Eastbourne Free Church Women's Council Incorporated Limited

Berry Pomeroy

Inspection report

26-28 Compton Street
Eastbourne
East Sussex
BN21 4EN

Tel: 01323720721
Website: www.berrypomeroy.org.uk

Date of inspection visit:
28 December 2016
29 December 2016

Date of publication:
09 February 2017

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 28 and 29 December 2016. It was unannounced. There were 18 people living in the home when we visited. People cared for were mainly older people. People had a range of care needs including stroke, heart conditions, breathing difficulties and arthritis. Some people needed support with their personal care and mobility needs. Some people were living with milder forms of dementia.

Berry Pomeroy is two large town houses which have been joined together. People's bedrooms were provided over four floors, with a passenger lift in-between. There were a range of sitting rooms and a dining room, with an enclosed garden to the rear. Perry Pomeroy is situated in a residential road in Eastbourne. The provider for the service is Eastbourne Free Church Women's Council Incorporated Limited.

Berry Pomeroy had a registered manager. 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 was on maternity leave at the time of this inspection. The provider had informed us about this. They had also informed us they had appointed an acting manager while the registered manager was on maternity leave. The acting manager was an experienced manager who had worked at Berry Pomeroy in the past.

The last inspection took place on 16 July 2014. At that inspection we did not find any issues of concern.

At this inspection, we found the provider's systems for audit required improvement because their audits had not identified there was a lack of consistency in people's care plans and documentation also some documentation and audits relating to risk were not in place. The provider's other systems for audit were effective, including receiving and acting on feedback from relevant persons.

Risk to people was prevented by the provider's systems, these, included fire safety and maintenance of the building. People had individual assessments for risk and where risk was identified, care plans were put in place to reduce their risk.

People's medicines were managed in a safe way and there were full records about supporting people with their medicines. All medicines were securely stored. People received the support they needed to enable them to eat and drink what they wanted. They could choose what they are and drank and where they ate their meals. Staff were available to support people who needed assistance with eating and drinking.

People said there were enough staff on duty to support them. Staff were available to respond quickly to people when they needed assistance. Staff were recruited in an effective way, to ensure they were safe to care for people.

People and their relatives said staff were caring. Throughout the inspection, we saw many examples of a

caring attitude from staff to people. Staff supported people's independence and helped them make choices. People's privacy and dignity was respected in their daily lives.

People had care plans, which they and their relatives were involved with drawing up. Staff followed people's care plans and knew people as individuals. Where people needed support from external professionals, such as the district nurse or speech and language therapist (SALT), the home ensured referrals took place promptly and professionals' directions were followed.

People said how much they enjoyed the activities provided, including the range of trips out of the home. A range of activities were provided to suit people's diverse needs. People were fully supported in participating in activities as they wished.

Both people and staff confirmed they were trained in their roles. Staff were supervised to ensure they could provide effective care to people. Staff knew how to ensure people were protected against risk of abuse. Staff were aware of their responsibilities where people lacked capacity. Where relevant, people had individual assessments in relation to their capacity. No people had needed to be referred to the local authority under the Deprivation of Liberty Safeguards (DoLS).

Both people and staff said they could raise issues with managers when they needed to. They felt confident action would be taken if they did this. People and staff commented on the support they received from the acting manager. People said the home was well managed and supportive of their needs.

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 risk and there were effective systems for the management of medicines.

Staffing levels were appropriate to meet people's needs and staff were readily available to support people when they needed.

Staff were aware of how to protect people from risk of abuse.

The provider had appropriate systems to ensure staff were recruited in a safe way.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to ensure they provided people with the care they needed.

People could choose their meals. Where people needed it, they received the support they needed with eating and drinking.

The home had systems to ensure people were assessed in accordance with the Mental Capacity Act 2005 (MCA) and the acting manager was aware of how to make relevant referrals where people were at risk of being deprived of their liberties.

The home liaised effectively with external professions where people needed additional support.

The home environment met the needs of the people living there.

Is the service caring?

Good

The service was caring.

