

South Coast Nursing Homes Limited

Berkeley Lodge

Inspection report

42 Shelley Road
Worthing
West Sussex
BN11 4DA

Tel: 01903288488

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25 January 2017

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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 inspection took place on 17 and 25 January 2017 and was unannounced.

Berkeley Lodge is registered to provide accommodation, nursing care and support for up to 65 people. The home provides end of life care and care for people living with dementia. The home is registered to provide care for 65 people. At the time of our visit there were 62 people at the home, none of whom were receiving end of life care. The home has a wide range of communal areas and well maintained accessible gardens.

The home had a registered manager 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.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence.

People said they felt safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way.

People's medicines were managed safely. People had enough to eat and drink throughout the day and night. The mealtime was an inclusive experience.

There was an open and friendly culture combined with a dedication to providing the best possible care to people. Staff at all levels were approachable, knowledgeable, professional, keen to talk about their work and committed to the on-going development of the home. The atmosphere in the home was happy and calm. People were engaged and occupied; they interacted and chatted with each other. Every person we spoke to, without exception was extremely complimentary about the caring nature of the management and staff.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff on duty to support people with their assessed needs. The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. The registered manager followed safe recruitment procedures to ensure that staff working

with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. The registered manager and the staff team took an obvious pride in their work, but were not complacent, and were looking for ways to improve the service. Staff were confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and were confident appropriate action would be taken.

The premises and gardens were well maintained. All maintenance and servicing checks were carried out, keeping people safe. People were empowered to contribute to improve the service. People had opportunities to feedback their views about the home and quality of the care they received.

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

Risks to people had been assessed and appropriate measures were in place to manage the risk, without unduly restricting people's independence.

There were sufficient numbers of staff to provide care and meet people's individual needs in an unhurried manner.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

People medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received the training, support and supervision they needed to be able to provide safe and effective care.

Staff adhered to the Mental Capacity Act 2005 code of practice and supported people in line with their deprivation of liberty safeguard authorisations.

People were supported to have enough to eat and drink. People enjoyed their meals and each other's company.

People health needs were assessed and monitored and appropriate referrals were made to other professionals, where necessary.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were committed to providing high quality care. Staff were quick to help and support people.

People were treated with kindness and respect; their dignity and privacy were upheld.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care was delivered in a highly person centred way by staff who understood them.

People were occupied and stimulated during their stay at the home.

People were encouraged to raise any concerns and give feedback regarding their stay. Complaints were investigated and action taken to make improvements.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided strong, clear leadership and ensured an enabling and person-centred culture was firmly embedded in the service.

Staff told us they were well managed, were treated with respect and were listened to. Morale was high and staff took great pride in their work.

Systems were in place to effectively monitor the quality and safety of the service. There was a clear commitment from all staff to the continuous improvement of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Berkeley Lodge

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 17 and 25 January 2017 and was unannounced.

One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We looked at care records for five people, medication administration records (MAR), a number of policies and procedures, four staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

During our inspection, we observed care, spoke with 11 people living at the home and three relatives. We also spoke with the operations director, registered manager, assistant manager, deputy matron, the clinical lead, a student nurse and two care staff on duty, one domestic, two members of the activities team and a visiting physiotherapist.

Berkeley Lodge was last inspected in January 2014 where there were no concerns.

Is the service safe?

Our findings

People looked at ease with the staff that were caring for them. All people we spoke with told us that they liked the home. We were told that, "It's a lovely place, I couldn't be happier." People told us that they liked the staff. A relative told us, "We're here twice a week and it's amazing."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Staff were able to clearly describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would raise any concerns with a senior member of staff. The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area. The service followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns.

Risks to people were carefully assessed on admission to the home. Risk assessments were completed. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. Staff provided support in a way which minimised risk for people. Where people were at high risk of pressure damage, the home had access to appropriate nursing equipment to reduce the risk. For example, pressure relieving mattresses were in place and the pressure settings were titrated according to people's weight. Clear individual guidelines were in place for staff to follow to reduce the risks to people. For example people had their positions changed to prevent pressure damage.

The premises and gardens were well maintained and well presented. Environmental risk assessments had been completed, which assessed the overall safety of the home, including slip and trip hazards. All maintenance and servicing checks were carried out, keeping people safe. A relative told us, "Nothing is broken, everything is in good condition."

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. People did not wait for long periods of time when they required assistance. We saw that when people rang their call bells staff were very quick to respond and assist them. Staff and people staying at the home told us they were happy with the staffing levels. Relatives told us, "The staff are great, there is plenty of them."

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past two weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. In addition to the managerial team, there were two registered nurses on duty at all times. There were 17 care staff in the morning, 13 in the afternoon and eight at night. Ancillary staff were employed for specific tasks, for example laundry, activities and domestic

duties. A relative told us, "The home is always clean. It's immaculate."

