Cuerden Developments Ltd

Berkeley Village

Inspection report

414 Station Road
Bamber Bridge
Preston
Lancashire
PR5 6JN

Tel: 01772628700
Website: www.cuerden.com

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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

This inspection took place on 10 July 2017. This was the first comprehensive inspection since the service registered with the Care Quality Commission on 19 July 2016. During this inspection we made one recommendation in relation to the storage, handling of food and the cleanliness of the kitchen.

Berkeley Village is registered to provide accommodation for persons who required nursing or personal care and treatment of disease disorder and injury for up to 24 people. There were 16 people living in the home on the day of our inspection.

The home is situated on the outskirts of Preston close to local amenities and public transport links to the city centre. Accommodation is situated over two floors with communal lounge/dining areas as well as three quiet lounges and two sensory rooms. All bedrooms benefit from ensuite facilities as well as coordinated bedroom furniture and personal televisions. There was access to safe outside space for people to use.

The service had 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. The registered manager is also supported by a home manager.

The home demonstrated the safe storage, handling and administration of medicines. Records had been completed in full and we observed medicines administered by staff.

People told us they were safe living in the home. Staff were aware of the procedures to take when dealing with any allegations of abuse.

Staff told us there was enough staff to provide quality time to people who used the service. We saw a duty rota that demonstrated the skills mix of staff in place to cover each shift. Safe recruitment practices were in place. Records identified the appropriate checks that had taken place to ensure people were cared for by an appropriate staff team.

A number of areas in the kitchen required cleaning and guidance for staff about entering the kitchen was lacking. The provider responded quickly to concerns raised about the cleanliness and storage of food in the kitchen.

Staff told us they had the knowledge and skills to meet people's individual needs. Records we looked at confirmed relevant training had been undertaken by the staff.

There was evidence of involvement of other professionals in people's care and monitoring. Professionals told us staff involved them in monitoring and reviews of people who used the service.

Systems were in place to ensure people were protected from unlawful restrictions. Relevant capacity assessments had been completed and applications to the assessing authorities had been completed. 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

It was clear from the interactions that staff knew people's needs well and how best to support them. Staff treated people with dignity and respect. Where personal care was delivered this was done in the privacy of people's bedrooms or bathrooms.

Care files were clear, comprehensive and reflected people's individual needs. Daily records were kept of people's personal care, food and fluid intakes and activities undertaken. There was a comprehensive activity programme available for people who used the service. We saw pictures of activities taking place on display in the home.

There was evidence that complaints were dealt with appropriately and guidance to deal with complaints was available to people who used the service, relatives and staff. We saw evidence of complimentary feedback about the care people received in the home.

Systems to monitor the quality of the service provided were in place. The registered manager demonstrated her knowledge and leadership, skills and management of the home.

Staff told us team meetings were taking place. Surveys were completed for people who used the service, family, professionals and staff on the care provided at the home. The provider had systems to gather people's views.

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.

We saw safe storage, handling and administration of medicines. Records had been completed in full.

People told us they were safe living in the home. Where safeguarding concerns had been raised we saw these had been acted on appropriately by the home.

Appropriate staffing levels were in place to ensure people's needs were met in a timely manner. Safe recruitment practices were in place to ensure people were cared for by an appropriate staff team.

Is the service effective?

Good

The service was effective.

The provider responded quickly to concerns raised about the cleanliness and storage of food in the kitchen.

Staff had the necessary knowledge and skills to meet people's individual needs.

There was evidence of involvement of other professionals in people's care and monitoring.

Systems were in place to ensure people were protected from unlawful restrictions.

Is the service caring?

Good

The service was caring.

People received good care from a staff team who knew their needs and likes well.

Care was delivered to people with dignity and respect. Staff had received training in dignity and respect to promote high standards.

Is the service responsive?

Good

The service was responsive.

Care files were clear and identified how to meet people's individual needs, like's and choices.