Staff cared for people in a kind and friendly way, ensuring their privacy, dignity and preferences were respected.

Staff supported people in being independent and sought

people's agreement when providing care.

Staff knew people as individuals and respected them as people.

Is the service responsive?

Good

The service was responsive.

People were involved in drawing up their care plans. Care plans were followed by staff.

People were involved in a wide range of activities, both in groups or individually. People were supported in going out of the home as they wished.

The service had a complaints policy. People and their relatives were confident action would be taken if they raised issues.

Is the service well-led?

Requires Improvement

The service was not always well led

Some areas of the provider's audits required improvement to ensure all relevant issues were identified and action taken to reduce some areas of risk to people.

The provider ensured people received quality care by its other auditing systems and was open to developing new ideas.

The acting manager supported staff and listened to their feedback. Staff reported on the effective teamwork and management structures, which supported them.

Berry Pomeroy

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 28 and 29 December 2016. It was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home. We reviewed the provider's information return (PIR). We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with 11 people who lived at Perry Pomeroy and observed their care, including the lunchtime meal, medicines administration and activities. As some people had difficulties in communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people's relatives and visitors, and a district nurse. We inspected the home, including people's bedrooms, sitting rooms, the dining room and bathrooms.

We spoke with seven of the staff, including care workers, laundry and domestic workers, kitchen workers, and maintenance workers. We also met with the acting manager.

We 'pathway tracked' five of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, staff

recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe at Berry Pomeroy. One person said "Yes, I'm definitely safe here." A person told us they liked to go out of the building at times and if they felt "Unsafe or uncomfortable, there's always a member of staff with me," this meant they could continue to do as they wished. A person's relative told us "I need to know when I shut the front door that she's safe, and she is."

People were protected by effective systems to reduce their risk. A person who looked frail told us they had very poor eyesight and also had difficulties with hearing. They said they felt safe walking about the home because "I always have an escort when I'm walking." People had a range of risk assessments drawn up. These included risk assessments about their mobility, risk from hot water and of falling. A person told us they had several falls before they moved into Berry Pomeroy. What they told us was clearly documented in their risk assessment. Where people chose to do activities which could put them at risk, individual risk assessments and care plans were drawn up. For example a person wished to continue to shower independently, without staff supervision. They had a clear risk assessment about this. The assessment was reviewed regularly. All of the care workers we spoke with knew about the potential risks for the person and actions they were to take to reduce this risk, so the person could continue to do what they chose to do.

The home environment was safe for people. All of the staff we spoke with were aware of actions to take in the event of a fire, including if they needed to evacuate the building. People had clear individual personal evacuation care plans. All hazardous chemicals were securely locked away, including chemicals in the hairdressing room. All equipment was regularly maintained, including bath hoists. There were records of checks on the water system to show temperatures on hot water outlets were regularly checked and the home had an up to date Legionellum certificate. There was a maintenance book. This showed records were made when items needed attention and included the deep cleaning of carpets when relevant.

Staff were aware of their responsibilities for protecting people from risk of abuse. We spoke with the laundry worker. They told us they would always report any concerns to the acting manager and described the acting manager as "Very helpful." They said this meant they would not have any concerns about reporting if they had concerns about safeguarding a person. A care worker was very aware of their responsibilities for safeguarding people. They also said they would document if a person had any bruising, including unexplained bruising, on a body map, making a note of the size of any bruising, date and time, as well as reporting it to a senior care worker. Another care worker said if they found a person had a "Red bottom," they would also complete a body map and report it, because they were aware people had the potential to be at risk of developing pressure damage. A catering worker told us some of the people were living with dementia and on occasion, might not get on with the other people at their dining table. They were aware this could present a risk to a vulnerable person and reported on actions they took if this happened, so the situation did not "Get worse." Information on how to report concerns to the local safeguarding team were clearly available to staff. The acting manager had experience of working within the local safeguarding policy, and had done so when needed in the past.

