

Dukeries Healthcare Limited

Berwood Court Care Home

Inspection report

Berwood Park, off Cadbury Lane
Castle Vale
Birmingham
West Midlands
B35 7EW

Tel: 01217497887

Website: www.dukerieshealthcare.co.uk

Date of inspection visit:

25 May 2016

26 May 2016

Date of publication:

11 July 2016

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 25 and 26 May 2016 and was an unannounced comprehensive rating inspection. The location was last inspected in October 2014 and was rated as Requires Improvement.

Berwood Court is a registered care home providing residential and nursing care for up to seventy four older people, including people who have dementia. At the time of our inspection there were 73 people living at the home.

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 2008 and associated Regulations about how the service is run.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat and meal times were flexible to meet people's needs.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there was positive communication and interaction between staff and the people living at the location. Staff were aware of the signs that would indicate a person was unhappy and knew what action to take to support people effectively.

People's right to privacy were upheld by staff that treated them with dignity and respect. People's choices and independence was respected and promoted and staff responded appropriately to people's support needs.

People received care from staff that knew them well and benefitted from opportunities to take part in

activities that they enjoyed.

The provider had management systems in place to audit, assess and monitor the quality of the service provided, to ensure that people were benefitting from a service that was continually developing.

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 were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

Is the service effective?

Good ●

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

Relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Berwood Court 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 25 and 26 May 2016 and was unannounced. The membership of the inspection team comprised of two inspectors.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority commissioning service and the NHS commissioning service for any relevant information they may have to support our inspection.

During our inspection we spent time with many of the people living at the location. Some of the people living at the home had limited verbal communication and were not always able to tell us how they found living at the location. Therefore, as part of our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us and we also observed how staff supported people throughout the inspection to help us understand peoples' experience of living at the home.

We spoke with eight people, six relatives, four staff members, two activity coordinators, the manager, the operations director and the compliance manager. We looked at the care records of four people, as well as the medicine management processes and records that were maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

A person we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. A person we spoke with said, "It's lovely here (location) I can't say a bad word about it. I've no concerns about the staff. They're like my sons and daughters". A relative we spoke with told us, "She's [family member] happy here, everything's lovely, we don't have any concerns at all really". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety, and staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. A staff member we spoke with gave us an example of how they would be vigilant and question bruising on a person's body, even if they knew that the person was susceptible to bruising. Another staff member gave us an example of some of the signs that might indicate if someone was being abused; they said they'd be suspicious, "When providing personal care, if someone was flinching or reluctant to be washed". A visiting District Nurse we spoke with said, "People always seem happy and well looked after, I never have any concerns here".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us that risk assessments are completed by a senior member of the team. Another member of staff explained, "Risk assessments are done every three months, but if we notice anything, we report it". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Any changes that were required to maintain a person's safety were discussed and recorded during shift handovers.

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. One member of staff explained to us, "We make sure the fire doors are shut, check the fire zones (to identify where the fire is) and evacuate people to the evacuation point".

Everyone we spoke with felt there was sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We observed that there were enough staff available to respond to people's needs and that they were attentive when support was requested. A person we spoke with told us, "There seems to be enough staff, we don't have to wait for anything". A relative told us, "Staff are always available, I can always get someone". Another relative we spoke with said, "There's enough of them [staff], I know he's [family member] safe. It makes me feel reassured knowing he's here". A staff member we spoke with said, "Yes we have enough staff, but I would like to spend more 'one to one' time with people". The provider had processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment

decisions and prevent unsuitable people from working with people who require care. We reviewed the provider's recruitment processes and these confirmed that staff were suitably recruited to safely support people living at the home. Staff we spoke with told us that the provider had recruited them appropriately and that references and DBS checks had been completed.

A relative we spoke with told us they had no concerns with their family member's medicine. A person we spoke with told us, "Medicines arrive on time, I have no concerns". Another person told us, "I get my medication when I need it, always at meal times". A relative we spoke with said, "His [family member] medicines and fluids are always on time". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis.

Is the service effective?

Our findings

A relative we spoke with said, "Staff have the skills and knowledge to do what I need them to do for me". Another person said, "Staff seem pretty good, they know what they're doing". We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member explained how they had received training and support during the induction phase of their employment, which included core training, shadowing and working supervised with more experienced members of staff. Another staff member told us how they were encouraged to identify additional learning and development opportunities that they would like to pursue. We saw that the manager responded to requests made by staff and was aware of the knowledge and skills they needed to support people who used the service.

We found that not all of the people living at the location were able to verbally express their needs; however from our observations we could see that staff knew how to support people. A member of staff we spoke with told us how they communicate using pictures and communication cards with a person who has communication difficulties following a stroke, "I've known her [person who uses the service] for a long time. She can get frustrated when people don't communicate well". Another staff member explained how they checked people's care plans for information regarding the best communication techniques to use, The staff member told us, "They [people] use different ways, some use gestures, like nodding their head. Over time we get to know peoples ways of communicating". Throughout our time at Berwood Court we saw good interaction between people and staff.