There was a comprehensive activity programme available for people who used the service. We saw pictures of activities taking place on display in the home.

Systems to respond to complaints were in place. We saw evidence of complimentary feedback about the care people received in the home.

Is the service well-led?

Good

The service was well led.

Systems to monitor the quality of the service provided were in place. The service had a registered manager in place that clearly understood the leadership and management of the home.

There was evidence of team meetings taking place. Records detailed people were asked or their views about the care received in the home.

Berkeley Village

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 10 July 2017 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor and two experts by experience in the care of people who have a physical disability, mental health condition and older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We undertook observations in communal areas of the home including observations of the lunchtime service. We undertook a tour of the building which included lounges, bathrooms, the kitchen and some people's bedrooms. We spoke with 13 people who used the service, four visitors to the home and four professionals who regularly visited the home. We also spoke with one registered nurse, a psychologist, four support workers, a member of housekeeping staff, the chef, a member of the administration team, the home manager and the registered manager.

Prior to the inspection we looked at the information we held about the service. This included notifications that the provider is required to send to us by law, any feedback, any safeguarding investigations, compliments or complaints. We also looked at the Provider Information Return (PIR) we asked the provider to submit prior to this inspection. 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 checked a number of records relating to the management of the home these included five staff files, six care records, duty rotas, audits, surveys and feedback about the home.

Good

Is the service safe?

Our findings

All people who used the service we spoke with told us they felt safe in the home. Comments included, "I feel safe." Another told us staff, "Kept [person] safe and free from any danger." One person said when asked about the CCTV in the home, "They are a really good idea and helps to keep me safe." We observed CCTV had been installed in the public areas of the home, including lounges, dining areas and sensory rooms.

All of the professionals told us they felt people who used the service were safe and well cared for in the home. Comments included, "People generally are quite safe. The management and staff have followed procedure [when dealing with incidents] and "People are safe."

Staff we spoke with demonstrated an understanding of how to keep people safe as well as the signs of abuse. They said, "My first port of call would be to report to [registered manager and home manager]", and "Safeguarding is there to protect anyone. There are different types of abuse for example emotional and financial. I would first report any concerns to the nurse or manager. If there was no response I would report it to the local authority or the Care Quality Commission." Staff we spoke with and records confirmed that they had undertaken the relevant training in safeguarding.

Systems were in place to demonstrate that the provider responded appropriately to any allegations of abuse. There were contact numbers for the local authority safeguarding team on display as well as up to date policies and procedures that guided staff on the procedure to take if any allegations of abuse were identified. Records had been completed that included investigations into allegations of abuse that had taken place as well as the actions taken to ensure any future risks were minimised.

We looked at home managed risks in the home. Comprehensive personal risk assessments were in place in people's care files that identified clear strategies for staff to follow. These included falls, manual handling and aggression. A professional told us, "The risk assessments etc are dynamic and ongoing and are being adapted to meet changing needs as required."

Environmental risk assessments were seen that demonstrated the measures taken to ensure people were cared for safely. These included gates, hoists, legionella, violence and aggression and ligature. Records identified specific risks and how to reduce these risks to ensure people lived in a safe and monitored environment. Personal Emergency Evacuation Plans (PEEPs) had been completed for all of the people living in the home. Records identified what support or assistance people required in the event of an emergency evacuation from the building.

Systems were in place to monitor and learn from incidents and accidents in the home. Incident and accident records had been completed and included actions taken to protect people from any future risks.

Evidence of completed equipment and environmental audits and checks were seen which included fire extinguishers, fire drills and fire risk assessments. Policies and procedures were in place that guided staff on the procedure to follow in the event of a fire. Guidance and protocols identified how to manage

environmental incidents in the home. These included, power failure, weather and locked doors. There was evidence of completed essential checks in place. These included lift checks, fire alarm systems, hoist, wheelchairs, glide sheets, gas safety, electrical safety and building regulations compliance certificates.

