

Europe Care Holdings Limited

# Berwick House Rest Home

## Inspection report

1 Berwick Road  
Blackpool  
Lancashire  
FY4 2PT

Tel: 01253342181

Date of inspection visit:  
07 November 2018  
12 November 2018

Date of publication:  
18 December 2018

## 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

Berwick House is located in a residential area of South Shore Blackpool. The home is registered to accommodate up to 24 people who require assistance with personal care. At the time of our inspection there were 23 individuals who lived at the home. The property has garden areas to the front and rear of the building. There are a range of aids and adaptations to meet people's needs. Accommodation is available over two floors with lift access to the upper floor.

At the last inspection on 01 June 2016, the service was rated good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During this inspection visit, we found there were sufficient staffing levels and skill mixes to meet people's requirements. People and their relatives said staff took their time and were calm and patient. One person stated, "Yes, there's always staff about." They said this helped them to feel safe and secure at Berwick. When we discussed safeguarding vulnerable adults from the risk of harm or abuse with staff, we found they had a good understanding.

The registered manager had multiple environmental procedures and auditing systems to ensure the continued safety of those who lived at Berwick. They provided guidance for staff to assess and mitigate the risk of unsafe or inappropriate care.

People who lived at Berwick and their relatives told us staff managed their medication safely and administered them on time. The registered manager undertook audits to assess the continued safety of medication procedures.

Staff files we reviewed showed the registered manager completed recruitment procedures to verify they employed suitable staff. Records we looked at evidenced staff had a range of training and qualifications to underpin their knowledge and experience.

Care records we looked at held a variety of assessments and monitoring forms to mitigate the risks of malnutrition and dehydration. We observed staff offered choice at lunch and supported people, where applicable, discreetly and patiently.

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. A visiting professional commented they observed staff were patient and gave people the time and basic information they needed to make decisions.

The registered manager went above and beyond to guide staff to people's diverse needs and preferences

about their culture and beliefs. Those who lived at Berwick and their relatives consistently commented about a kind and respectful team approach. One relative said, "The staff have such a loving attitude. They are like family."

During our inspection, we saw staff sitting for long periods and engaging with people, talking quietly and reassuringly. A relative told us, "[My relative] loves it here. She is almost like another staff member in that she chats with the other residents and keeps them company. The staff really encourage that." People and their relatives were at the heart of their care and fully involved in the development of their support plans.

We found each person's documentation was personalised to their individual needs. Each care planned area included agreed goals to help people maximise their independence and life-skills.

Those who lived at Berwick and their relatives told us the home was well organised and had good leadership. We further noted everyone at the home was involved in its ongoing development. A relative commented, "[The registered manager] frequently asks me if there is anything else they could improve on." The management team completed a range of audits to retain oversight of quality assurance, safety and people's welfare.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# 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.

Berwick is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

This inspection took place on 07 November 2018 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Berwick. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Berwick.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Not all of those who lived at Berwick were able to communicate fully with us to discuss their experiences of care. Therefore, during our inspection, we 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 about this home. They included one person who lived at Berwick, four relatives, two members of the management team and three staff. We further discussed the

service with two visiting healthcare professionals. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of three people who lived at the home. This process is called pathway tracking and enables us to judge how well Berwick understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked recruitment documents in relation to two staff members. We also looked at records about staff training and support, as well as those related to the management and safety of Berwick.

## Is the service safe?

### Our findings

When we discussed safety and security with people who lived at Berwick and their relatives, they told us this was well managed. One person commented, "I feel relaxed, comfortable and safe. I know I wasn't doing well at home, but here I have come to realise I am safer." A relative stated, "[My relative] is very happy here, she feels safe and settled." Another relative added, "Our [relative] is safe and secure." A visiting professional said they were confident people were safe because the staff were knowledgeable and skilled.

Staff files we reviewed showed the registered manager completed recruitment procedures to verify they employed suitable staff. This included acquiring necessary criminal record and reference checks. We saw the registered manager had sufficient staffing levels and skill mixes to meet people's requirements. A relative said, "The number of staff on duty each shift is about right. When I'm here I see they are calm and relaxed." Staff we spoke with told us there were enough personnel on duty to ensure they had time to fully support people. One staff member commented, "We work really well as a team and so the residents get what they need and quality time from us."

When we discussed safeguarding vulnerable adults from the risk of harm or abuse with staff, we found they had a good understanding. The registered manager had underpinned their skills and knowledge with appropriate training. One staff member told us, "Any concerns I would whistleblow straight away to safeguarding. I've had good training and feel confident I know what I need to do."

The registered manager had multiple environmental procedures and auditing systems to ensure the continued safety of those who lived at Berwick. This included thematic review of accidents, incidents and falls to reduce the risk of their reoccurrence. The management team provided guidance for staff to assess and control hazards, which also covered the risk of unsafe or inappropriate care. For instance, care records held risk assessments to manage risks such as nutrition, fire and environmental safety, medication and personal care. A relative told us they were concerned about their family member's safety at home following multiple falls. They added, "They have put in a risk assessment and since coming in she has not fallen. I go home missing her, but I certainly don't worry about [my relative]. She is very safe here and that has been a massive relief."

