

The Regard Partnership Limited

Berkeley House

Inspection report

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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 01 May 2018. The inspection was unannounced.

Berkeley House Residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Berkeley House accommodates up to 19 people who have learning disabilities or autistic spectrum disorder. The service is provided in three separate buildings set in large grounds. The Granary provides accommodation for four people. The Windmill provides accommodation for five people. The Bakery has accommodation for ten people. The Granary and The Windmill are self-contained and are staffed independently from the main house. There were 17 people living at the service when we inspected.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 26 April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 was not present during the inspection as they were on sick leave. The locality manager and the deputy managers supported the inspection.

Risks were appropriately assessed and mitigated to ensure people were safe. Medicines were managed safely. Records evidenced that people had received their medicines as prescribed.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. Accident and incident records were closely monitored, actions were taken in a timely manner to ensure lessons were learnt.

People were happy with their care and support. Staff had built up good relationships with people. Relatives confirmed that their family members were happy living at the service. The service provided good quality care and support to people enabling them to live as fulfilled and meaningful lives as possible. People were

supported to maintain their relationships with people who mattered to them.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect. People's privacy was respected. The service was homely, clean and tidy.

There were enough staff deployed to meet people's needs. The provider continued to operate a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. Staff received training, support and supervision to enable them to carry out their roles safely.

Staff knew what they should do to identify and raise safeguarding concerns. The management team knew their responsibilities in relation to keeping people safe from harm. Staff were positive about the support they received from the management team.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's care plans clearly detailed their care and support needs. People and their relatives were fully involved with the care planning process. The service had developed care plans which clearly detailed people's likes, dislikes and preferences. Care had been delivered in line with people's choices. People's care and support plans had been regularly reviewed in line with their changing needs. People were encouraged and supported to engage with activities that met their needs.

People had choices of food at each meal time. People were supported and encouraged to have a varied and healthy diet which met their health needs.

People were supported and helped to maintain their health and to access health services when they needed them. The management team and staff maintained good communication with other organisations such as the GP and other healthcare services. Relatives were kept well informed about their family member's health needs.

People and their relatives were given information about how to complain. People and their relatives were actively involved in improving the service, they completed feedback surveys and had meetings.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Berkeley House

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 01 May 2018 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

Some people were unable to verbally tell us about their experiences, so we observed care and support in communal areas. We spoke with five people. We also spoke with three relatives by telephone after the inspection. We spoke with eight staff including the deputy managers and the locality manager.

We requested information by email from local authority care managers and commissioners and other health and social care professionals involved in the service. We also contacted Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. We received feedback from Healthwatch and a commissioning officer from the local authority. We also received feedback from the visiting consultant psychiatrist who was visiting the service.

We looked at the provider's records. These included six people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at four staff files, a

sample of audits, satisfaction surveys, staff rotas, accidents and incidents and policies and procedures.

We asked the management team to send additional information after the inspection visit, including staff training records and policies. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People told us they felt safe living at the service. We observed staff supporting people to maintain their safety. Relatives told us "My relative is safe, for example my relative is safe in his bedroom, when going out, going on outings he is safe, and safe when he is travelling in the minibus; he has a special harness" and "My relative is well looked after. It [the service] is safe, it's a secure environment."

People continued to be protected from abuse or harm. Staff had received training in safeguarding adults. Posters and information about how to keep safe were available to people in accessible formats through the service. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them.

The provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. There were enough staff to support people. Staffing rotas evidenced a stable and consistent staff team.

Risks to people's individual health and wellbeing had been assessed. Each person's support plan contained individual risk assessments relating to their care and support needs both in the service and within the community. People's support plans and assessments were reviewed monthly. We observed staff maintaining people's safety during the inspection by reminding people to use the equipment they had been assessed as requiring. Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

Medicines continued to be suitably managed. Medicines were stored safely and securely. Staff continued to receive training; including refresher training in medicines administration to ensure people received their prescribed medicines. Medicines were given at the appropriate times. There was a system in place to ensure people had access to emergency medicines when they needed it. The management team had identified that the booking in of new medicines had not been completed correctly (according to the provider's policy and nationally recognised good practice guidance). The deputy manager had booked all the medicines in for the current month and had showed senior care staff, who were responsible for administering medicines how to do this. They had also implemented monthly audits of medicines.

