided the assistance needed to enjoy their meal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People attended healthcare appointments as required and staff would help with telephone calls and reminders if needed.

People knew the staff well and were provided with a personalised service in their home. Care staff spent time chatting and getting to know people while providing care. People received care that met their needs and had been able to tell staff how they wanted their care on each call. Staff were considerate and

supported people in maintaining their dignity.

People's views and decisions about their care had been recorded and were changed when needed. People knew how to make a complaint and information was provided to people who used the service should they wish to raise a complaint.

People, their family members and staff felt the management team were accessible and could speak with them to provide feedback about the service. The management team had kept their knowledge up to date. The provider ensured regular checks were completed to monitor the quality of the care that people received and to action where improvements were needed.

## 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 protected from the risk of abuse. There were sufficient staff to provide support at the agreed times. The provider made checks to ensure that staff were suitable for their roles.

People received their medicines where needed and the provider had systems in place to manage the risk of the spread of infections.

### Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions about their care.

People's care needs and preferences were supported by trained staff.

People's nutritional needs had been assessed and people were supported by care staff where needed.

Input from other health professionals had been used when required to meet people's health needs.

### Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

### Is the service responsive?

Good ●

The service was responsive.

People were promoted to make everyday choices and had been involved in developing their care plans.

People and their representatives were encouraged to raise any comments or concerns with the registered manager.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

# Berrington Court

## **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 19 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

The provider had completed 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. We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with six people who used the service and one relative. We spoke with four care staff, one team leader, the registered manager and the head of care and support services.

We looked at two care plans, two medicine records, staff and residents' meeting minutes, incident forms, staff monitoring sheets, two residents' meeting minutes, three people's care reviews and quality audits that the registered manager and provider had completed.

# Is the service safe?

## Our findings

People we spoke with told us the staff supported them to remain safe in their home. All people and relatives we spoke with said that were confident about their safety when the staff were in their home. People also had access to an emergency call button they could use to call for help. People told us that this made them feel safe, for example if they were to fall in their home. The provider ensured a care staff member was on duty 24 hours a day so people would be able to access advice and assistance when they needed it. One person told us, "I never have to worry now, it's not just me on my own".

Staff told us how they would report any concerns about a person safety or suspected abuse to the management team. Staff were assured that steps would be taken to protect the person from the further risks of harm or abuse. Staff told us they were aware of the signs and possible situations that they would report on.

People told us before they received any care they spoke with staff about their risks and the potential risks. People told us that staff knew how to support them safely and reduce the risk of harm or injury. People worked with staff to make any changes and we saw how this had improved people's experiences. One example was an increase in care calls to ensure the person's condition was better supported. Staff provided safe care and told us they referred to care plans to ensure each person received care that met their needs. For example, how to use a hoist to safely move a person or applying creams to prevent sore skin. People we spoke with told us that staff always looked at the care plans as well as asking them about any changes.

People told us their medicines and records were always kept in their homes, which staff had access to. People received their medicines as expected and worked with staff to ensure they had them at the time required. For example, one person had worked with staff to adjust the medicines safely to a time to suit their waking hours. Staff we spoke with told us they had received training to support them in correctly administering people's medicines. The management team had regularly checked to make sure staff were competent and understood their training.

People we spoke with told us that the care staff arrived at the expected time and had not rushed them while providing support. One person told us, "There are no delays and that's a huge positive on stress levels." Staff we spoke told us they worked as a team to cover the calls as much as possible. One person told us, "A 7am call is what I want and that's what I get." The registered manager stated that the staffing levels meant they had not needed to use agency staff and how this maintained consistency for people using the service. Staff we spoke told us they got to see people regularly and worked as a team to meet people's needs.

Staff completed application forms and were interviewed to check their suitability before they were employed. Staff had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. This information supported the provider to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

The provider had reviewed incidents and had taken action to learn from them, so they were less likely to happen again. The registered manager had used other healthcare professionals for advice and support so they were supported to continually improve and develop. These included referrals to the mental health team or falls team to look at how to reduced the risks to people.

People told us the staff used gloves and aprons when providing personal care and change these when they started food preparation. Staff spoken with told us there was always a plentiful supply of Personal Protective Equipment (PPE) which is intended to be worn or held by a person at work to protect them against risks to their health and safety.



## Is the service effective?

### Our findings

Care and support had been planned and people's assessments of needs were comprehensive. People had identified the outcomes they wanted, for example to remain in their own home. The care and support had been regularly reviewed and updated. Appropriate support had been given to people so referrals to external services had been made to ensure people's needs were met.

People told us that staff had the knowledge and skills to provide care, and were confident that staff provided help for them in the right way. One person told us, "Carers come as expected and know what to do for me and how to use the hoist." Staff competency was checked by the management team so they could be assured staff were providing care that met people's needs. Staff told us their skills and knowledge were kept updated and the training was reflective of the care they provided.

People chose what to eat and staff prepared or heated pre-prepared meals. All people and relatives we spoke with told us the care staff offered support such as preparing breakfast or making a sandwich for later. Staff told us how they took the opportunity to offer people drinks and leave people drinks when the call had been completed.

People who needed additional support from external professionals were supported if needed to make appointments. Care plans showed that people had been supported to have improved health outcomes such as maintain a healthy weight. People said that staff and management were knowledgeable about their care needs and the support they needed. Staff also provided care in line with current guidance and took advice that had been given by community health professionals and GP's.