Personal protective equipment, such as disposable gloves and hand gel, was available and widely used to maintain a clean environment. The registered manager provided staff with related training as part of effective infection control measures at Berwick. We found water was delivered within safe temperatures and window restrictors were in place to protect people from potential harm. The electrical, gas, fire and legionella safety certification was up-to-date to ensure the continued safety of everyone at the home.

People who lived at Berwick and their relatives told us staff managed their medication safely and administered them on time. One relative told us, "[My family member] has important medication and I am reassured that staff give it to her when she requires it." We found storage areas were clean and secure. Records were fully completed and held risk assessments to guide staff to the safe management of people's medicines. Staff files evidenced they received relevant training and the registered manager undertook audits

to assess the continued safety of medication procedures.



## Is the service effective?

### Our findings

We discussed staff expertise with those who lived at Berwick and their relatives and found they had confidence in staff skills. A relative commented, "The staff are well trained. If I have any queries they answer them well and know what they are talking about." Another relative added, "The staff know what they are doing and have the skills to do so." A visiting professional told us they were confident staff were experienced and well trained.

Records we looked at evidenced staff had a range of training and qualifications to underpin their knowledge and experience. This included, for instance, fire safety, first aid, safeguarding, food hygiene, dementia, infection control, diabetes and sepsis training. The registered manager also provided staff with regular supervision as part of their professional progress. One staff member commented, "We do get good levels of training."

We found the management team had effectively assessed people's nutritional needs to mitigate the risks of malnutrition and dehydration. A relative stated, "I was very worried because when [my relative] was at home she was losing weight. Now she has put on two stone and looks really healthy." We observed staff offered choice at lunch and supported people, where applicable, discreetly and patiently. People confirmed they enjoyed their meals. One person said, "The food is great." A relative added, "The food is fantastic. It's all lovely, home-cooked food." Care records we looked at held a variety of assessments and monitoring forms to mitigate the risks of malnutrition and dehydration.

Staff worked closely with other health and social care professionals in the continuity of people's care. For example, we found they monitored intravenous fluids and antibiotics once they had been set up by community nurses. This resulted in the reduction of unnecessary and often distressing admission to hospital. Staff documented in care records we reviewed the outcomes of visits and appointments and updated support plans to any prescribed changes. A relative commented, "My [relative] wasn't well recently, but the senior got the GP out straight away and she is getting better."

Care records we saw contained evidence those who lived at Berwick or their representatives had signed consent to their care and treatment. People we spoke with told us they were fully supported to make their day-to-day decisions. Staff demonstrated a good awareness of the principles associated with consent. One staff member said, "It's about giving people choices and maintaining their dignity. It's about helping people to be as independent as possible."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us 22 people had an authorised DoLS to support them. A visiting professional stated staff had a good understanding of the MCA and always provided choice in any given situation. We saw people were not deprived of their liberty throughout our inspection. One person told us, "No, the staff never impose themselves. They ask me what I want to do and how they can go about it, like if I want a shower or

bath."

We looked at the building and grounds and found they were appropriate for the care and support provided. A relative said, "The home internally is really good and safe for people, especially those who have mental health problems. It has wide corridors and there are signs everywhere to help people get around." For example, gardens were spacious and contained artwork for people's enjoyment. The environment was bright and communal spaces were conducive to a social and interactive atmosphere. A visiting professional commented they found there were sufficient tools to help with communication between staff and those who lived with dementia.

## Is the service caring?

### Our findings

People and their relatives consistently spoke of a caring and kind staff team. One person commented, "Yes, it's a great home, I'm very happy here. I have a lot of friends, including the staff." A relative said, "I've got my [relative] back through the caring, patient staff. I could not ask for better." Another relative added, "The staff are amazing." A visiting professional told us they found staff were caring and engaged with people who lived at Berwick in a friendly way.

We observed good practices of staff and the management team endeavouring to meet people's diverse needs. A visiting professional stated they found staff really did care and treated each person differently, as individuals. Examples we saw related to people with other nationalities, languages and cultures. The registered manager told us they had contacted a university with relevant communities to set up volunteers to spend time with them. They added, "I have got language CDs (compact discs) and the staff are learning the basics of the language." Furthermore, the management team provided alternative language television channels, story books and private space for individuals to undertake their ritual customs. This showed how they had gone above and beyond to guide staff to people's diverse needs and preferences about their culture and beliefs.

The registered manager provided details about advocacy services to people who lived at the home. Consequently, they could access this if they required support to have an independent voice. During our inspection, we saw staff sitting for long periods and engaging with people, talking quietly and reassuringly. One person told us, "These staff are really good you know. They have such a kind nature and disposition about them." A visiting professional said Berwick had a relaxed environment and they witnessed staff responded quickly to reassure individuals who became anxious. Those who lived at Berwick confirmed staff consistently maintained their privacy and confidentiality. One person said, "They knock on my door before they enter, which respects my privacy."

