Pathways Care Group Limited

Berrywood Lodge

Inspection report

27-33 Berrywood Road
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Northampton
Northamptonshire
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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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on the 29 June 2016. Berrywood Lodge provides accommodation for up to 29 people who have learning disabilities or mental health needs. There were 23 people in residence during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Senior staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was not always effectively monitored and timely action taken by the audits regularly carried out by the manager and by the provider.

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 felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People's quality of care and environment was not always monitored effectively by the systems in place and timely action was not taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Berrywood Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by an inspector 29 June 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using the service.

During the inspection we spoke with seven people who used the service, one relative and one visiting health professional. We also spoke with eight members of staff including three care staff, three senior care staff, the deputy manager and the registered manager. We reviewed the care records of five people who used the service and four staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that staff provided safe care. One person told us, "Staff know what they are doing, they are quick to notice if I am not well." A relative told us, "[name] hasn't been here for long and I am happy so far." Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would report anything of concern to my manager, and if they did not respond I would contact the local authority safeguarding team." Staff had received training on protecting people from abuse and records we saw confirmed this.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of self harm, the risk assessments and care plans were updated to reflect that staff carried out more frequent checks on people and monitored behaviour and anxiety levels more closely.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. People had personal emergency evacuation plans in place in case of an emergency; fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. Nursing staff were registered through their professional body and there were systems in place to ensure that their registrations were updated.

People told us there was always enough staff on duty to meet their needs and we saw that staff were nearby to support people when needed. One person said, "There is always staff around I can call if I need someone and I know them all pretty well." Staff told us there were sufficient staffing levels to meet people's needs, and that the registered manager ensured that people got the extra time they needed when their needs increased . Staffing levels were set according to people's dependency and care needs. People's assessed needs were safely met by sufficient numbers of experienced staff on duty.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits

and where areas of practice needed to be improved actions had been taken to improve practice.

Good

Is the service effective?

Our findings

New staff told us they had undertaken an induction training course that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. The staff induction training included subjects such as manual handling, fire safety and mental health awareness. New staff worked alongside senior staff during their induction training and before being allowed to work unsupervised. One new member of staff told us "This was my first role in care work and I was allowed the time to get to know everyone and read care plans and complete my training."

All staff continued to receive updates of their training in subjects such as safeguarding, infection control and health and safety. Staff had also undertaken training specific to people's needs; for example Epilepsy awareness, managing behaviour that challenges and a more in depth three month mental health awareness program. One care staff said "The three month mental health training was brilliant; I learnt topics about how medication affects the brain and how the brain works and responds to things." Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). The staff team also benefited from specialised training that was delivered by the Community Team for People with Learning Disabilities

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify ongoing support and training needs. One care staff said "I have regular supervision, although I don't need to wait for supervision to talk about anything I can just bring concerns up."
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been submitted to the local authority. All staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. The catering staff ensured people were provided with meals that met their nutritional and cultural needs. For example, one person only ate certain types of meat and we saw this had been adhered to; staff had access

to information about people's dietary needs, their likes and dislikes. One person told us "The food is lovely and we can chose off the menu or have something else."

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietitian. People had access to specialist cutlery and crockery to meet their assessed needs.

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care should be delivered effectively. Care Records showed that people had access to community nurses, psychiatrists, condition specific nurses and GP's and were referred to specialist services when required. A visiting health professional told us "I come in the home twice a day most days and I can say it is one of the better homes; staff always treat people with dignity and respect and staff will always ask my advice on health matters; they are really responsive to any health issues." People received a full annual health check-up and had health action plans were in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

All the people who used the service told us that they were treated very well and they had no complaints about the care they received. One person told us "the staff are great, they cheer me up when I'm not having a good day." One relative told us "[My relative] hasn't been here long but from what I have seen they are all caring and supportive and I have heard the staff offering lots of encouragement and praise to people; it is lovely to see."

People told us they had good relationships with staff. One person said "Staff are lovely; just lovely, the best there is." Another person told us "I like it that there are some male staff; it is good to be able to chat to another man about things." We observed that all the interactions between staff and people using the service were positive and encouraging. One member of staff told us "I always try and remember I can make a difference every day to people's lives and some of our residents really respond well to encouragement." Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged every one when they were in the same room or passing.

When we observed people indicating they were anxious staff were prompt in responding to their needs. For example one person had become anxious about wanting to move to a different bedroom; we observed staff talk through all their options and kindly remind them of other options they had tried and how this made them feel when things hadn't worked out for them.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. One person showed us their bedroom and it was decorated to the person's own choice with themed pictures on the wall and photographs of family members and other items that had meaning to them. Staff used their knowledge of people to support them to have their bedroom how they wanted which reflected their interests.