People were supported by the registered manager, care & support team leaders and staff to have as much choice and control as they were able to in their daily life. People told us they had provided their consent for decisions about their care, day to day routines and preferences. Staff understood people's right to choice and told us they respected people's decisions. Where people were unable to make decisions themselves, they were supported by family and advocates to make decisions that were in their best interests. Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Staff were clear that they listened and responded to the decisions people made.

People chose what to eat and where they wished to have their meal and were happy that staff made meals they enjoyed and requested. People had the option to eat in the communal restaurant or have staff prepare meals in their flats. People were able to seek support with weight management programmes and healthier eating depending on their needs from the well-being advisor. Staff took the opportunity to offer people drinks and leave people drinks when the call had been completed.

## Is the service caring?

### Our findings

People told us they enjoyed spending time in the communal areas and that the staff were kind and caring and always happy to help. One person told us, "The carers are wonderful, you can't buy the way staff are so caring." People told us how staff found out about things that were important to them, and included their relatives in conversations. One person told us staff were, "I have learned how to laugh again and tell jokes." Staff told us they did not have to rush and had time to talk to people as they were allocated sufficient time to carry out the care and support required.

Staff provided support to the same people to enable continuity of care, and to build up relationships and trust. People spoke positively about the staff who visited them. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. One person told us, "Staff are all fantastic, marvellous." People were also pleased that they were able to maintain their independence within their own home and care staff promoted and encouraged people's independence. One person told us, "I am able to direct staff. Nothing is too much trouble, you only have to ask." Staff explained how they got to know people by chatting to them and their relatives and by reading people's care plans.

Staff understood it is a person's human right to be treated with respect and to be able to express their views. People told us that staff were respectful. Staff were passionate and told us they were committed to speaking with people and supported people according to their wishes.

Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care and ensured curtains were closed when required, so that people's dignity and privacy was maintained. Staff spoke respectfully about people when they were talking to them or having discussions with other staff members about any care needs. All people we spoke with said staff encouraged them to be involved in their care and that staff asked them how they would like their care to be given or knew their preferred routines.

## Is the service responsive?

### Our findings

People we spoke with made decisions about their care needs and these had been detailed in their plans of care. People told their care needs were reviewed regularly and support received if any changes were needed. One person told us, "Staff recognise before I do if I am unwell.". People told us the staff would respond to any change in their care when needed, such as recommending them to contact the GP or specialist nurse if they were unwell or concerned about their health. Relatives and staff's views and opinions were also sought if the person had wanted. One person had experienced more comfortable care following the provider working with other professionals to ensure the right hoist was in place.

People said staff would often encourage them to be involved in the service by attending social events or residents' forums and meetings. One person told us, "There are things going on and I often go down to the restaurant."

Staff said they knew people well and they were given all the information they needed to support people. They could describe what support people needed which was reflected in people's care plans. One person told us, "I've been so much better since being here." People also told us their care plans were regularly reviewed. Care staff told us that any changes to a person's care plan was communicated instantly through the electronic care system onto the phone and therefore always had the most up to date care details.

Staff and people said they had the same team of care workers which provided continuity and enabled staff to get to know people well. People told us this was of particular importance to them and felt it met their needs effectively and minimised risks. One person told us, "They [staff] know what to do for me. I don't have to keep explaining things". Care and office staff we spoke with told us how good team work was valued when supporting people and said they had regular contact with other people caring for a particular person.

People and relatives told us they were satisfied overall with the service. One person told us, "If I was not happy I would say something to [Registered manager] or any staff actually. I'm not on my own here, staff are always about." Information on how to complain was made available to people and a small number of complaints had been received. We saw these had been logged and investigated appropriately.

## Is the service well-led?

### Our findings

There was a registered manager was 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 and their relatives were confident in the way the overall service was run and managed and told us they had provided their views about their care. People had also provided feedback and suggestions for the service at meetings and these had been taken forward by the provider. Overall the responses were positive regarding people's care.

The registered manager spent time working alongside the care and support team leaders and staff. Their values were based on respect for each other and putting people at the heart of the service. The registered manager and care and support team leaders offered support and advice to both the staff and people. The management team provided leadership, guidance and the support they needed to provide good care to people. People we spoke with knew the registered manager and were happy that they saw them often and were happy chat about their care if needed.

The service had introduced an electronic care planning and recording system. Staff told us it had made such a positive change from the previous paper record. The provider and registered manager were keen to promote the new system and told us it ensured staff were kept up to date with changes to people's care. The provider and registered manager carried out quality checks on how the service was managed. These included checks on personal care plans, medicines, and health and safety. Where concerns with quality were identified the registered manager recorded how improvements were to be made. One such improvement was that the care and support team leaders had completed a full review of people's care plans so they were accurate and reflected the person's current support needed.

The registered manager met with the provider's other registered managers frequently and told us this promoted an opportunity to discuss current practice and share ideas on how to continually improve the service. The provider ensured all policies and procedures were in one place, updated and available to staff. Staff also had access through the electronic system to support best practice and policy and procedure updates.

The registered manager knew which incidents needed to be reported to CQC and kept themselves up to date on any changes to regulations. The management team worked with healthcare professionals such as people's social workers and the local GP surgeries and pharmacies to ensure people had additional support to meet their needs which enhanced their wellbeing.