Professionals we spoke with raised no concerns about the environment in the home. They said, "I feel Berkeley Village is a home from home. The environment is airy, bright and pleasant."

We undertook a tour of the building which had undergone a complete refurbishment prior to their registration with the Care Quality Commission. All areas of the home were clean and tidy and free from clutter. Storage doors were locked to ensure equipment and supplies were safely stored. Lounges and dining areas were nicely decorated, homely, light and airy. We saw bedrooms were segregated into male and female areas. This would protect people's privacy and dignity.

There were quiet lounges and two sensory rooms in the home. Staff told us people could access these for either private time or when family or friends visited. Both floors had small kitchens to enable people to prepare light meals and drinks where able. All of the bedrooms benefited from ensuite facilities and had coordinated bedroom furniture. Bedrooms had been personalised with people's own property to support them to feel at home. Appropriate signage was in place to direct people who used the service, staff and visitors around the home.

We saw enough supplies of cleaning equipment in the home for staff to access. The staff member responsible for maintaining the cleanliness in the home told us they had enough supplies of cleaning equipment in place to enable them to undertake their duties safely. There was hand washing advice on display to guide staff, people who used the service and visitors on the correct procedure to reduce the risk of infection. We observed staff wearing Personal Protective Equipment (PPE) during personal and catering tasks that would support the reduction in the spread of infection and its associated risks. Training records confirmed that staff had completed relevant infection control training. This provided them with the knowledge and skills to protect people from the risks of infection.

We looked at the staffing arrangements in the home. Professionals told us there were enough staff to meet people's individual needs. One said, "Staffing levels appear to be as they should be. There is a good retention of staff at Berkeley Village." Staff we spoke with raised no concerns about the levels of staff to meet people's individual needs, likes and choices. One staff member told us, "We have time to spend with people here. It is quality time." We observed staff were available to meet people's needs in a timely manner. Buzzers were responded to swiftly by staff. This ensured people's personal care requirements were dealt with when it was required.

We checked the duty rotas and saw staff allocated to shift patterns, staffing included each grade of staff on each shift. Where amendments had been made to staff rotas for example in the event of sickness, we saw alternative staff had been allocated their shifts to ensure there was enough staff to meet people's individual needs. This would ensure people had their care delivered by an appropriate staff team.

The registered manager told us they had an ongoing recruitment process to ensure there were sufficient staff in place to deliver safe care to people who used the service. The PIR submitted to the Care Quality Commission stated, "Recruitment of more staff [is ongoing] as the home expands. A full time occupational therapist is to start to ensure more access to occupational therapy."

We looked at the recruitment procedures in the home. The registered manager told us that any potential new staff were, "Interviewed by people who used the service and given a tour of the unit by them." They said

all new staff were, "Placed on bank [ad hoc] contracts before being given a permanent contract. This was to ensure the service gets the right people with the right values." Systems were in place to ensure safe recruitment took place to ensure staff had the skills and knowledge to care for people. Records confirmed relevant checks had been completed. These included completed application forms, appropriate references, interviewing questioning, proof of identity and Disclosure and Barring Service (DBS) checks. The DBS helped employers make safer recruitment decisions and helped prevent unsuitable people from working with people who use care and support services.

There was a procedure in place to ensure all new staff completed a detailed induction on commencement of their role. Inductions included staff mandatory training and the care certificate. The care certificate is a set of standards that health and social care workers follow to in their daily working life. This would ensure staff had the required knowledge and skills to meet people's needs safely.

During the inspection we observed part of the medication administration round. We saw safe administration and recording taking place. The staff member responsible for administration was seen seeking consent from people before giving their medicines, records were completed following their administration that would ensure correct recording took place.

Training records confirmed the staff designated to administer medicines had completed medications training as well as observed competency checks on their practice. This would ensure staff the had the required skills to deliver medicines to people safely. Up to date policies and procedures were in place for staff to access. We also saw a copy of nationally recognised guidance for the management of medicines available for staff reference where required. There was guidance of the medicines used in the home. These included information about the medicine and its side effects along with pictorial information to support people's knowledge about their medicines.