Staff assisted people to complete monthly health and safety checks of their bedroom and their homes using an accessible form. The provider had identified that the buildings needed extensive modernisation. There was a clear plan and schedule of works to replace the kitchen in The Windmill, new bathrooms and new windows. The locality manager told us the work was being done in 2018 and 2019. The service was mostly clean and smelling fresh. Some bathrooms and toilets had a stale smell of urine however, these were rooms that were being replaced. Staff had access to personal protective equipment (PPE) such as gloves and aprons to enable them to work safely with people. People were supported to clean their own bedrooms and staff carried out cleaning tasks in communal areas.

Staff had completed fire safety training. Visual checks and servicing were regularly undertaken of fire-fighting equipment to ensure it was fit for purpose. Fire tests and drills had been carried out to ensure people and staff knew what to do in the event of a fire. Checks had been completed by qualified professionals in relation to electrical appliances and supply and gas appliances to ensure equipment and fittings were working as they should be. The seated weighing scales for the service had not been checked and calibrated. We identified they may not be working correctly as there was an inconsistency on one person's weight records. The management team took immediate action to get the weighing scales checked.

Accidents and incidents that had taken place were appropriately reviewed by management team and relevant actions taken. The management team monitored accident and incident records to review trends and themes when they happened. One person fell during the inspection causing a head injury. Staff took timely and appropriate action, paramedics attended and staff supported and reassured the person in a kind and sensitive manner whilst they received checks and treatment. This helped the person stay calm. The management team detailed in their provider information return (PIR) that they had debriefing sessions following incidents. They planned improvements to these to ensure that all staff could learn lessons about the incident rather than just the staff involved.

Is the service effective?

Our findings

People told us that they had confidence in the staff. Comments included, "I think they are really good" and "They are amazing and do a very good job."

Training records showed that all staff had attended training to meet people's needs. New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff were supported to gain qualifications and carry out training to help them develop. Staff told us they had received regular supervision. Records evidenced that this had not been as regular as it should have been. The management team had identified this and were providing supervisions and appraisals to staff. Staff said they felt supported in their roles, that there was day to day informal supervision and always someone to ask if they were unsure.

People continued to be assisted to access healthcare services to maintain their health and well-being. Staff told us about the support they gave to people to help them attend appointments such as visiting the GP, chiropodist, dentist and optician. People were supported to attend appointments with their mental health specialists and consultants. A visiting consultant psychiatrist told us, "Staff attending appointments and working with people generally know people really well." A relative told us, "The staff are very good at seeing to any healthcare straight away."

People had capacity for everyday decision making with some needing additional prompting and supervision from staff due to their cognitive impairment. People were enabled and supported to live a full life in the least restrictive way. People's choices, decisions and their refusals were documented clearly in their daily records. Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood people sometimes needed help to make decisions in their best interests, and that in some circumstances where decisions were complex this may need to be taken for them by others who knew them well. The management team detailed how they were working with healthcare specialists and an advocate to ensure one person understood fully the implications of receiving or rejecting treatment for a health diagnosis they had received. Where there were concerns that a person may lack capacity the staff worked to the principles of the MCA 2005, involving relatives and other health or social care professionals in helping with capacity decisions. People who lack mental capacity to consent to arrangements necessary for care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called (DoLS) authorisations. Six people were subject to DoLS authorisations and these were kept under review.

People referred to the service had their needs assessed prior to coming to live there. The management team conducted a face to face assessment with the person and involved their relatives and others involved in their care; including professionals. Assessment records evidenced that people's religious and cultural needs had been assessed as well as the wider care and support needs.