People commented positively on how the home supported them with taking their medicines. A person told

us "My medicines are on time." Another person told us "Medicines come at meal times, you're offered a locked drawer if you want to look after your own, but I didn't want to." A person told us they gave themselves some of their own medicines. They said staff came and counted them "Every Friday," and kept a record, so they felt safe in continuing to do as they wished.

We watched a care worker assisting people to take their medicines. The care worker carefully checked each person's medicines administration record (MAR), before putting their medicines into a medicine pot. The care worker explained to people what their medicines were for. They joked with one person about the amount of tablets they were prescribed, helping create a relaxed atmosphere, so the person could take their tablets without rush. The care worker also discretely asked the people if they wanted their 'as required' (PRN) medicine and listened to what they said. They always checked people had taken all of their medicines before they signed the MAR.

There were safe systems for storage of medicines. There was a full audit of medicines received into and disposed of from the home. Records about medicines were clear, for example a person's record documented a medicine they had been prescribed on a short term basis. This recorded contraindications with other medicines the person was prescribed and what actions care workers were to take while the person was prescribed this short-term medicine. Following an audit by the pharmacist in the autumn of 2016, PRN protocols and information on prescribed skin creams, including clear body maps, had been introduced, so people were fully supported and the effect of the medicine for them could be monitored.

People said there were enough staff to meet their needs. One person told us staff were "Always around." Another person said "There's always someone to help if I'm in a muddle." People said if they asked for assistance, staff were available. One person told us "If I ring my bell, they come straight away," and another "I have a bell, if I want any help they come." A person told us they tended not to leave their room much, and "Staff come regularly to check on me." People said there were enough staff at night. A person told us "At night if you ring for a cup of tea, they'll come." Staff also confirmed there were enough staff to meet people's needs. A care worker told us "Oh yes, there's enough staff." We saw staff responded quickly when people asked for assistance. There was always at least one member of staff, and often more, with people in the dining room and sitting rooms.

People were protected by the home's well-established systems for staff recruitment, which ensured new employees were safe to care for people. All staff had checks on their identity, a full employment history, at least two references and police checks, before they started work. All staff were assessed for suitability for their role. We saw on one potential employee's file that they had been assessed as not suitable for the post they had applied for, so had not been offered the post. Where a member of staff applied for a more senior role, they went through a full assessment of their suitability for the more senior position. A person's personnel record showed where performance issues had been identified, a meeting had been held at which the areas of concern were outlined and areas for improvement clearly stated. The member of staff's file showed this was being followed up, to ensure the member of staff was supported in making improvements.

Agency staff were used, there was an agency care worker on duty when we inspected. Staff all reported agency staff were used to cover sickness and occasional holiday, although generally the home's own staff worked vacant shifts as much as they could. A care worker told us they had worked in other homes and staff turnover was "Much lower" than the other homes they had worked in. The acting manager reported they used the same agency for all bookings, and the same agency workers as much as possible, to ensure stability for people and staff.

Good

Is the service effective?

Our findings

People said the service was effective and met their needs. A person told us, "Staff are trained, very well trained," and another person described staff as "Trained and experienced."

We talked with staff about their training and other supports. A newly employed member of staff said their induction had met what they needed when they started. A senior member of staff confirmed, "All staff get a good induction when they start." Staff commented on their on-going training, saying it included areas like health and safety, moving and handling and hygiene. A member of staff described the training they had received in fire safety and the use of fire extinguishers. A laundry worker showed a very good knowledge of the risks of fire in relation to laundry equipment and showed us the actions they routinely took to reduce this risk. Staff told us training was flexible, and included both tutor-led and on-line training. All of the permanent staff we spoke with said they had been trained in supporting people who were living with dementia. A care worker told us "We had a tutor in and family were involved too if they wanted." A care worker said they had "Spot training" in the past on specific areas like diabetes and caring for people who had a catheter. Staff confirmed they had 1:1 supervision; this included a bank care worker we met with.

The acting manager had a training and supervision programme. They said they were looking to develop this further to make supporting people who were living with dementia a mandatory area for staff at all levels, as this was an increasing need for some people. They said, following meeting with staff at 1:1 supervision, they had prioritised areas for development. For example they had recently accessed catheter care training for staff.

