Care Quality Commission

Dukeries Health Care Limited

Berwood Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This was an unannounced inspection, which took place 14 and 15 October 2014. We last inspected this service on 18 October 2013 there were no breaches of legal requirements at that inspection.

Berwood Court Care Home is in the Castle Vale area of Birmingham. The home provides nursing and residential care for 74 older people, including people who have dementia.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

Everyone that lived at the home and their relatives spoken with told us they were safe and secure living there. With the exception of one new member of staff, all staff spoken with knew how to keep people safe from

Summary of findings

abuse and harm. Where incidents had occurred the provider took action to help in reducing risks. However, a number of people used bedrails to support their care and there was a potential risk of them becoming entrapped.

People received their medication as prescribed and were able to manage their medication independently, with support from staff. Medication storage in one area of the home was not stored as safely as it could be, but the provider confirmed that they would address this.

People, relatives and staff spoken with said there were sufficient numbers of staff available to meet the needs of people. Staff spoken with and records confirmed that staff were suitably recruited and received the necessary training and support to help them to care for people safely.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. Staff spoken with had an understanding of the MCA and DoLS and had received training, so they knew how to protect people's rights in line with the legislation.

People spoken with were complimentary about the food, all said they had a choice of food and drinks and received the support they needed with eating, drinking and maintaining their health.

People spoken with said that the staff were caring, promoted their independence and respected their privacy and dignity. People were able to maintain contact with friends and relatives and pursue social activities and interests.

People's needs were assessed and people felt their needs were being met and that staff knew them well and responded to their needs appropriately. Everyone spoken with were confident that their concerns or complaints would be listened to and acted upon and people were asked to comment on the quality of service they received. The provider ensured they had an overview of these comments so they could identify where the service needed to improve.

The management of the service was stable, and managers were open and accessible to people, staff and relatives. People were able to contribute to suggestions for improvement. However, quality assurance processes had not been fully implemented.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. All experienced staff knew what action to take to keep people safe from abuse and harm. Where bedrails were used to support people's care there was potential for people to be at risk of entrapment.

There were sufficient staff that were suitably recruited to provide care and support to people. People received their medication as prescribed and some people managed their own medication with support. Medication was not always stored as safely as they could be to ensure potential risks to people were reduced to the lowest possible level.

Requires Improvement

Is the service effective?

The service was effective. People's rights under the MCA and DoLS were protected. Staff received the necessary training and support to do their job and people said they were confident that staff had the skills to meet their needs.

People received food and drink to meet their needs and were supported with health care needs as required.

Good

Is the service caring?

The service was caring. People said they were treated well by staff and their privacy, dignity and independence was promoted.

People said they made decisions about their care and were able to maintain contact with relatives and friends as they wished.

Good

Is the service responsive?

The service was responsive. People told us their needs were being met in a personalised way. We saw that people had an assessment of their needs and these involved them and their relatives.

People and their relatives were confident that their concerns would be listened to and acted upon.

Good

Is the service well-led?

The service was not consistently well led. People and staff told us that managers were accessible and open and they were able to put forward ideas about improvements to the home. The management of the service was stable, accessible to all, and met the requirements of the law.

Resource was not always available for equipment needed to meet people's needs and the processes for assuring quality were not fully in place.

Requires Improvement

Berwood Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 14 and 15 October 2014 and was unannounced. The inspection team consisted of 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 and has experiences of services for people living with dementia.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider sent us a provider information return [PIR] that gave us information about the service. We contacted the local authority who purchased the care on behalf of people and reviewed reports that they sent us on a regular basis.

During our inspection we spoke with 11 people that lived at the home, eight relatives, a senior manager, the manager, and six other staff members, which included trained nurses and care staff. We also received feedback from a social care professional; this was a person who had a lot of involvement with reviewing the needs of people that lived at the home.

We looked at the care records of two people, six medication administration records, and control drugs records. Other records looked at included an audit completed by a management consultant employed by the provider to develop the quality assurance system. In addition we looked at, safety certificates, maintenance records, minutes of meetings, analysis of questionnaires, compliments, medication audits and recommendations from the NHS pharmacist, complaints and safeguarding records.