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service, criminal records checks were made with the Disclosure and Barring Service. Checks had been carried out to ensure registered nurses had current registration with the Nursing and Midwifery Council (NMC).

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated room for storing people's medicines. The room was clean and well organised. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. Daily temperatures of the fridge were taken and recorded to ensure the fridge remained at a safe temperature. The medicines store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately, for example staff waited to check people had taken their medicines before signing the administration records. There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service. We checked a sample of medicines and found the stock tallied with the records kept.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent.

Is the service effective?

Our findings

Staff were well trained to make sure they had the skills and knowledge to effectively support people. Relatives spoke positively about staff and told us they were skilled to meet people's needs. They had confidence in their skills and knowledge. We were told, "The care is outstanding. I have recommended the place to others," "The staff are excellent. The carers are good. The senior staff are approachable," and, "I'm really happy here."

On commencing work at the service new staff were supported to understand their role through a period of induction. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Their progress was reviewed informally on a frequent basis by their line manager.

Following induction all staff entered onto an ongoing programme of training specific to their job role.

Staff received regular training in topics including, health and safety, moving and handling, fire safety, infection control, medicines, safeguarding vulnerable adults and equality and diversity. Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they felt confident and well trained to do their jobs. The registered nurses we spoke with told us that the home supported them with the NMC revalidation process to ensure they could still practice as registered nurses. Records demonstrated that there was additional training for registered nurses. This included, diabetes, wound care, emergency situations, catheterisation and end of life care. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. For example, staff training in dementia care. Staff told us, "We can source additional training if there is something we want to do," For example caring for people with Parkinson's disease.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. All staff we spoke with told us they felt supported by senior and other staff. They said there was opportunity to discuss any issues they may have, any observations and ways in which staff practice could be improved. Staff told us, "It's very supportive," "We're all here for the same thing. It's all about the patients," and, "We have two way conversations if there are any problems. It's not hierarchical."

Staff told us there was sufficient time within the working day to speak with the registered manager or senior staff on duty. During our visit we saw good communication between all grades of staff. Staff told us that they could discuss any issues or concerns at any time and that their input during the shift handover was encouraged and valued. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Staff clearly understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA).

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisation to deprive people of their liberty were being met. The registered manager understood when an application should be made and appropriate applications had been made. All staff we spoke with had a good working knowledge on DoLS and mental capacity and had received appropriate training. A visiting healthcare professional told us, "Their [staff] interaction with people is lovely, especially people with dementia. They really seem to understand them."

During our visit we observed that people made their own decisions and staff respected their choices. We saw that staff had an understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered a choice of drinks throughout the day. In addition to this we saw that a selection of cold drinks were readily accessible. Relatives told us, "The food is amazing". We observed the lunchtime meal experience. Lunch was usually taken in the dining room, however people were able to eat in elsewhere if they preferred. People appeared to enjoy their meal. We observed many positive interactions between people and staff. The mealtime was an inclusive experience. Staff appeared caring and took pleasure in spending time with people. There was a relaxed and calm atmosphere.

People's care plans contained information about their dietary needs and malnutrition risk assessments. People's weight was recorded to monitor whether people maintained a healthy weight. Referrals were made to dieticians if required. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

People had access to health care relevant to their conditions, including GPs and physiotherapists. A visiting healthcare professional told us, "The staff always follow my instructions. They are very helpful and listen. It's one of the best places I've been." Staff knew people well and referrals for regular health care were recorded in people's care records.

Is the service caring?

Our findings

The caring ethos of the home was evident. People received care and support from staff who knew them well. Staff were skilled in talking to people and established a rapport in a short space of time. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Every person we spoke to, without exception was extremely complimentary about the caring nature of the management and staff. People described them as, "Lovely," "A great bunch" and "[Name] has a great sense of humour". Everyone we spoke with thought people were treated with respect and dignity. We saw letters written by relatives thanking staff for the care their family member had received.

Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a kind and caring way by staff who were committed to delivering high standards. Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. Staff focused their attention on providing support to people. We observed people smiling, chatting and choosing to spend time with the other people staying at the home. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend quality time with them and encourage them to do things for themselves. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responded to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff always made sure people were comfortable and had everything they needed before moving away.

People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. The care plans included details regarding people's individual likes and dislikes. Staff we spoke with said that they found the care plans useful and made them aware of people's personal preferences. Relatives told us that people received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Staff knew, in detail, each person's individual needs. Relationships between people and staff were warm, friendly and sincere.

Staff chatted with people who appeared to enjoy their company. Staff said that they believed that all staff were caring and were able to meet the needs of people.