The acting manager also said they had reviewed the training plan and were now going to make sure all staff were routinely trained in the MCA and DoLS. This was because while most staff had received such training, it was not part of the mandatory training plan. The 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. 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.

All of the staff we spoke with were aware of their responsibilities under the MCA and action to take should a DoLS referral become necessary. They were also aware of how they could support people in making decisions. A member of staff told us about a person who was able to make a range of decisions about their life, but needed support from staff who were familiar with them, and who the person felt safe with, to do this. People had mental capacity assessments where relevant. The acting manager reported they were planning to revise their documentation to ensure mental capacity assessments were more decision specific. No people living in the home were subject to DoLS or any other restrictions.

People were positive about the meals. A person told us the meals were "Very good, two choices and vegetarian and we can have something else too." A person told us "If I don't want what's on the menu, I ask for something else," another person told us, "There's always something I can eat." A person told us they had difficulties with eating some food. They told us, "If I ask they always put it in a blender, but I want to eat as normal as I can." People said they were supported in drinking what they wanted and needed. A person told us, "I do like the way they replenish the water regularly."

We observed a lunchtime meal. The dining room was light and attractive, all tables were set with table cloths and there were flowers on each table. There was no feeling of rush or hurry about the meal and people clearly enjoyed socialising with each other; one table was holding a lively discussion about the Referendum. Three people had chosen to eat in their rooms. Their trays were also nicely laid out, including tray cloths. Staff took these people their meals in an ordered and timely way. People were supported in drinking what they needed. During a break in an activities session in the morning, the care worker offered everyone a drink, with a choice of several different flavours of juice.

Staff supported people to eat and drink what they wanted. People were given second helpings if they asked. A person who asked for more gravy was promptly helped by staff. A person finished their drink, this was quickly noticed by a member of staff who gave them some more. One person wanted to have white fish and mashed potato, this was what they were given. A person appeared anxious, they said they were not hungry and did not want to eat. Care workers were very kind and gentle towards them and once they felt less anxious, they calmed down and ate all of their meal.

Staff showed a good understanding of supporting people to eat and drink what they needed. A kitchen worker said it was important to give people the amount they wanted because they knew people could be put off eating by being given too much on their plate. They described a person who could forget about eating and how staff needed to, "Keep an eye on them" to support them. We observed staff discretely observing if the person needed support throughout the meal. A person did not eat much at lunchtime, a care worker promptly documented this, so the person's food intake could be monitored. A person had been seen by the SALT in relation to a swallowing difficulty, they had clear instructions about this, both in the kitchen and in their records. The SALT's instructions were followed by staff. All people were regularly weighed and relevant referrals made if they were assessed as being at nutritional risk

Care workers contacted relevant healthcare professionals to support people when needed. A person was unwell when we inspected. Care workers had called their GP earlier in the morning and their GP visited while we were there. A person's records showed they thought they had a urine infection. Their records showed care workers had taken prompt action, including taking a urine sample and contacting the out of hours' service, so the person's needs were met. Records showed care workers contacted relevant healthcare professionals, both in an emergency and on a routine basis. A district nurse was visiting when we inspected. They clearly had a close working relationship with care workers. They told us they appreciated the effective way care workers worked with them, care workers followed their instructions and called them in when relevant.

The provider had ensured the home environment effectively met people's needs. Although the building was not purpose-built as a care home, it was well maintained and enabled access for people who were living with a disability to all relevant areas. There were a range of choice of sitting areas across the home and people used all of these different areas as they wanted. The signage ensured people, including people who had some sight difficulties, would be able to find out where they were and have clear directions about how to access the areas they wanted go to. A person described the, "Nice view outside" and another said they had chosen the home because it was, "Close to town, convenient." Several people commented on how

much they liked the garden in the summer, saying how easy it was for them to get into when they wanted.

Good

Is the service caring?