There was a secure locked room where medicines trolleys were stored when not in use. We saw appropriate storage of overstocked medicines as well as those to be disposed of. Controlled medicines were stored appropriately and a random check of stock levels identified records and stock levels were accurate and up to date. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. We checked whether any medicines that required cold storage were stored in line with the manufactures guidance. Whilst no medicines that required cold storage were in the home at the time of our inspection we saw daily checks of the fridge temperatures undertaken. However we saw that the records did not include the maximum and minimum temperature in line with national guidance. The registered manager told us they would introduce these recordings immediately.

Medication administration records were checked and we saw these had been completed in full. Where gaps had been identified appropriate coding had been recorded and notes were seen to ensure a clear audit trial of medicines administration was in place. As required medicines had care plans and risk assessments in place that guided staff on the individual needs of people who used the service in relation to what the medicine was for when to be given and the dose. This would ensure medicines were given to people safely and in line with their individual needs.

Good

Is the service effective?

Our findings

We looked at how the service supported people with their nutritional needs in the home. People we spoke with were mixed about the meals provided in the home. Whilst some people told us they enjoyed the meals one person said the food was, "Basic and ok, nothing special."

The registered manager told us they had recently had a food hygiene inspection which had resulted in the service being downgraded to two which means improvements were necessary. We checked the kitchen where all of the meals were prepared for the home. This was a separate building within the grounds of the home. We identified a number of concerns relating to the storage of food, cleanliness and recording of temperatures in the kitchen. For example there was no cautionary signage for the use of PPE on entering the kitchen and we observed staff entering the kitchen without applying gloves or aprons. We also saw the storage of foods was inconsistent. One fridge labelled for dairy products had opened tinned products and cooked meats that labelling stated should be stored in another fridge. We also saw essential cleaning of kitchen equipment was required to ensure the kitchen was clean and tidy. We discussed our concerns with the registered manager who took immediate action during our inspection ensure the kitchen was clean and tidy and safe for use.

Records had been completed in relation to temperature checks on cooked food as well as cold and freezer storage. However we saw these were inconsistent and did not provide evidence that all checks had been completed when required. Following our inspection the registered manager provided evidence of the audits and monitoring of the kitchen that had been introduced along with confirmation that a deep clean had taken place on the environment and equipment to ensure the kitchen was clean and tidy and fit for use. They said an external company had been employed to undertake a deep clean of the kitchen immediately following our inspection.

We recommend the provider seeks nationally recognised guidance to ensure that safe storage, handling and cleaning takes place in the kitchen.

As part of the morning routine we saw staff offering choices of meals for the day. There was a four week rolling menu for people which included choice of main meals as well as desserts. Staff told us hot meals were available for both the lunch and dinner time periods. During the lunchtime period we observed staff serving meals of people's choices to them. Meals were basic and there was lack of fresh vegetables offered.

Where people did not like the choice on offer staff were heard asking what they would like to eat. On one occasion however we saw one person's meal was left for a long period of time and was then refused by the person. We discussed this with the registered manager who provided assurance that mealtimes would be monitored to ensure people received their meals when and how they wanted them. We checked the supplies of food available in the home. Whilst there were plenty of supplies of food available for example meat, bread, milk, frozen chips and frozen vegetables. We saw little evidence of varieties of fresh fruit and vegetables available to provide people with a healthy balanced nutritional diet.

We undertook observations in both dining areas in the home. Whilst people had access to crockery and cutlery for their meal time experience tables had not been set with placemats, napkins or condiments where it was appropriate prior to commencement of their meal. The PIR submitted prior to our inspection stated, "Meal times are not as good as we want them to be. Staff are to attend nutritional training with the local [nutritional] teams." It was clear from the light-hearted conversation and chatter between people who used the service and staff that meal times were an enjoyable experience for them.