People had access to their kitchen in the house where they lived; some people could make drinks and help prepare chosen meals and snacks independently or with support. This helped people develop or maintain

their independence. People's likes, dislikes and religious views in respect of food and drink were recorded in their support plan. Staff supported people to eat healthily but it was their choice and staff respected that. People told us, "The staff know what I like anyway, there's always plenty, we won't starve"; "I like most meals and I get involved by doing the vegetables but not with the cooking" and "I can cook somethings I get help from the staff". Staff made sure people could choose their own meals and used things like picture cards to help them understand the choices. We observed one person signing to staff using Makaton sign language that they would like a biscuit; the staff member responded to the person and gave them biscuits. People's weights were regularly monitored and appropriate action when the person lost weight. One relative told us, "My relative lost a significant amount of weight recently and we worked with the G.P, dietician, and the service management team and my relative is now gaining normal weight."

The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets. The gardens were secure and well maintained. The Granary had a number of easy to read signs and Makaton signs fixed to cupboards, doors and items. Staff explained they had implemented these when a person had been diagnosed with dementia. Even though the person no longer lived at The Granary the signs and pictures had remained as they had helped other people living there.

Is the service caring?

Our findings

We observed that staff were attentive to people's needs, they interacted well and spoke in a firm but gentle and pleasant manner. People and their relatives told us that staff were kind and caring. Relatives said, "My relative is very happy, definitely treated with kindness and compassion" and "The staff understand and know my relative well."

Staff continued to have a good understanding of treating people with respect and dignity. They understood what privacy and dignity meant in relation to supporting people with their care. For example, one staff member told us, "When [name] has a seizure we make sure she is safe but we also make sure she is covered appropriately so she is not showing her underwear, we protect her dignity." Staff told us "We reassure the clients and talk to them when they are getting anxious"; "We try to make them feel included and safe" and "We observe people, we know when they are not happy and they are getting stressed and not coping with situations."

Staff knocked on people's doors before entering and checked with people that it was ok for them to enter their room. A relative also confirmed this, "The staff always knock on my relatives' bedroom door before entering."

People had free movement around their house and could choose where to sit and spend their recreational time. Some people spent time in the garden and enjoyed the sunshine. Each person had their own bedroom. Each bedroom had been decorated, furnished and personalised to suit each person's tastes. There was a relaxed and homely atmosphere. There was lots of laughter and friendly chatter.

People were supported to be as independent as possible. A relative told us their family member was supported to, "Run the bath, do their own cleaning, make tea, when out and about with staff my relative is encouraged to pay and hand over money themselves. My relative is much more confident now." One person was working with senior staff to move on to independent living as they had developed their skills and abilities.

People's support plans continued to detail how people communicated. Each person's care file contained a communication passport; it detailed how to communicate with people. For example, one person who used non-verbal communication, if they wanted to go out shopping they would collect their shoes and coat. Staff had a very good understanding of how each person communicated and how they should be approached. Staff offered choices in ways that was individual to the person they were communicating with.

Staff recognised when people were becoming anxious and distressed. They picked up on their body language and noises which indicated they were reaching a point where other people may find their behaviour challenging, this enabled the staff to take appropriate action in a timely manner.

People were supported to engage with people that mattered to them such as friends and relatives. Some people had regular visits from their relatives and some people were supported to maintain contact. It was

clear that regular visitors to the service were welcomed by everyone. One person told us they were looking forward to another person's relative visiting the next day.

Is the service responsive?

Our findings

Staff were responsive to people's needs. It was one person's birthday and they had chosen to go out for a meal with another person for their birthday. As they were about to leave for the meal they changed their mind and decided to have a small party at home instead. Staff supported the person to go out and buy party food and a cake to meet the person's request. One person told us, "Whenever I want anything I get it." Another person told us that staff acted on their requests "Straight away." One person told us, "I'm happy with my care."

Relatives confirmed that they were involved with planning, reviewing and developing care and support plans as well as risk assessments to meet their family member's needs. They felt listened to. People's care and support plans were person centred and clearly detailed people's cultural needs as well as their care and support needs. If people were unable to verbally communicate information about their religious needs, records evidenced which religious festivals they participated in and enjoyed. For example, celebrating Christmas and Easter. People's bedrooms and communal areas contained lots of photographs to evidence people participating in activities and engaging with tasks.