Staff told us they had regular supervision and appraisals to support their development. One staff member told us that along with regular supervision, they were also supported by a designated senior member of staff. They told us, "[Staff member's name] supervises on the floor, she's very approachable". We saw staff development plans showing how staff were supported with training, supervisions and appraisals. We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

We saw that not all of the people who lived at the home had the mental capacity to make informed choices and decisions about some aspects of their lives. Throughout the inspection we saw staff cared for people in a way that involved people in making some choices and decisions about their care and support. Staff told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. An example being when we observed a member of staff asking a person if they would like to be supported to sit at the table for lunch. They went on to ask if the person would like to be assisted in cutting up their food. A person we spoke with told us, "They [staff] ask if it's alright before they do things for me". A staff member we spoke with gave an example of why it's important to gain consent from people, they told us, "I ask people if it's Okay for me to wash their face, It's not a nice surprise to just get a flannel in your face". Another staff member told us how they gained consent from someone who communicated in a different

way. They said, "Eye contact can express a lot. They [people] look away if they're not happy".

Where people lacked the mental capacity to consent to decisions about their care or medical treatment, the provider had arrangements in place to ensure decisions were made in the person's best interest in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA (2005) is important legislation that sets out requirements to ensure that where people are unable to make significant and day to day decisions that are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw the provider had made applications for some of the people using the service to the Statutory Body to authorise the restrictions placed upon them. The provider had acted in accordance with the legislation and people's rights were protected. We saw that people were not restricted and moved freely around the home.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. One member of staff gave us an example of how she supports a person, they told us, "One person 'hits out' a lot, so I make sure they're safe and can't hurt themselves, and I let them cool down". Another member of staff told us, "We reassure them [people who use the service], talk calmly". They went on to explain how they referred to behaviour charts in people's care plans to identify behaviour triggers, people's likes and dislikes. We saw that people's care plans had information of the types of triggers that might result in them becoming unsettled and presenting with behaviours that are described as challenging.

A person we spoke with told us, "The foods not too bad at all. The roasts are lovely and we have a choice of what we want to eat". They also told us that they had their own snacks and refreshment if they wanted them. Another person said, "They're [staff] very good at meeting my needs and requests here. If you don't like it, you don't have to eat it, they'll get you something else". A third person told us, "I come and get my dinner and take it back to my room. I like to watch the news with my dinner. It's good service here". A staff member we spoke with told us, "It's chicken roast today, but if people want anything else they can have it". We saw a person ask for an alternative meal and staff prepared it for them. A relative we spoke with said, "He's [person] well fed, raves about the food, he loves it". People appeared to be enjoying their food and we saw some of them asking for extra helpings, which staff provided them with. One person referred to his rice pudding; "It was beautiful"! We saw menus were available with photographs to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. We saw people having drinks and snacks when they wanted to and fresh fruit was available for people to eat if they wished.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required and staff monitored people's food intake. For example, some people were on special diets and we could see that dieticians and the Speech and Language Therapy Team (SALT) had been involved in developing and supporting the provider in meeting their dietary and nutritional needs. Speech and language therapists assess and support people with communication problems and with people who have difficulties with eating and drinking. We observed a person asking for dessert at lunch time. The staff member served them with a specially prepared gluten free pudding to support their dietary care needs.

People and relatives we spoke with told us that their family member's health needs were being met. A person we spoke with said, "The doctor comes in twice a week". Another person told us, "The doctor comes on Monday's and Thursday's. So he checked me over on Monday". A relative told us, "If they (staff) notice any health problems, the nurse comes straight away and calls the doctor out". We saw from care records that people were supported to access a variety of health and social care professionals. For example,

psychiatrists, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly. A person told us, "They [staff] took me to the hospital the other day to have my teeth done, they're good like that".

Is the service caring?

Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff, they looked relaxed in their presence and appeared to be living a happy life. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted interaction between people and staff throughout our time at the home. A person said to us, "I've nothing bad to say about the place They're [staff] are really good and they get on with my family too". A relative we spoke with said, "It's lovely here the staff are friendly and caring". Another relative told us, "They [staff] are very vigilant especially if he's [family member] not well. Staff are concerned, he gets plenty of attention. They're like family". People appeared content and happy when interacting with staff. Another relative told us, "They're [staff] looking after mom really well, they're very caring".

We saw that the provider supported people to express their views so that they are involved in making decisions on how their care is delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's health care needs. A person we spoke with told us, "They [staff] respond to what I need, they listen to me". Another person said, "Staff do anything you ask them to do. Staff talk to me when caring for me. You get used to one another". They continued by telling us how the nurse had supported them with a health care issue, and that they had discussed the process between them in advance of it happening. A relative told us, "Staff listen very well. We have a friendly rapport with them". A member of staff told us how they found out about peoples preferences, "I like to talk to them [people who use the service] a lot, I talk to the families too". We saw that care plans were regularly reviewed and updated when people's needs changed.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. The activity coordinator told us that people had recently been involved in a consultation to see what sort of activities they'd like to have access to. We saw people making decorations and crowns for a forthcoming event for the Queen's ninetieth birthday celebrations. People and relatives told us that they had a variety of activities, including; concerts, visits from the donkey sanctuary and trips to the zoo. A person we spoke with told us, "I go for a walk, and that activities lady took us to Sainsbury's for a look around and a cup of tea. And on Friday we went for a meal". Another person said, "They [staff] do nice things. They bring the donkeys and dogs to see me".