Care records identified where monitoring of what people were eating and drinking had taken place. Weights had been recorded regularly. This would ensure ongoing monitoring was taking place that identified any changes in people's conditions.

During our inspection we observed staff asking permission before undertaking any care or activity. We saw staff knocking on people's doors and waiting for an answer to be invited in. There was evidence of up to date policies and procedures that would guide staff on consent and support of people's decision making.

Staff we spoke with understood the importance of ensuring people agreed to their care before undertaking any activity with them. One said, "I always ask people their permission before I do anything." We discussed with the home manager the arrangements in place to ensure people or relevant other had signed and agreed to their care. They told us all people were asked to sign their agreement to the care discussed where able. We saw copies of the consent agreement in place in people's care files. This would ensure staff had access to information about people's needs in relation to their individual needs, wishes and likes.

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the home manager and the registered manager who demonstrated their understanding of DoLS and how it applied to people living in the home. Staff we spoke with had an understanding of MCA and DoLS and how to ensure people who used the service were not being restricted unlawfully. Training records confirmed staff had undertaken up to date training in MCA and DoLS. Up to date policies and procedures were in place to support the knowledge of staff. This ensured staff had the knowledge and skills to protect people from unlawful restrictions in their day-to-day life.

We saw external doors were secured when not in use but when people requested access to outside the building this was supported safely by staff in line with people's individual needs. There were records of completed DoLS applications that had been submitted to the relevant authorities. Care files confirmed the relevant capacity and best interest assessments had been completed that would ensure people were not deprived of their liberty unlawfully. Where capacity assessments had taken place we saw evidence of the involvement of advocates for people who were unable to make decisions for themselves.

During our walk around of the home we saw all public areas of the home had CCTV cameras installed. Pictures from these were relayed onto a screen into the home manager's office. This would help support and monitor these areas. People who used the service we spoke with told us they were aware of the CCTV and stated they had no concerns that it was in place. We discussed the CCTV with the registered manager who confirmed CCTV was not installed in any of the bathrooms or people's bedrooms. They told us all people had been made aware of the CCTV and had raised no concerns with its installation. They were able to discuss an incident that had taken place where CCTV had made a positive difference to an investigation by the local authority. Recording from the CCTV confirmed the actions taken by a staff member that without it would not have been possible.

We checked the policy for CCTV in the home and saw appropriate guidance in place for staff to follow. We saw an assessment that required completing that looked at the impact on people's privacy in the home. We discussed this with the registered manager who gave us assurances that this assessment would be completed immediately. This would ensure records confirmed all people had been made aware of and agreed to CCTV in their home.

We saw evidence of the involvement of health professionals when people required them. All of the professionals we spoke with told us the home contacted them appropriately and they were provided with private facilities to undertake reviews of people. They said, "Management at Berkeley Village seek my advice if they are concerned regarding a patient [people who used the service]. I am able to liaise on their behalf and with their permission to contact the relevant consultant" and "Berkeley Village have gone out of their way on numerous occasions. All my requests have been responded to promptly and with enthusiasm, professionalism and courtesy."

Care records identified the involvement of health professionals in relation to their people's individual needs.

The provider had recently employed a psychologist and occupational therapist and we saw evidence of reviews taking place. There was a registered general nurse in post to support and enhance the physical care for people who used the service. The registered manager told us the nurse took the lead on ensuring physical tests were undertaken. This would ensure any changes in people's health was identified and could be acted upon in a timely manner.

We asked people who used the service about the knowledge and skills of the staff that delivered their care. They said they felt on the whole people felt that staff understood their needs. A professional told us, "I am invited to provide training regarding Huntington's disease, regularly with the staff at Berkeley Village."