Some people living at the home could not tell us about their experience. We observed how people were been cared for by using a short observational framework for inspection SOFI. SOFI is a way of observing care to help us understand the experience of people who are not able to tell us their views about the care they receive.

Requires Improvement

Is the service safe?

Our findings

Everyone that lived at the home and their relatives spoken with told us they were safe and secure living there. One person told us, "I feel safe; the staff are not abusive or disrespectful in any way." Another person told us, "Yes I feel safe, I have never heard them [staff] say a cross word. They are all very nice." Everyone said they would speak with the manager or any member of staff if they had concerns about their safety.

With the exception of one new member of staff, all other staff spoken with knew what action to take to keep people safe from abuse. We saw that safeguarding people from abuse was included in the training plan for all staff. We spoke with the manager about the member of staff that was not aware of what action to take to keep people safe. The manager said the person was in their induction period and that this was part of the eLearning they would do, before concluding their induction. We saw that safeguarding incidents had been well managed. This indicated that there were procedures in place to reduce the risk of abuse and harm to people and the majority of staff knew what action to take to keep people safe from abuse.

People and their relatives felt that any risks to their care was identified and managed appropriately. All staff spoken with said that risk assessments were in place for all needs identified and these were updated as people's needs changed or when new risks were identified. Records looked at confirmed this. With the exception of one new member of staff all staff spoken with knew the risks associated with caring for people. This showed that processes were in place to manage individual risks to people.

Staff told us about incidents of pressure ulcers that had previously occurred in the home and how they had learnt and improved the practice of pressure area care. This had a positive impact, so that no one that lived at the home had pressure ulcers at the time of the inspection.

Before we inspected the service the provider had notified us of an incident of entrapment whilst using bedrails to support someone's care. They told us what action they would take to prevent further reoccurrences of this incident. During the inspection we checked to see what action had been taken. Staff told us that a total of 23 people used bedrails whilst they were in bed and that risk assessments and anti-entrapment bumpers were in place for everyone. Staff told us that four people were assessed as being at risk of entrapment due to gaps between the bed rails and the bed and that new anti-entrapment bumpers had been purchased for those beds. However, we looked at a sample of the other beds and we saw that these also had gaps between the bed and bed rails that had the potential for entrapment. We saw that people's risk assessment identified the gap, but no plan was in place to show how the risk would be reduced. A member of staff spoken with also said they felt the risk of entrapment had not being sufficiently reduced. They told us, "We have to put pillows and quilts down the sides to prevent people's legs going through the gaps." This meant that although the provider had taken action following the incident, the risk of entrapment remains for other people.

All staff spoken with and records seen showed that risk assessments were in place for all safety aspects of the home, regular checks were undertaken for water, gas and electrical safety, so that any risk to people were reduced. Staff spoken with knew the procedures for handling any emergencies in the home such as fire and medical emergencies. This meant that safety checks were done and emergency procedures were in place to ensure the safety of people.

With the exception of one relative, who said they felt there could be more staff on at weekends, everyone else spoken with said, and we saw that there were enough staff to meet people's needs. A person that lived at the home told us, "They seem to have plenty of staff, although they have a lot to do." Another person said, "There is always plenty of staff around and there is at least one in the dining room/lounge at all times. "The manager said staffing numbers and people's needs were discussed with managers weekly and adjustments needed reported to the provider. This ensured that staffing levels were identified and agreed based on people's needs.

All staff spoken with said all the recruitment checks required by law were undertaken before they started working and that they received an induction into their role. Information we received before the inspection indicated that not all trained staff were registered with the Nursing and Midwifery Council. Records seen during the inspection confirmed that all trained nurses had the required registration. This showed that the provider undertook all relevant checks to ensure that staff were safely recruited to care for people and help to keep them safe.

Requires Improvement

Is the service safe?

