

Berengrove Limited

Berengrove Park Nursing Home

Inspection report

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Gillingham
Kent
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Tel: 01634850411

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Berengrove Park Nursing Home is a residential care home providing personal and nursing care to 35 older people at the time of the inspection. The service can support up to 39 people in one large adapted building.

People's experience of using this service and what we found

People told us they felt safe and staff were attentive to their needs. They told us staff responded to their requests quickly.

There was a new manager in post who had started their registration with the Care Quality Commission (CQC). The manager had started to make improvements within the service, addressing shortfalls identified at previous inspections. Though improvements had been made they had not been embedded or sustained to show continued improvement.

We were somewhat assured people were protected from infection. Staff wore masks but these often slipped down below their nose. Handwashing liquid was not always available, and some equipment and furniture were not always clean. The manager acted immediately to rectify the concerns.

Potential risks to people's health and welfare had been assessed. Some improvements had been made in the guidance provided for staff to mitigate the risk, though further improvement was still required. There was now a system in place to record and analyse any accidents or incidents to identify any patterns and trends.

Staff were recruited safely. There was now a tool in place to calculate how many staff were required to support people. There were enough staff to meet people's needs, though people did not always have access to meaningful activities. The manager was aware this was an area of improvement.

The manager had implemented a comprehensive quality assurance system covering all areas of the service. Audits had been started and the results were being used as a baseline to measure future improvements against. Quality assurance survey had been completed and the results were positive.

Medicines were managed safely, when shortfalls were identified these had been rectified. Staff attended regular meetings to discuss people's needs and their practice.

The provider had been open and transparent with people, relatives and staff about the previous inspection. The new manager had been introduced to families and they had the opportunity to discuss how the service would be moving forward.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice. There were systems in place to protect people from discrimination and abuse.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was Inadequate (published 27 September 2021) and there were multiple breaches of regulation.

This service has been in Special Measures since June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We received concerns in relation to management of medicines and assessing risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. There were breaches of regulation in the effective, caring and responsive domains but no new areas of concern were identified in these key questions. We therefore did not inspect them. However, we have followed up these breaches in the well led key question. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Berengrove Park Nursing Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Berengrove Park Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Berengrove Park Nursing Home 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, and both were looked at during this inspection.

There was no registered manager at the service. However, there was a manager in post who was in the process of registering with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including information from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with nine members of staff including the provider, manager, nurse, senior care workers, care workers, the chef and kitchen assistant. We observed the interactions between staff and people in communal areas.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff did not always wear their masks in line with guidance. Staff were seen with their masks below their nose, the masks slipped down while staff were talking. Staff were seen pulling their masks down to speak to people. We discussed this with the manager, clips to hold the masks secure would be purchased as soon as possible.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was no soap for hand washing in an area where clinical waste was disposed of. Trolleys cleaning staff used were dirty and there were dirty mops stored in one of the toilets. We discussed this with the manager and these concerns were rectified immediately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people received care that was safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 but further improvement was still required.

- Previously, risk assessments and care plans did not identify all areas of risk or provide guidance for staff to mitigate the risk. At this inspection, potential risks to people's health and wellbeing had been assessed and there was guidance in place. Some people required hoists to move about the service, there was information about the hoist and sling to be used. However, there was no information about how to position the loops to

adjust the position of people while using the sling. This was an area for improvement.

- At the last inspection, there was limited information about the checks staff completed. Care plans contained information about staff should be doing on checks such as moving people and this had been recorded. People told us staff checked on them when they were in their rooms.
- At the last inspection, when people had been identified as at risk of choking the guidance did not follow the instructions from the Speech and Language Therapist (SaLT). One person's guidance had been changed by nursing staff when the person had continued to cough following the SaLT assessment. At this inspection, the guidance had not been changed and staff were still following the guidance put in place by nursing staff, which was to modify the diet to further reduce the risk of choking. However, the person had been referred to SaLT for a reassessment to confirm what type of diet the person needed. The person had not experienced any choking episodes since the last inspection. Staff were able to tell us which people required thickened fluids and pureed diet and were observed providing people with the required diet.
- Previously, there was no guidance for staff to support people living with epilepsy safely. At this inspection, there were detailed care plans explaining how people's seizures presented and the action staff should take to keep them safe. When one person had experienced a seizure, staff had supported them safely.
- Environmental risks had been assessed. Checks had been completed on equipment to keep people safe such as hoists and fire equipment.