Staff we spoke with told us they received up to date and relevant training relevant to their role. They said, "I have done all of my training. This includes first aid, Huntington's disease, epilepsy, de-escalation and blocking training. I am doing some training this week. The training helps me." Another told us, "I feel have the right training (To help in my role)." Staff said the provider supported them to access further training to improve their knowledge and skills. For example one person said they were keen to specialise in care of people who used the service with a diagnosis of Huntington`s disease.

The registered manager told us they were committed to ensuring all staff had the relevant training to meet people's individual needs. They said they had planned training every week that provided staff with updates on various topics. We looked at the training offered to staff to ensure they had the skills to deliver effective care to people. The training matrix and staff records confirmed all staff had received robust and up to date regular training that would support their role. Topics covered included, Huntington's Chorea, first aid,

moving and handling, communication, risk, handling information and coping with aggression. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people.

All staff we spoke with told us they had regular supervision from senior staff in the home and were well supported by the home manager and the registered manager. We saw comprehensive and completed supervision records that supported staff to reflect on their practice, debrief following incidents, practices and areas to build on. Staff also had an annual appraisal of their work performance.

Good

Is the service caring?

Our findings

All of the people we spoke with told us they were happy with the care that they received in the home. Comments included, "I like it here the staff join in with me and make me happy" and "The staff listen to me and I really like them." People said they felt the staff were very friendly, kind, listened to them, spoke to them as a 'normal' person and were considerate. Visitors were complimentary about the care their relatives received. They said it is, "Like being in her own home", "[Person] now lives like a 41 year old, not an elderly person" and "The whole family feel supported." However one person who used the service was not as complimentary about the care that they received. We discussed this with the registered manager who told us that they would investigate these concerns to ensure all people were happy with the standards of care they received.

Professionals we spoke with were very complimentary about the care the home provided to people. They described the care delivered as excellent and, "The staff appear to be extremely caring towards the residents they care for. I feel the care the residents receive by the staff at Berkeley Village is second to none, the standards are extremely high" and "This is an excellent nursing home with a real "can-do" attitude. They have provided excellent support and care for several of my clients (People who used the service)."

Staff demonstrated a clear understanding of people's likes, wishes and needs as well as a caring attitude in their approach to the delivery of care to people. One staff member told us, "We do things people want here. I love working here. The diversity of people is so rewarding" and, "We provide consistent goal orientated care." It was clear from the interactions we observed that the staff knew people's needs well and how best to support them. Positive, meaningful and respectful relationships had been established between staff and people who used the service. Staff were seen supporting people with decisions about their personal care and people were clean and well groomed. We observed staff supporting people's independence in their daily routines where this was possible.

All people we spoke with told us the staff treated people who used the service with dignity and respect. One person said, "They treat me with respect, they don't treat me differently to other people." Professionals confirmed during reviews of people's care the home provided private rooms to maintain the dignity of the person they were seeing. They told us, "If a patient (People who used the service), family or staff wish to talk to me or vice versa then we are always offered a private room to use."

Staff demonstrated a detailed understanding of how they ensured people's dignity was maintained during personal tasks. During our observations we observed friendly interactions between people who used the service and staff. Staff were seen addressing people with their preferred names and where any personal care or activity was required this was done in the privacy of their own bedroom or bathrooms. It was clear staff understood the importance of treating people with dignity and respect.

There were policies and procedures for staff about caring for people in a dignified way and training records confirmed staff had completed privacy and dignity training. The PIR stated, "Everyone is treated with respect, dignity and warmth at all times. Staff are compassionate and treat people with kindness, dignity

and respect. People are given time, respect and patience. This is a vital part of staff training and the recruitment process." People who used the service had access to information about how the home would support them to maintain their dignity and in the service user guide. Staff told us all people were provided with a copy of this on arrival to the home. This would ensure people lived in an environment that supported their dignity and respect.

All of the care files we looked at were individualised and person centred. Records included people's likes, dislikes and choices and people who used the service told us they knew what their care needs were. There were records called, 'Achievement files' that supported people to focus of their goals and achievements. Feedback was positive from one person about the value of this support in their life.