All the people that we spoke with said staff always supported them with their medication where needed. Medication administration records looked at showed that people received their medicines as prescribed. We saw that one person administered their own medication and a risk assessment was in place to ensure they did this safely. We saw that people's medication needs were reviewed by their GP regularly to ensure they continue to meet their needs. Procedures were in place to ensure all medicines received into the home and administered were recorded and all staff responsible for administering medication were aware of the procedures. All staff that administered medication said they received training to do so. We saw that medicines were stored safely on the first floor. However, on the ground floor some medicines were stored openly on a shelf, and although the medication room was lockable there was a risk that people may access the room should it be left open accidently. The medication risk assessment reviewed 29 March 2014, identified this risk, but we saw that the control measures did not eliminate the risks sufficiently. We spoke with the manager and she said they have now decided to fit an appropriate lockable cupboard, so that all medicines would be stored safely and prevent any risk to people living at the home.

Good

Is the service effective?

Our findings

Everyone that lived at the home and relatives spoken with said they thought the staff were well trained and knowledgeable about their needs. One person told us, "I think the staff are trained and know about my needs." One relative said, "I am quite confident about staff's knowledge and skills when handling people's needs."

All, except one new member of staff spoken with were knowledgeable about people's needs. All said they received the necessary training and supervision and appraisal to support them to do their job. Training records looked at confirmed that the provider had a planned approach to staff training. The manager told us that staff completed eLearning as well as practical training sessions in some topics such as moving and handling. This indicated that staff received the necessary training and support to do their job.

People spoken with told us that staff always sought their consent before providing care. One person told us, "Staff talk to me about my care and I give consent." Staff spoken with and records showed that people's care plans were agreed with them, or where necessary someone acting on their behalf. This indicated that staff sought people's consent before providing them with care and support.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

All the experienced staff that we spoke with had an understanding of the MCA and DoLS and told us they had received training in this area. Staff spoken with knew that an application had been made to the supervisory authority for one person that lived at the home. This indicated that the provider took appropriate action to ensure people's rights were protected.

Everyone spoken with were complimentary about the food. People told us and we saw that people were given a choice of food and drinks. One person told us, "The food is good and we get plenty to eat. They come round each day and ask us what we want to eat." Another person told us that they did not have to adhere to meal times, so they could have their meal when they chose. One relative told us that their relative was on a soft diet and that this was always provided. We asked staff about culturally appropriate and specific dietary meals for people who may have this need and they told us that these would be provided for people when needed. During the lunch time observation we saw the assistant chef talking to people about the quality of food and asking if people needed anything else. Where people needed support with eating, we saw that staff supported them at a pace suitable to each person's needs. We saw that people could have their meal in the dining room or in their bedrooms if they chose and people told us their individual wishes were respected in regards to where they ate their meals. We saw drinks and snacks being served at various times. This indicated that people were provided with food and drinks based on their individual needs, choices and preferences.

Staff spoken with told us that where people were at risk of poor nutrition, this was assessed and managed to ensure people received a healthy balanced diet. Staff told us that fortified foods and drinks were provided if needed. If people were at risk of losing weight their weight was monitored as required and referral made for dietician and speech and language support if necessary. Some people received food and drink via a percutaneous endoscopic gastrostomy (PEG) and staff told us they were trained to ensure that was maintained, so that people received the food and fluid they needed.

People told us they saw the doctor when they needed to. People knew that the doctor visited the home on Mondays and Thursdays and said they could ask to see the doctor if they wished. One person told us, "If I am not well they will call the doctor out." people their relatives and staff told us that they also had regular visits chiropodist, optician and dentist. A relative told us, "There are no problems with the health care provided." This showed that people were confident that their health care needs were met and they had access to the appropriate health care services when needed.

Good

Is the service caring?