People and their relatives were at the heart of their care and fully involved in the development of their support plans. One relative stated, "I am currently completing [my relative's] life story book. [The registered manager] gave it to me to complete. I really liked that because it values me and my knowledge." A visiting professional told us when they reviewed people's general care plans, the registered manager ensured the person and family were present.

## Is the service responsive?

### Our findings

People who lived at Berwick told us care delivery was responsive to their needs. A relative stated, "[My relative's] recovery has been amazing and I put that directly down to the staff and care she has received." Another relative added, "[Our relative] has become so much better since coming into Berwick House. She is as well as she has ever been." A visiting professional said at their follow-up visits they found instructions they gave to staff were consistently applied.

Since our last inspection, the provider had implemented a new electronic recordkeeping system. The registered manager informed us it was working well. They added, "It's updated as the staff go along, which means it is live and nothing gets missed." Care planning was based on information gathered from a variety of sources, such as pre-admission details and communication with the person or their relatives. A staff member said, "We get as much detail as possible at the beginning to build a better care plan. The more detail we get off them the better care we can plan and provide."

We found each person's documentation was personalised to their individual needs. For example, staff had recorded their preferences related to meals, drinks, snacks, their chosen name and activities. The registered manager helped staff to gain a deeper awareness of each person by getting them or their relatives to complete detailed life histories. Each care planned area included agreed goals to help people maximise their independence and life-skills.

End of life care and relevant preferences additionally formed part of the person's support plans. We saw the registered manager involved individuals and their relatives in the review of documentation to ensure information matched current needs and choice. Staff demonstrated a good depth of knowledge about a caring approach to people's end of life support. One staff member told us, "It's about being continuously compassionate, whilst making people as comfortable as possible. For me, it's about filling the room as warm emotionally as possible."

We found the management team had been highly responsive to people's activities and social stimulation. For example, during a 'resident meeting,' those who lived at Berwick requested to go to a Christmas market. A staff member volunteered and had set up for the home to have their own festival. This was because external markets were too far away and would offer limited access. Berwick had two rabbits and a dog and we saw people who lived there enjoyed the added company. The registered manager told us, "It's good pet therapy." People we spoke with confirmed their recreational needs were sufficiently met. A relative commented, "[My family member] has plenty to do and they have a lot of really good activities here, like the memory man, dances, musicians, puzzles and games."

In the last year, the registered manager had received one formal complaint. We found associated records evidenced a positive outcome because they had worked transparently and fairly with relatives. The registered manager also provided details to inform people about the process to follow if they wished to raise concerns. One relative said, "They gave us all the information we needed to explain about how to make a complaint. I've never needed to though."

## Is the service well-led?

### Our findings

A registered manager was in place. 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.

Those who lived at Berwick and their relatives told us the home was well organised and had good leadership. A relative commented, "[The registered manager] is an excellent manager. She knows what she is doing and has a lot of experience." Another relative added, "[The registered manager] is a great manager. She manages a good team like a well-oiled machine." A visiting professional stated they felt the registered manager was experienced, knowledgeable about people's needs and led the service effectively.

During our inspection, we observed the registered manager had a hands-on approach to assist care delivery and assess people's needs were met. A relative commented, "I have every confidence in her. I always see her about, she's not one of these managers who sit in the office all day." We found the home had a calm and welcoming atmosphere and noted people and their relatives approached the management team in a relaxed manner. A visiting professional told us the registered manager always acted in the person's best interests and instilled their high standards in their staff.

The registered manager and staff team worked closely together and personnel we spoke with confirmed Berwick had effective leadership. One employee said, "I really enjoy my job, the other staff are great and we can have a laugh whilst we work very hard." Staff also stated they found the management team and provider were supportive and included them in the development of the home. Another staff member told us, "[The registered manager] gets her sleeves rolled up and works with us. A lot of services would learn a lot from her." We saw the management team strengthened this ethos through regular team meetings and staff said they felt valued as members of the workforce. A third employee added, "They are always keen for us to progress."

We saw evidence of the provider working with other organisations in the ongoing improvement of people's lives, including health and social care services. For instance, the registered manager accessed the local provider forum and worked with the hospice team to keep updated to current good practice.

The management team completed a range of audits to retain oversight of quality assurance, safety and people's welfare. Checks covered, for example, environmental and fire safety, equipment safety, medication, people's feedback, complaints, infection control and activities. We saw evidence the registered manager sought people's opinions and acted on feedback to improve care delivery. For example, they noted some of those who lived at the home chose to get up late. This resulted in them having their main meal too close to the timing of their breakfast. The registered manager commented, "It meant they were not eating because they weren't hungry. We had a chat with them about it and now we've swapped things around. It's working well."

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.