There was a strong caring culture at all levels. From management to care staff, everyone we spoke with put the needs of the people they supported at the centre of everything they did. One staff member said, "We are never too busy to spend time with them. It's very rewarding." The overall impression was of a warm, friendly, safe and lively environment where people were happy.

Is the service responsive?

Our findings

Relatives told us that the staff were responsive to people's needs. People received support that was individualised to their personal preferences and needs. A relative told us, "[Name] sometimes refuses food. The staff are excellent at dealing with it and they keep me informed". Another relative explained how, "Any little queries or questions are answered straight away. If anything happens they inform us immediately, they give us a quick call".

People had their needs assessed before they were admitted to the home. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. People's care needs were kept under review and any changes or increase in dependence were recorded and added to the care plans. Staff told us, "If anything changes, it [the care plan] is updated". This meant people received consistent and co-ordinated care that changed along with their needs.

The home had recently introduced a computerised care planning system and was in the process of transferring all people's care plans to the new system. The new system enabled staff to record care given in 'real time' via individual hand held devices. Care plans were personalised and detailed daily routines specific to each person. Each care plan contained information about the person's likes, dislikes and people important to them. Staff attended a verbal handover between each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. This ensured that any changes were communicated so people received care which met their needs. The computerised care planning system enabled senior staff to monitor care given at any time and view various reports. For example, reports of food and fluid intake and graphs of people's weight. This enabled staff to respond to people's changing needs.

People were engaged and occupied during our visit; there was a calm atmosphere within the home. We saw that people interacted and chatted with each other. Staff and people told us that they liked each other's company. A relative told us, "The activities staff are excellent."

People had a range of activities they could be involved in. A relative told us, "They do something every morning. There is something for everyone, for all capabilities." The home had an activities plan, which included ball games, flower arranging, arts and crafts, cooking and visiting entertainers. People told us they were happy with the activities provided. Staff told us, "We are constantly reviewing the activities along with people's changing needs, especially with regards to people's dementia."

People were encouraged to participate in the various activities on offer. We were told that, "If you want to be quiet, you can" and, "There are plenty of activities, lots to do". People were supported to maintain relationships with people that mattered to them and to avoid social isolation. Visitors were able to visit at any time. We were told that the home was able to accommodate relatives of people receiving end of life care if necessary.

All people we spoke with told us that they were happy with the level of social interaction and activities

provided. People told us that the home was, "A happy place," and, "There is always plenty to do."

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they were happy at the home and had no cause to complain.

People told us that were confident that any issues raised would be addressed by the registered manager. One complaint had been received in the last year, which had been appropriately investigated and resolved in line with the provider's complaints policy.

Is the service well-led?

Our findings

The home had a positive culture that was person-centred, open, inclusive and empowering. There was an open and friendly culture combined with a dedication to providing the best possible care to people. Staff at all levels were approachable, knowledgeable, professional, keen to talk about their work and committed to the on-going development of the home. People appeared at ease with staff and staff told us they enjoyed working at the service. The registered manager had been in post since 2016. People knew who the registered manager was. A relative described her as, "Lovely". Staff said she was, "Excellent". There was mutual respect between the registered manager, senior and other staff, and a strong sense of teamwork. People told us, "They all muck in and help each other". Staff told us that they felt supported by the management team and each other. They demonstrated respect and pride in the home. The registered manager and the staff team took an obvious pride in their work, but were not complacent, and were looking for ways to improve the service. A staff member said, "We have everything we need to do a good job. It's well equipped and well stocked".

The registered manager was fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Senior staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service.

The registered manager told us that she spent time with people in order to observe the care and to monitor how staff treated people. This was confirmed by the staff we spoke with. We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. They felt confident to raise any concerns with a senior member of staff or the registered manager.

During our visit we were told, and records confirmed, that the operational director visited the home regularly and completed a quarterly compliance audit. This included looking at records, talking to staff and talking to people and any visitors. We were told that the any areas requiring action were discussed with the registered manager and senior staff.

People were empowered to contribute to improve the service. People and their relatives had opportunities to feedback their views about the home and quality of the care they received. Feedback surveys were given out to people and / or their relatives. The registered manager collated the responses, wrote a report summarising people's comments and identified any areas for action. People's comments were overwhelmingly positive. This was mirrored in the home's compliments file. Comments from visiting healthcare professional included, "I have always been impressed by the quality of the staff and the care they give," "Staff are caring and have a good knowledge," and, "They always make a person feel extremely welcome. The residents all seem comfortable and content and are looked after very well."

Quality was integral to the home's approach and there were robust systems in place to drive continuous

improvement. Quality assurance systems monitored the quality of service being delivered and the running of the home, for example audits of infection control and housekeeping. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development. Accident and Incident forms were completed. These were checked by senior staff who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Staff told us that any faults in equipment were recorded in the maintenance book and were rectified promptly. The provider had achieved a level five rating at their last Food Standards Agency check.