There was information in the home about how people could access the advocacy services to support their decisions. Information included easy read guidance to support people who required support with understanding written information or guidance. Advocacy services ensure people who are unable to make decisions and have no relatives receive external support to make these decisions.

Good

Is the service responsive?

Our findings

Some people who used the service told us they had been involved in the planning and development of their care records and that with the support of staff was, "Heading in the right direction." Others confirmed staff knew what their individual needs were. Visitors to the home told us they felt included in decisions about the care people received. Professionals were complimentary about the arrangements in place for the planning of care for people who used the service. They said, "The care planning is dynamic and ongoing; being adapted to meet changing needs as required."

Staff we spoke with understood the importance of people's care files and the information contained in them. They said, "I always read the care files. The support plan covers everything, people's likes, dislikes, their diagnosis, professional visits and meetings. They tell you everything about people." The registered manager told us, "Person centeredness is key. We have a collaborative approach to decision making."

All people had a person centred care record. Care plans and risk assessments provided the relevant information in them to support people's needs, risks and how to care for people safely. These included night time support, evacuation and behaviours. We looked at how the home ensured appropriate assessments of people had taken place. All of the records we looked at had comprehensive individualised details relating to people's needs. Where people required support with understanding the care files easy read information had been completed to support this. Records had clear person centred profiles containing personal information about them. This process helped to ensure the person's needs could be met within the home. Records were chronological and followed a similar format that would ensure people were able to access information about how to deliver people's care in them easily.

Separate daily records were completed for all of the people living in the home. These included people's daily routines, behaviours monitoring, body maps, creams records, personal care delivered as well as food and fluid intakes. Records also included any one to one sessions that had taken place and included notes on the outcomes of the sessions.

We saw the home had an open door policy and supported positive relationships between people who used the service, staff and visitors. We saw regular visitors to the home during our inspection and it was clear positive relationships had been developed between staff, people who used the service and visitors.

We asked about activities taking place in the home. There was a comprehensive and detailed individual activity programme in place. Records detailed what activities had taken place along with who had been involved in them. All of the care files we looked at had individualised activity plans. Care was delivered in a very person centred way with a great emphasis in supporting activities in the community that people who used the service enjoyed and valued.

There was a dedicated activities lead who took responsibility for ensuring activities of people's choice were available for them. People told us they had access to activities that they enjoyed. People said they were keen to be involved in a variety of activities and that staff respected their wishes if they did not want to take

part. For example one person discussed their involvement in light tasks in the home as well as developing the garden for the benefit of people and visitors to the home. Another person discussed how they were supported to attend their local gym and the positive impact that this had had on their life. We observed activities taking place during our inspection and it was clear staff and people who used the service had positive outcomes from them.

We looked around the home and saw details relating to the structured activities available for people. It was clear there was an emphasis on providing meaningful activities as well as community participation for all of the people who used the service. Topics included the gym, combat boxing, football club, swimming, BBQ, velcro darts, art, eating out and the pub. The registered manager told us they had recently employed a complementary therapist to deliver a wide range of therapies to people who used the service. Photographs of activities taking place were in display which demonstrated the involvement of people in activities of their choice in the home.

We looked around the newly renovated garden. Staff told us this had been done by people who used the service. Pictures of the gardens development was on display in the home. This demonstrated the involvement in the development of the home and its environment for the benefit of the people living there.

There were systems in place to deal with complaints. There was guidance on display on how to complain. This helped to ensure people, their relatives and any other visitors to the service knew how to make complaints and raise concerns. We saw that any complaints received by the service were responded to and investigated appropriately. Records included actions taken as a result of the complaint. This would ensure lesson learnt and reduce any future concerns. People who used the service told us the home responded to any concerns and that they were "Encouraged to speak out if they any concerns" and that they would be listened to. One person said the home responded to things straight away and that they had, "No cause for complaint."