People's care continued to be reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required. Review records were maintained which included clear actions for the service to carry out, such as health referrals to be made. Daily records were made by staff of care and support received. The management team had reviewed these and had developed a new recording tool to enable staff to make clearer records about what people had done for themselves and what people had been supported with.

People who were at the end of their life were supported to understand, plan and prepare for treatment they may receive. The management team had supported one person with a referral to the local hospice and were working closely with an advocate and health professionals to meet one person's needs.

People continued to be supported to take part in various activities both inside the home and out in the community. Some people had booked their own trip to Leeds castle and set off before lunch with staff support. One person had been at college and enjoyed telling staff about their day. A small group of people completed an art and craft activity to make a card for a person's birthday. Another person had a lesson in maths and English as part of their planned activities. Life skills were also part of people's planned activities. A support worker told us "We have our own transport here so we can arrange outings or visits to families. We do try and stimulate people and enable them to do the things like to do. Some clients like to go for meals or even go shopping, others are not so keen on going out, and we find things to do here instead."

There were procedures in place for receiving, handling and responding to comments and complaints. An easy read complaint procedure was available in each house. People were encouraged to tell staff if they were not happy about anything and this was part of the keyworker meeting each month. There were no recorded complaints logged in the last year. The complaint policy made reference to external organisations if people felt their complaints had not been handled appropriately by the management team or provider.

People told us, "I have not made a complaint as such, I say if I am not happy about something at the time, the staff are ok here"; "If we want to make a complaint we can go to the office and speak to someone"; "I go to management when I'm not happy, worried, or confused" and "I speak to staff members." A relative said, "I'd go straight to the management, and yes I would feel comfortable doing so. Although as of yet I've never really needed to do so."

Is the service well-led?

Our findings

People knew who the management team were. Some people independently visited the office to speak with the management team during the inspection. One person told us they visited the office once a week. One person told us, "I would rate it [the service] 10 [out of 10]". Relatives said, "I do think it is well managed, the communication is really good. The staff are always good and my relative is familiar with the staff. There is continuity with staff even if staff leave they do have staff that have been there a long time" and "I think it is well managed. The management are supportive; any issues are dealt with very promptly. I think it is a very, very well run service."

The management team conducted audits and checks of the service to ensure that people were receiving safe, effective, caring, responsive and well led care. Any actions found were quickly dealt with. Internal auditors employed by the provider also carried out independent checks. The locality manager signed off actions and checked that actions had been completed. Through the auditing processes the management team had identified that medicines practice, training, supervision and appraisal needed improvement; actions were in progress.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the management team taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

The provider's vision and set of values for the service continued to be met by the management team and all staff. Staff were committed to working with people with complex needs to ensure people were effectively supported with all aspects of their lives including becoming active members of their local communities.

The management team worked with the commissioners of the service to review people's needs to ensure the service continued to be able to care for them effectively. The management team received information and updates from the provider to keep up to date with good practice and to help them continually improve. The management team attended local forums with the GP surgery which has led to better outcomes for people. The management team received information about medical device alerts and patient safety alerts. They checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

Staff told us communication was good. Staff told us there were regular staff meetings to discuss the service. Staff said, "I do feel the meetings has given me a better understanding about the KLOE's (key lines of enquiry) and what CQC inspects and why. I do feel more confident in speaking about things like the deprivation of liberty now"; "I think the meetings are interesting and helpful, we get the chance to discuss and ask questions and "We get opportunities to provide feedback." Staff felt well supported by the management team.

It was evident that the management team had a good understanding of people's care and support needs and knew the relatives and the staff that provided support well.

People were given the opportunity to provide feedback about the service, through regular face to face contact with the management team and through communication with staff members providing their care as well as regular house meetings. People completed easy to read surveys about different aspects of their care. The results from October 2017 showed people were happy and very involved with their service. Relatives and health and social care professionals also had opportunities to feedback about the service.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The management team had notified CQC about important events such as safeguarding concerns, serious injuries and DoLS authorisations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. We found the provider had displayed a copy of their inspection report and ratings in the service and on their website.