Our findings

People said how caring staff were. One person said, "They're all helpful." A person told us, "We've very good carers here," another, "They spoil me," and another, "Oh I am comfortable here." A person told us ,"I came for respite and loved it, so I've stayed"

People described the friendliness and helpfulness of staff. There was an easy, comfortable relationship between people and staff. Staff stopped to have a chat with people, clearly knowing them well, calling them by their preferred name and taking time to explain what was happening. A person called over a care worker and pointed out a visitor, wanting to know what they were doing there. The care worker took time to explain in a friendly and approachable way what the visitor was doing and why they were there. A person told us the maintenance worker, "Will do anything you ask him to do." They said this had included putting up pictures and supporting them with smaller areas like mounting their Christmas cards. A kitchen worker told us about the importance of welcoming people who were new to the home into the dining room, so they felt comfortable there.

People said their privacy and dignity were respected. One person told us, "I have a key to the front door, so I feel very private in a nice way." All rooms had integral door sliders, which could be used to indicate if a person was not to be disturbed. These were used in practice when people were receiving personal care, or just wished to be alone. A person had their GP coming to see them. They did not want to go back to their room, so care workers supported them in seeing their GP in private in one of the lower ground floor sitting rooms, which was vacant at the time. Care workers were very aware some people were living with difficulties with continence. They told us about the range of ways they used to maintain people's dignity, this included referrals to healthcare professionals, supporting people with the use of aids and discrete reminders about using the toilet. A person was slightly confused when being offered their medicines in the dining room. The care worker giving them their medicines was very polite to them, remained friendly and respectful, using quiet tones in their voice to support them in taking their medicines. This was done in a way which ensured other persons in the area were not aware of the person's confusion, which maintained their dignity.

People said they could choose what they did. One person told us, "They don't bother you, you can do as you please." A person told us they were going to have a shower in the morning, but had then decided not to, and staff accepted their change of mind. A different person told us they had not been feeling well that morning, so staff had given them breakfast in bed as they wanted. A person told us, "I get up when I want, go to bed when I want, go down for some meals, not others – it's up to me." A different person told us, "We don't have to go down to activities if we don't want to," and another person told us, "I join in what I want to join with" about activities.

Staff supported people in making choices. They always asked people if they wanted help. For example a person had difficulties in eating and the member of staff supporting them asked their permission to cut up their meal before they did so. A person was not sure what the meal on menu meant. The member of staff explained to the person in simple English what the meal was so they could choose what they ate.

People said they were supported in remaining independent. A person told us they chose to be as independent as possible and said, "I manage as much as I can for myself, they help me if I ask." A person said about themselves and their relative, "We decided what we do about future care." Their relative described how the person's care plan had been agreed between themselves, care workers and relevant healthcare professions, "So she's in charge."

A care worker told us a key area in their role was to, "Encourage independence." A different care worker described a person who was, "Very independent," and how they supported this. A person used a particular aid. A care worker described how important it was for the person to be supported in continuing to look after this aid themselves, with care workers only supporting them when requested by the person. A care worker described how important it was to support people in keeping mobile as possible, as it was a key area for people in maintaining their independence. A person had a physical disability. Their care plan outlined how important it was for their food to be cut up, so they could eat independently with one hand. Staff followed this person's care plan at lunchtime.

People said they liked the homely atmosphere of Berry Pomeroy. One person said, "You can make your place your own." Another person said, "You can do exactly as you like in your own area." People were supported in bringing in their own possessions if they wished, and personalising their own rooms. Some people's rooms very much reflected their likes and preferences. This individual atmosphere was further supported because most rooms at Berry Pomeroy were different shapes and sizes from each other.

Staff clearly knew each person individually. They spoke warmly about different people and how they supported them. Staff also knew people's different preferences. When an agency care worker was asking people about their choice of drinks, not all people were able to respond. The agency care worker asked a care worker about this, they clearly knew different people's preferences. Care workers knew relevant matters about people's backgrounds, including how often they had visitors, their religious preferences and how these were to be respected, and how they preferred to spend their days. This was documented in people's records.

Good

Is the service responsive?