We looked at the compliments received by the home. Comments included, "I would like to take this opportunity to thank you all for the hard work and dedication that you showed", "She has gained an understanding of my [person] in the short time she had known her", "I cannot thank you enough for all the help and care she has given" and "It is so lovely to come and visit her knowing she is being cared for and making her feel independent and making lovely memories with her friend." It was clear from the feedback people who used the service, visitors and family were happy with the care people received in the home.

Good

Is the service well-led?

Our findings

We received complimentary feedback about the leadership and management in the home. People knew who the home manager and registered manager were and felt that they were approachable and friendly. It was clear people who used the service, staff and visitors had positive relationships with the management and that an, "Open door" policy had been established. Professionals also provided complementary feedback about the leadership in the home. One person described the management as, "Excellent" another said, "I feel privileged to work alongside and with the staff at Berkeley village."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had overall responsibility for the home. There was also a home manager that had responsibility of the day-to-day operation of the service. During our observations it was clear there was a strong visible leadership and the registered manager and the home manager worked closely together. Staff we spoke with were complementary about the management of the home and the support they received from them. They said, "It is brilliant working here. Everyone will literally muck in together. [Registered manager] and [home manager] are brilliant they are always approachable. I can go to them with any concerns", "[Registered manager] and [home manager] are amazing, I get a lot of support from them. I would be happy to raise any concerns with them and that these would be acted upon", "It`s brilliant, I couldn't ask for a better place to work", "It's the best job I have ever had working here" and "[Registered manager] is smashing honestly I can say I have done a lot more here. I am treated as equal here and I feel supported."

All of the staff we spoke with confirmed regular team meetings were taking place in the home and that they were able to bring their views to the meetings. This would ensure staff were kept up to date about changes or issues in the home. We saw evidence of regular team meetings taking place, these included dates of the meeting and the names if attendees. Topics covered in the meeting included Care Quality Commission, DoLS, care files, service user training and daily charts completion.

We also saw minutes from meetings taking place with people who used the service that promoted an open informative culture in the home. Records seen documented the names of attendees and topics discussed which included; planning activities, environment, menus, laundry, rehabilitation and health and safety. We also saw the home had developed a newsletter that was on display in the home which provided people who used the service and visitors with updates, guidance or information relating to the home. Topics included staff training, lead roles, staff awards for excellence, suggestion box and activity planner.

The provider was committed to ensuring the views and opinions of people who used the service, relatives, professionals and staff were obtained. We saw evidence of completed quality surveys taking place. Areas covered included the staff role, care delivered, dignity and respect, communication, environment, supervision and meals. Examples of comments seen in the feedback were, 'I am very happy with my role', 'I feel I can talk to all members of the management team' and 'I must compliment you and your staff for the excellent care they give.'

There were systems in place for monitoring the quality of the service provided. This would ensure the

standard of care people received met their needs and where improvements were required this was acted upon appropriately. Areas covered included incidents and accidents, falls, care plans, medicines, infection control, training, health and safety and quality. Records had been completed on the outcome of the audits which included notes on actions to be taken to ensure improvements were made to protect people from undue risks. Records also included a matrix that identified what audits were required and when as well has who took responsibility for their completion. This would ensure responsibility was allocated to each task and monitoring of the audits could be completed to ensure they were done.

We saw a copy of an action plan that the registered manager had completed to ensure the quality of the service was maintained. There was evidence of monitoring taking place on information relating to do not attempt resuscitation guidance, end of life care training, MCA and cleaning in the home. The home had allocated staff to champion's role. These included falls, safeguarding, wish list and infection control. This would give staff responsibility for promoting their chosen role to improve the delivery of care in the home.

Relevant certificates relating to the home and registered managers registration with the Care Quality Commission were on display in the entrance to the hall along with relevant certificates such as employer's liability insurance. There were also copies of the companies' mission statement, a welcome pack for people as well as the homes statement of purpose. This would provide information and guidance to people about the home and the service that they provided.