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# The Berry's Care Home

## 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 Berry's Care Home is a small home which provides accommodation and personal care for up to two people who have a learning disability. People who use the service may also have a physical disability. On the day of our inspection there was one person living in the home.

The service had 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 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

Summary of findings

## 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.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them

### Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

### Is the service well-led?

Good ●

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager and their deputy.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.□

# The Berry's Care 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.

This inspection took place on 18 February 2016 and was unannounced, and was completed by one inspector. This was the services first inspection since it was registered in 2015.

The Berry's care home is a small home providing accommodation and support on an individual basis. At present there is only one person living in the home who has one to one support at all times.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

The person living in the home had limited verbal communication and responded to most questions asked by nodding and smiling or saying "No." We therefore observed interactions between themselves and staff. We also spoke with two staff and the manager.

Following the inspection we made telephone calls to relatives and professionals for feedback about the service. We reviewed care records, medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Detailed findings

# Is the service safe?

## Our findings

People told us they felt safe living at The Berry's Care Home. One relative we spoke to told us, "I feel that [relative] is safer living at The Berry's than he was under previous care arrangements."

The provider's safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. They had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. 'CQC records' showed that the manager reported concerns appropriately, and it was clear from our discussions with the manager that they understood and were clear about their roles and responsibilities with regards to keeping people safe.

The provider had systems in place for assessing and managing risks. The person's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. The staff gave examples of specific areas of risk and explained how they had worked with the individual to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with the person to manage a range of risks effectively.

We saw records which showed that equipment at this service, such as the fire alarm system was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The person living in the home had 1:1 staffing at all times. There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people. One staff member told us, "When I started working here I shadowed other staff and worked at building up a relationship with [name of person], before I worked on my own."

Medication records and storage arrangements we reviewed showed that people received their medicines as prescribed, and were securely kept and at the right temperatures. Medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Where medicines were prescribed on an as required basis, such as medicines for epilepsy that were given when someone had a seizure, there were clear instructions about when the medicine was needed. Staff were trained by an external agency and then they

had to complete a competency assessment to evidence they had the skills to administer medication safely.

## Is the service effective?

### Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One relative told us, "I have discerned no reason to be worried about the qualifications of the staff involved in my [relative's] current day-to-day care or to be troubled about the quality of care they are providing."

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and medication Training for staff was a mixture of e-learning and group based sessions, and staff told us the training was good and gave them the information they needed to meet people's needs. One member of staff told us, "We are always encouraged to do training and to keep it updated." Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The manager carried out observations whilst on shift, to ensure staff were competent in putting any training they had done into practice.

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 manager demonstrated a good understanding and awareness of their responsibilities of MCA and DoLS. Care plans showed that where people lacked capacity to make certain decisions, these had been made in their best interest by health professionals or with input from family members. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care. The manager had made appropriate DoLS referrals where required for people.

People were able to choose the foods that they liked and staff encouraged people and offered support for them to eat a healthy balanced diet.

Care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included chiropodist, opticians and specialist nursing staff.

## Is the service caring?

### Our findings

Staff treated people with kindness and warmth. The person comfortable in the presence of staff. They approached staff with ease to ask them questions, and the staff responded appropriately. We observed interactions between staff and the person who lived in the home and these interactions demonstrated that people had built up trusting and positive relationships with each other. Reassurance was offered when the person wanted to go out and had to wait in a caring manner.

One Healthcare professional told us, "The staff seemed to have established a good working relationship with [name of person]."

Staff told us they enjoyed working with [person name] one staff member told us, "I really enjoy my time with [person] we get on so well, I feel we have built up a positive relationship."

People made their own decision about their lifestyle choices and what they wanted to do with their day. This showed how the provider and staff encouraged people to maintain their independence.

We looked at care plans and saw that these were comprehensive and clearly stated people's needs and preferences, likes and dislikes. People's choice as to how they lived their lives had been assessed and positive risk taking had been identified and documented. Where possible people had been encouraged and supported to sign their care plans to confirm they agreed with the contents.

Relatives confirmed they were able to ring or visit whenever they wanted to.

We observed people being shown dignity and respect, staff knocked on bedroom doors and did not enter until invited to.

## Is the service responsive?

### Our findings

People received care and support that was planned and centred on their individual and specific needs. A relative told us that the manager and staff understood their family members' needs and were alert to signs shown by them if they were anxious or not happy about something. Staff gave us examples of situations that the person disliked and how they would support them to cope in those circumstances, for example noise and crowds.

Care plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support the person needed, and in a way they preferred. Care and support plans and risk assessments were reviewed regularly and this ensured they were current and relevant to the needs of the person. Relatives told us, "I provided significant input into [relative's] current, and previous, care plans."

Staff spoken with knew the individual they supported well. They were able to outline what they liked to do and what areas they needed assistance with. They spoke about how they communicated with the person they supported and this was documented in the person's care plan.

Support was provided that enabled the person to take part in and follow their interests and hobbies. This included regular access to the local community and access to community social activities. We saw the person going about their daily lives popping out for lunch and for a walk.

A staff member told us that one person attended a music group at the local community centre and also went to work one day a week. When we asked the person if they enjoyed their music class they responded by smiling and nodding. Records confirmed that they had a busy schedule including trips to the library, shopping, and attending a day centre.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. Relatives told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. They advised us that they dealt with any issues as and when they arose.

## Is the service well-led?

### Our findings

Staff told us the service was well organised and they enjoyed working there they said the manager had a visible presence within the home and in the daily running of the home. They knew the person they supported and regularly worked alongside staff. They also told us that they were treated fairly, listened too and that they could approach them at any time if they had a problem.

They said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. Staff told us, "The manager is very supportive and gives advice and guidance to help me."

The manager carried out a range of audits to monitor the quality of the service. These audits included daily medicines checks and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly recorded.

Relatives told us, "[manager] is assiduous in keeping me updated about my [relatives] care, by telephone, e-mail and verbally when I visit." Professionals we spoke with told us, that the staff and management communicated effectively and worked in partnership with them to provide a positive outcome for the people who live in the service.

Care files and other confidential information about people were kept in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people's private information.