Our findings

People said their care needs were responded to. One person said "I'm looked after alright here." They described how staff weighed them regularly and let them know of any changes in their weight, so they were involved in planning their nutritional needs. Care workers we spoke with knew about the person's needs in relation to their weight. A person was living with a physical disability. They and their relative confirmed staff knew about the person's needs in relation to this disability, and followed their care plan. We looked at this person's care plan. It reflected what the person and their relative told us. A person had their feet up on a stool. They told us their ankles tended to swell up. They said care workers supported them in ensuring they could put their feet up for periods of time during the day.

Staff we spoke with clearly knew people's individual needs. Care workers told us about a person who was living with dementia. They described how the person's dementia care needs could vary from day to day. What they told us was clearly documented in their care plan. The person's records were written in a factual, non-judgemental way. A person had a visual and hearing difficulty. Their care plan reflected what they told us. This also included what they told us about recent changes in how their hearing difficulties were to be supported.

A care worker said they had a handover every shift, so they were updated about people's current and changing needs. They said this meant they could respond to people in the way they wanted and needed. A different care worker said they always told a senior care worker if a person's condition had changed, so their care plan was updated and care workers could respond to the person's changed needs.

People said there were a range of activities provided, and also how much they enjoyed them. One person told us, "I love them" about the activities, another, "We have all sorts of activities." Another person said, "I like the carpet bowls," another, "Every day we start with exercise – loosens you up, they're the sort you do in a chair" and another, "I like it when we bake things in the afternoons." A person told us the activities worker also did 1:1 visits, saying they, "Help me with my computer," and how much they appreciated this.

A list of activities was available to people on noticeboards and in their rooms. We observed an activities session. The care worker leading it was welcoming to everyone as they came into the room. The activities started with armchair exercises, with the care worker who was leading showing people each exercise, encouraging and explaining what to do. The care worker praised people for their involvement. There was lots of smiling, laughter and engagement between people throughout. The activities worker was not on duty when we inspected, but they had left a detailed list of activities people enjoyed, how to do them and other relevant information. This meant activities continued to be provided when the activities worker was not on duty.

People said outings were encouraged. One person described the, "Terrific outings," another person said, "There's lots of outings" and another, "Oh yes they do trips & outings. The garden's nice in the summer." Several people described with pleasure a recent meal they had gone out to in an Italian restaurant. A person who was frail said, "I join in as much as I can with outings," they said this varied because of how they felt.

People said staff also supported them individually, for example by walking with them to the sea or just going to the shops across the road.

People also said they appreciated the way their relatives were supported in visiting. Several people were receiving visitors during the inspection. Visitors were welcomed by staff who clearly knew them well. There was a relaxed atmosphere between staff and people's visitors, with some visitors stopping to have a friendly and comfortable chat with staff. A person said their family lived locally and, "They come in lots, I'm very lucky." Several people said they had particularly appreciated the family atmosphere at Perry Pomeroy at Christmas. One person told us, "We've had a marvellous Christmas here," another said they were "So touched" that the activities person had come in on Christmas Day and another person said they liked the way a member of staff had brought their children in on Christmas Day, saying it gave the home a, "Family feel."

We asked people if they felt able to raise complaints and issues of concern. One person said firmly, "Yes I would," about raising a complaint if they needed to. Another person told us, "There's someone to tell if I'm not happy with things." Another person told us, "Oh yes I'd tell the manager if I wasn't happy about something," and another, "If I'm not happy with care, we go and see [the acting manager's first name]" and "Oh yes, I think so" if about the acting manager would do something about their complaint. A person told us they had raised an issue with the acting manager, the acting manager had listened to what they had said and the issue had not occurred again. What the person told us was documented, together with clear information about outcomes.

.

We looked at complaints records. There had been no formal complaints documented during the past year. The acting manager said when they came in post, they had identified there was no system for documenting informal concerns. They were working with staff to develop a system for this. The acting manager said once they had a system they would be able to review when people had raised issues, actions staff had taken to resolve and ensure all staff acted in a consistent way, responding to people as they wanted.