Our findings

Of all the people and their relatives spoken with, one person said a member of staff spoke to them abruptly. We fed this back to the manager who investigated immediately and the staff member acknowledged that their tone of voice could have been perceived as being abrupt. Everyone else talked about the positive relationships they had with all staff. People told us, "Staff here are excellent and marvellous." "Staff are alright we can have a laugh with them" "I think they are very kind and supportive, sometimes, I am demanding." "Better than I was expecting." "The staff here make the effort to know you by name, and this makes us comfortable and it makes us feel as though we are at home." A relative told us, "When I get older I don't mind being here." Staff told us that people's personal histories and life experiences were written in their assessment and staff talked to people about their past, so they knew how people wanted to be cared for. One member of staff told us, "I treat people as if they are my own relatives and I feel a sense of reward when I have finished my shift and go home." This indicated that staff were committed to ensuring that people were cared for in a caring and compassionate way.

During our time at the home we saw that staff showed kindness and compassion in their attitude and interactions with people. Staff were friendly and we saw that they laughed and joked with people. We observed staff supported people to move around the home and this was done with care and kindness. We saw a member of staff sat down with someone and asked them what they had been doing and having a discussion about programmes that had been on the television. Some people at the home were living with dementia and could not tell us about their experience. We did a short observation in the upstairs lounge, where we observed a group of four people, and the interactions we saw were positive.

People told us that staff listened to them and acted on their wishes. One person told us, "I can make any decisions I want to, e.g. if I want to get up late or go to bed late." Two relatives said they were aware that care plans were available in the office and one relative said they had been asked to agree the care plan. Other people and their relatives were not necessarily aware if they had a written care plan, but they were not unduly concerned about this as they all felt that people's needs were being met. A relative told us, "When [person's name moved from another home we were involve in some paper work, but I am not sure about [person's name] care pan and I don't much bother about it as I know they are looking after [person's name]." One person that lived at the home said, "I don't worry about my paper work."

People told us and we saw that people's privacy, dignity and independence was respected and promoted by staff**.** One person told us, "My independence is maintained. I can stop in my room and do what I want to do." Another person said, "Staff always knock the door and wait to be invited into my room. "During the time we spent at the home we saw that staff always knocked people's door and wait to be invited in. People told us they were able to see their visitors in the privacy of their rooms. Staff spoken told us there was a dignity charter in place. Staff said they always knocked people's doors and wait to be invited in. Staff told us people could lock their doors, so as to have privacy if they wished and that all personal care was done in a way that maintained people's dignity. We saw that people were dressed in individual styles of clothing reflecting their age, gender and weather and their dignity was promoted at all times.

People and their relatives told us there were no restrictions on visiting. During the time we spent at the home we saw that visitors were free to visit the home without restrictions and there were many people visiting friends and relatives. This showed that visitors were welcomed and free to visit.

Good

Is the service responsive?

Our findings

Everyone that lived at the home and their relatives spoken with felt their needs were being met in a personalised way. Although care plans that we saw were not personalised, people were unconcerned about this as they felt and we saw that staff knew people well and were aware of their individual needs. One person told us, "They call my social worker and we discuss my needs together." A relative told us, "[Person's name] is very happy here and I am quite confident with staff at the home, as they know more than me because they are with [person's name], 24/7 and I am happy to see that they are comfortable and has been looked after well." People told us they could choose to go to bed when they wanted and get up at times to suite themselves. People said they could have a bath or a shower if they wanted and felt they had a say in how their care needs were met. One person told us, "I just have to say to the staff and I have a shower." This showed that staff responded to people's needs in a way that people wished.

People's needs were assessed, with their involvement when they moved into the home, so that the provider knew whether or not they could meet people's needs. Staff spoken with told us that the assessment process included information about people's background and lifestyle before they moved into the home and personal preferences. People's needs assessments that we saw contained limited information about people's life history. We were told by the provider that the assessment and care planning processes were under review to ensure they were more personalised.

People, relatives and staff told us about social activities that took place at the home. One person told us about going swimming at the local swimming bath. Another person told us, they did the things they liked to do, such as watching television, sitting in the reception area, arts and crafts and going out with family members.