Staffing and recruitment

At our last inspection the provider did not have systems in place to demonstrate enough staff were deployed appropriately to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 but further improvements are needed.

- Previously, there were not enough staff deployed to appropriately to meet people's needs. At this inspection, the provider had started to use a dependency calculator to make sure there were enough staff. The calculations showed there were more care hours available each day than required. However, the provision of activities was also part of the care staff's role. There were no definite allocation of staff, time or what activities should be done. We discussed this with the manager, and they agreed this would be put in place. We will check this on our next inspection.
- Previously, nursing staff had not received clinical supervision and staff had not received training. The manager had organised supervision for all staff which had started, giving staff the opportunity to discuss their practice. Clinical supervision had been arranged for the nurses and the manager had a mentor in place to help them develop. A staff training plan was being developed. We will check these on our next inspection.
- We observed people being supported in the lounge and with their lunch. Call bells were answered quickly. Staff were able to spend time walking and chatting with people. One person told us, "Staff are around. There is always someone around and about." Another told us they did not have to use their bell as staff came in and out of their room. Staff told us, "The workload is manageable."
- Staff were recruited safely. Application forms had been completed and a full employment history was provided. References had been obtained and there was proof of identification. Nurses registration status was checked to make sure it was valid. Disclosure and Barring Service (DBS) checks had been completed before staff began work at the service. The DBS helped to prevent unsuitable staff from working with people.

Learning lessons when things go wrong

At our last inspection the provider did not have systems in place to demonstrate lessons were being learnt when things went wrong. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Previously, the provider did not have an effective process in place to monitor and review incidents or accidents. Staff were not clear where to record incidents and accidents. The books where accidents were documented did not have space for staff to record details.
- The manager had put a system in place. There was now a daily handover sheet where any incidents or accidents were recorded. This enabled the manager to check if the accident had been recorded, complete an investigation and take any action required. There had been no accidents since the manager had been in post, but incidents had been recorded. The manager had recorded these on the quality assurance tool to identify any patterns and trends.

Using medicines safely

- Before our inspection, an audit by the pharmacist from the local clinical commissioning group, had been completed. The report had highlighted concerns around the ordering of medicines and information and policies available to staff. The manager had developed an action plan and nurses confirmed and we observed changes had already been put in place.
- Medication administration was completed safely. Nurses administered medicines, at the prescribed times. One nurse told us, "We know (person's name) has hers at 12o'clock and then again at four." People were assisted to take their medicines when required. Medication administration charts were complete, the number of tablets administered and those available were correct. When people were prescribed medicines 'as and when' such as pain relief, there was guidance in place for staff about when to give the medicines and how often. One person told us, "Staff are very good with medicines."
- Medicines with specific storage and administration requirements had been stored and administered correctly. The temperature of the clinical room and fridge had been recorded to make sure medicines were stored at a temperature where they remained effective.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and discrimination. The manager understood their responsibilities to report concerns to the local safeguarding authorities. There had been no concerns raised since the manager has been in post.
- Staff knew how to recognise signs of abuse and how to report these. Staff told us they were confident the manager would act. Staff knew about the whistle blowing policy and how to raise concerns with outside agencies.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to ensure the systems were in place to regularly assess and monitor the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however, further improvement was required.