People were encouraged to express their views and to make their own choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example by male or female members of staff. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.
We observed the service had a good, visible, culture which focused on providing people with care which was personalised to the individual. Staff were motivated and caring. Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. For example; closing curtains when undertaking personal care and checking that people were comfortable with the process.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. One person said "I have a keyworker and we talk about what support I need to manage my cigarettes; otherwise I will smoke 60 a day." One care staff said "We use the time to talk about health appointments, goal planning and any issues they might want to talk about; I think it is important that people have an identified member of staff so we are consistent with how we approach things."

There was information on advocacy services which was available for people and their relatives to view. No one currently living at the home used an independent advocate but staff were knowledgeable about how to refer people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. The registered manager told us that people's families could visit when they wanted and they could speak with them in the lounge area or their bedrooms. People confirmed to us that people could visit them whenever they chose and people also went on overnight stays with their relatives.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People and their relatives were encouraged to visit the home to gain an insight into whether the home was right for them. During the admissions process the registered manager visited people in their homes or other care setting and gathered as much information and knowledge about people as possible. Staff encouraged people's relatives, advocates and care professionals to be involved to understand people's preferences and strengths. This ensured as smooth transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices and was written in an easy read format. Information about people's past history, where they lived previously and what interested them was detailed in their care plans. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. We saw that care plans reflected people's current needs including changes in medication. One new care staff we spoke with said "The care plans are really detailed; it's so helpful to have all of the information about people's preferences, especially because I am new and won't remember it all straight away."

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. There was an activities plan for the week which people had been involved with choosing; records were maintained detailing if people chose to undertake planned activities or whether they had declined. People living in the home were involved with arts and crafts, DVD nights, baking and 'beauty sessions', bingo, playing pool and tending to the chickens in the garden. One person said "I like playing pool, we have a good time and we have the music on." Another person showed us their favourite DVD's and also told us about how they liked to play dominoes. Care staff made efforts to engage people's interest in what was happening in the wider world and local community by discussing events in the newspapers and the media.

People participated in a range of activities including attending day opportunities for people with learning disabilities, volunteering, nature walks, cinema, meals out, cake baking and exercise sessions. People had a variety of activities that they were involved in and staff were proactive in supporting people to attend events. One person told us about a handball competition that they went to see in London with the support from staff, they said "It was a fantastic day out, I loved it." On the day of our inspection some people went to the library to exchange their books or renew their current books.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well

and were able to understand people's needs from their body language and from their own communication style.

When people moved into the home they and their representatives were provided with information about what do if they had a complaint. One person said "If I had a complaint or I wasn't happy I would just speak to [the registered manager]; they would put it right for me." There had been complaints raised in the last twelve months; we saw that there were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. We also saw documentation relating to information that was important for the staff team to know as part of an outcome for a complaint.

Requires Improvement

Is the service well-led?

Our findings

People's entitlement to a quality service was monitored by the audits regularly carried out by staff and the registered manager. However, we saw that timely action had not been taken to address issues of unpleasant odours and replacement of damaged furniture and non-working lights. It was evident that the registered manager had tried to address some of the issues concerning the unpleasant odour in one part of the building; however it was not effective enough and it impacted on other people who used the service.

Audits that were undertaken by catering staff or care staff in the absence of the catering staff were disorganised and inaccurate. It was clear that cleaning schedules had not been undertaken while the catering staff were not on duty; records relating to food temperatures did not identify for staff what food temperatures should be. The registered manager took immediate action to address some of these issues; however the environment required some immediate attention.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager was supported by a deputy manager and senior care staff. We saw that people and the staff were comfortable and relaxed with the senior team. All staff we spoke with demonstrated a good knowledge of all aspects of the service and the people using the service.

We received many positive comments from staff about the service and how it was managed and led. Staff told us that the manager was very supportive and staff told us they were able to discuss any concerns with the manager either face to face or in the regular staff meetings. One member of care staff said "" The manager is really supportive, if I am unsure about how to respond to someone or worried about someone's changing behaviour I can talk to her." Another person gave us an example of how the registered manager had listened to feedback from staff about replacing the garden furniture and this had been actioned.

People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Communication between people, families and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Questionnaires were sent to people, relatives and professionals to seek their people's views on a yearly basis. The feedback about the care people received were all positive.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.