There were two staff employed with designated responsibility for supporting people with their social activities and interactions, although one of those staff member were not currently at work. The activity coordinator spoken with told us about their plans to arrange a trip out to the Think Tank for people who were interested. They said they were involving people in developing a memory box, doing gardening and growing vegetables. This member of staff said that one to one activity for people cared for in bed was currently limited, but would improve when the other member of staff returned to work. Another member of staff told us that people were involved in cake baking, managing a stall at the recent summer fate and that relatives were also encouraged to get involved in any social activities taking place. We saw a church service taking place and people were engaged and enjoying singing songs. Staff told us that people were able to practice their faith or religion as they wished and there were both, catholic and Church of England priests visiting the home, as these were the predominant beliefs of people living there. This showed that people's social and spiritual needs were taken into account.

All the people and relatives spoken with said they felt confident to raise their concerns and it would be listened to and acted upon. One person told us, "[relative name] raised some concerns regarding the food and decoration at the home. I am very glad to see the improvement on foods and they are decorating the home." Another person told us, "We can complain and they will deal with it." A relative told us, "The manager is brilliant, if there is anything I go to her." This indicated that people had confidence that their concerns would be taken seriously.

All staff spoken with knew how to raise concerns on people's behalf. A member of staff told us, "There is a complaint/concerns book at the front door, the manager checks this daily and makes sure she investigates anything that is in it." We looked at a sample of concerns/complaints that had been investigated by the manager and we saw that these were investigated and responded to appropriately. The manager told us about a recent concern raised by a relative and how they had worked with the relative to balance their expectations with the needs and wishes of the person using the service. This had resulted in an improved quality of life for the person using the service.

We saw the result of recent surveys that had been sent to people and their relatives, where people were able to comment on the quality of the service they received. In addition people and relatives told us that they were able to share their experience during meetings held with the manager and staff. We saw that the result of surveys were analysed, so that the provider had an overview of where the service needed to improve based on people's views.

Requires Improvement

Is the service well-led?

Our findings

All the people, relatives and staff spoken with told us, and we saw that the atmosphere in the home was open, friendly and welcoming. People told us and we saw that the manager and all staff including senior managers were approachable. One person told us, "The manager is very nice I can speak to her at any time, she is only off duty at night, but all the staff are alright."

We observed that the home was undergoing a programme of redecoration and refurbishment. Part, of which we were told, would result in creating a more dementia friendly environment for people living with dementia. The manager and other staff told us and minutes of meetings with people and relatives showed that people were involved in discussing and choosing how the refurbishment was to be completed. This indicated that people and their relatives were involved improvements to the home.

All the staff spoken with said there was an open door policy and the manager listened to concerns or suggestions about improvements and addressed them. Staff also talked about the positive changes made by the manager. One staff member said, "The manager is good, she is open and will listen and resolve problems. She has brought new ideas, improved training and general improvement to the management of the home." All staff told us they were able to put forward ideas for improvements to the home during staff meetings or just by approaching the manager.

There was a registered manager in post so the management of the service was stable and there were no breaches in the conditions of registration. Before the inspection we asked the provider to send us provider information return, this is a report that gives us information about the service. This was returned to us completed and within the timescale requested. Where necessary the provider kept us informed about events that they are required to inform us of.

A senior manager said they visited the home on a regular basis, but did not complete a report of their findings, indicating that they were monitoring the performance of the home. This manager also told us that the quality assurance system for auditing and monitoring the service was under review, and they had employed a management consultant to complete a full audit, recommendations and action plan showing the improvements that were necessary. This audit had been done, but not all actions had been completed at the time of our inspection. In addition a relative told us and we saw that nine bulbs in the lounge upstairs had not been working for some time and had not been replaced. The relative also said a window catch in their relative bedroom was also broken for some time and had not been repaired. Maintenance record looked at confirmed this. We spoke with the manager about this and the repairs were done immediately. This indicated that repairs were not monitored to ensure they were completed in a timely manner and the provider audits and monitoring visits had not identified this. This meant that the quality assurance system was not fully implemented.