- The new manager had been in post for five weeks at the time of the inspection, they had started the process of registration with Care Quality Commission (CQC). They had developed an action plan to rectify the shortfalls found at previous inspections and by the local authority. The manager had implemented a comprehensive quality assurance system, which covered all areas of the service. The system was being used at the time of the inspection, with initial findings being used as the baseline to judge future improvements. The manager told us, "I like systems, they keep me organised and give me oversight of the service."
- Throughout the inspection improvements were seen. Potential risks to people's health and welfare had now been assessed and there was guidance in place. There were now systems in place for reporting and analysing incidents and accidents. There was now a tool in place to calculate staffing levels and the deployment of staff had improved. Care plans had been reviewed and improvements had been made to the recording of people's choices and preferences.
- The service has been rated requires improvement or inadequate for the last six inspections. The improvements found at this inspection have been implemented by the new manager and have not been embedded or sustained. We will check at our next inspection these improvements have been maintained and systems have been effective.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the provider had failed meet their duty of candour. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, incidents and accidents had not always been recorded and we could not be assured the provider had been open about all incidents. At this inspection, there was a system in place to record and highlight to the manager any incidents. The manager had an incident investigation form, we reviewed one that had been completed. One of the actions on the form was to speak to people and relatives and this had been done. In the care plans we reviewed there were records of conversations with families about any changes in their relatives needs or care.
- The manager had received one complaint since they had been in post. They had investigated the complaint and had apologised when the outcome was decided.
- Staff told us they felt supported by the manager. One said, "I can really see a difference already. She is extremely approachable and organised, and the schedule of things is more organised, which is so much better. If there is a problem, it is sorted."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection systems were either not in place or robust enough to demonstrate the service met people's needs and reflected their personal preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. Though further improvement was still required.

- At the last inspection, staff had not been deployed to spend time with people and people lacked meaningful interaction. The activities person had left the service since the last inspection. Staff provided some activities for people in the lounge and spent time with people in their rooms. However, this time was not allocated or protected. The manager planned to increase activities and the involvement of people who spent time in their rooms. We will check this on our next inspection.
- We observed staff spending time with people, they were chatting and looking at magazines. Staff told us about positive outcomes for people, "We promote their independence. It is amazing how far they have come. For example, the lady opposite can drink without a lid on her cup if I sit with her. She doesn't need to use one of those 'sippy' cups."
- At the last inspection, people had not always received information in a way they could understand. Information had not been available in different formats such as large print or pictorial. The manager had made some improvements, there was now a pictorial menu. We observed staff using the menu and people choosing their lunch. The manager recognised improvements were still required in developing different formats for documents such as care plans. We will check this at our next inspection.
- At the last inspection, care plans contained contradictory information such as how staff should support people at risk of choking. At this inspection, choking care plans contained a protocol which was reflected in the care plans. People had been asked about their preference about male and female carers, this had been recorded in people's care plans.
- The manager had a clear vision of how they wanted the service to improve and achieve positive outcomes for people. They understood improvements were still required and these would take time to implement and embed.

At the last inspection systems were not in place to identify and provide suitable adaptations to meet

people's needs. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15, however, further improvement was still required.

- Previously, the signage within the service did not support people living with dementia to be as independent as possible. At this inspection, there was new pictorial signage on all the doors for the communal areas and bathrooms. Doors had been painted, following the dementia friendly guidance, including toilet and bathroom doors. We observed people walking within the service, they were able to find their way and recognised the pictures for the toilet and bathroom.
- The communal areas still required redecoration. Though areas of the service had been tidied and furniture reorganised to help make the areas feel more homely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Family members had been invited to a meeting to meet the new manager and discuss any concerns about the previous inspection report. The provider and manager discussed their plans to meet the breaches of regulations and what form these would take. Families had been asked to complete a quality assurance survey, the responses that were received were positive. There were some comments, these included a request for a referral to a healthcare professional, which was done.
- Staff attended regular meetings, there had been used to discuss changes within the service. This included staff deployment, visiting arrangements and the requirement for vaccines.
- Staff worked well with healthcare professionals including GP's and dieticians. The provider worked with the local authority to make sure people received care appropriate to their needs.