Staff we spoke with and observations we made showed us that people were treated with dignity and respect. One member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "We take them to their rooms for personal care. Close the doors and be respectful of their personal space". Another staff member explained how they wash and dress people in the persons own room and how they ensure that people are covered appropriately so that their dignity is not compromised. We found that people could spend time in their room so that they had privacy when they wanted it.

Staff we spoke to explained to us the importance of ensuring that people rights to confidentiality were maintained. One staff member told us, "I keep things in confidence unless it's something where there's a

concern for their [people who use the service] safety". They explained how important it was to maintain people's trust and not to share their information with others.

Everyone we spoke with told us there were no restrictions on visiting times. A person we spoke with told us, "My son comes every week and can visit anytime he likes really". Another person told us how one of the people's family visits every week, "They [family members] have a meal with us all and we've got to know each other". A relative told us, "I come at all times of the day, whenever I like, there's no problem". We saw relatives, people and staff enjoying each other's company and creating a homely atmosphere.

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with said, "I encourage them [people who use the service] to eat, to drink and go to the toilet". A person we spoke with told us, "They're [staff] good, respectful. They ask if I'd like to wash myself".

Is the service responsive?

Our findings

We saw that staff knew people well and were focussed on providing person centred care. We saw that people were encouraged to make as many decisions about their support as was practicable. Relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. A person we spoke with told us, "We're [person and their relative's] all involved in my care planning". They continued, "My needs are met, but they're [staff] responsive to any changes". Another person said, "We [person, relatives and staff] talk about my care plan, what I like and what I don't like". A relative told us, "When he [family member] first came in I was involved in care planning. We have care plan reviews sometimes but I'm here all the time so we [relative and staff] talk a lot". We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care.

We saw that staff were responsive to people's individual care and support. A person we spoke with said, "I have a bell to ring and they [staff] come pretty quick". Another person told us, "If I want to go in the lounge they [staff] take me. A relative we spoke with told us that her family member could get up and go to bed whenever they wanted to. We observed staff responding to people's needs promptly when required.

We saw that all people living at the home had their own rooms and choose whether to stay in them or join the communal areas. Rooms were clean and personalised to suit people's preferences. A person we spoke with told us, "I've got a bedroom and TV to myself; I'm happy and safe here". Another person said, "We have our own belongings, and photos on the wall". A third person told us, "I like my room, it's got a little patio area".

Throughout our inspection we saw that people had things to do that they found interesting. They were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. We saw pieces of art displayed around the home that had been made by one of the people that lived there. We saw a person knitting and another playing tunes on the keyboard. We saw that care plans included information about hobbies and interests that people liked to do.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us how they might raise a complaint; "I'd talk to the staff if I need to, but I never need to". A relative told us, "I've never had to complain, but if I had to I'd talk to the staff nurse or manager, there's no need to make an appointment". Another relative we spoke with told us that they had raised a concern recently and the manager was dealing with it in an appropriate and timely manner. Relatives told us that they knew the complaints procedure and how to escalate any concerns if they needed to. The manager told us and records we looked at showed that there had not been any complaints made about the location since our last inspection. We found that the provider had a robust procedure in place which outlined a structured approach to dealing with complaints in the event of one being raised.

Relatives told us that they had completed satisfaction surveys and we saw that these had been used by the

provider to enhance the quality of service provided for people at the location. We saw that the provider held regular family meetings to share information. Meetings were held at different times in the day to facilitate relative's preferences. A relative we spoke with said, "I've been invited to relatives meetings but I can't always attend, but they [provider] send me questionnaires".

Is the service well-led?

Our findings

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw evidence from house meetings that people, staff and families were involved in how the home was run. A person we spoke with said, "I see [Manager's name] every now and then, she always asks if I'm Okay". A relative told us, "I speak to [Manager's name], she's around all the time. The home is managed very well". Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. A staff member we spoke with said, "The manager's very approachable. Any concerns are resolved quickly". Another staff member told us, "The manager's very supportive and accommodating. [Manager's name] is very approachable". Staff told us they were happy with the way the location was managed, one staff member told us, "I love it, it's the best job I've had. Morale's good, staff are nice, I wouldn't leave it's like 'home from home'. Staff we spoke with told us that they felt that they were listened to and valued by the manager. A staff member told us, "I'm always getting complimented, it's nice to be appreciated". Relatives we spoke with told us that they felt there was a positive attitude at the home between the manager, staff and their family member. A relative told us, "Previous homes have not been great, but here it's wonderful. Staff are always popping in and out [person's room], they don't 'just' look after the people they're designated to care for".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. Other quality and safety monitoring processes included a property support team that was accessible to carry out any maintenance or refurbishment when necessary. During our visit bathrooms were being refurbished as the décor was tired and needed updating.