Requires Improvement

Is the service well-led?

Our findings

People told us they liked living in the home and they thought it was well run. A person told us, "It's very good here," another, "I think it's amazing," another, "I very much like it here," and another "It's like living in a five star hotel." A person's relative told us, "We weren't happy with the home they were in before, this is so much better."

Despite these positive comments, we found some areas which required improvement to ensure risk to people was reduced. The provider did not have a full system for auditing the quality of the service provided. This meant they had not identified areas which had a potential to present risk to people and so not taken action to reduce the risk. For example, we met with a person whose pressure damage risk assessment had not been completed correctly, so they were assessed as being at lower risk than they should have been. The person had several references in their records to a sore area on their body, and some records documented actions staff were taking. However the person's body map did not show the area or when it was first identified. The person did not have a care plan about how the sore area was to be treated or how their risk of pressure damage was to be reduced. Staff told us about a person who experienced anxiety. What staff told us did not reflect what was documented in the person's care plan. There were no records in the person's daily records about anxiety, how long periods of anxiety lasted, any triggers to their anxiety and if actions outlined in the person's care plan were effective in meeting their needs. This meant the provider had not identified and taken action in certain areas to reduce people's risk and improve their well-being. Also they could not ensure all staff were supporting people in a consistent way and reducing their risk.

The provider had also not identified other areas where people could potentially be placed at risk. Where people experienced accidents, records were made. These records were not audited to identify any common factors to reduce people's risk, including if accidents occurred more commonly at certain times of day or in certain areas of the home. An agency worker was on duty when we inspected. The acting manager confirmed they needed agency workers from time to time. The agency worker confirmed they had been shown key areas such as fire safety precautions when they stared working in the home. However there was no induction programme for agency workers to ensure risk to people was reduced by providing all agency staff with an agreed induction to the home. There was no evidence to show verbal inductions included in key areas like safety of the premises and ensured all agency worker understood their responsibilities.

The acting manager was open to ideas and keen to develop improved systems for audit. They were currently looking at developing their own audit systems, using local contacts. They reported the provider was in the process of appointing new trustees who would be looking at further developing their systems for audit. The acting manager had clearly taken action in other areas. For example a person told us, "Evening meals need improvement." Notes of both a residents and a staff meeting showed a trial period of care workers preparing supper had been agreed not to be working in practice. The acting manager reported this issue was going to be considered at the next trustees meeting, with a recommendation that the trial period not be extended and recruitment of an evening chef be commenced.

The provider had taken action in other areas. Most of the people we spoke with knew the registered

manager was currently on maternity leave and were on first name terms with the acting manager. The provider regularly sent out questionnaires to people, their relatives, staff and professionals to receive their comments. Responses to recent questionnaires were all positive. The provider visited the home every month and compiled a report. This included meeting with people, their relatives and staff. They also reviewed records relating to areas such as staff training and maintenance. The provider had a wide range of policies and risk assessments. These included a risk assessment about potential stress for staff and the importance of an open door policy to support them. Throughout the inspection, staff were happy to come and talk with the acting manager and the acting manager was approachable when staff spoke with them.

The provider had a statement of purpose, which was made available to people, including people who were considering living at Berry Pomeroy. This stated one of its aims was to 'Provide a Christian Environment that is as close as possible to your own home." It also stated the home had an interdenominational emphasis. At the start of lunch, one of the people led everyone in the dining room in a short prayer, which people engaged with as they chose. It was Christian, but interdenominational in tone.

All of the staff we spoke with were aware of the philosophy of Berry Pomeroy. One member of staff said it was to, "Promote Christian values and treat everyone equally." Another member of staff told us, "We try our best to make it a home for people."

Staff were complimentary about the acting manager. One member of staff said, "Our manager is really good, she listens," another said the acting manager, "Makes me feel comfortable in my job." A member of staff commented on the, "Good teamwork." Staff all said they had regular meetings and could bring issues up during meetings. They said when they raised issues, the acting manager took action. One member of staff cited actions planned about evening meals and another about training in catheter care.