

The Regard Partnership Limited

Berkeley House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Berkeley House is a residential care home providing personal care to up to 19 people who have learning disabilities or autistic spectrum disorder. The service is provided in four separate houses, The Windmill, The Granary, The Bakery and Pippin, and is set in large grounds. There were 15 people living at the service at the time of the inspection.

People's experience of using this service and what we found

Staff had not always supported people in a positive manner and in the way they had been trained. Additional positive behavioural support training had been arranged.

Following a number of medicines errors, a new medicines process had been recently implemented to make sure the administration of medicines was double checked by a second member of staff to reduce the risk of errors. Medicines were stored and disposed of safely.

Infection control audits and checks were not consistently completed or effective. Some areas of the service were not clean and hygienic. The manager took immediate action to address this during the inspection. Staff wore personal protective equipment, to help keep people safe, in line with guidance. People and staff were regularly tested for Covid-19. There were clear processes in place to make sure visitors to the service also helped prevent the spread of infection.

Risks to people's health were assessed, monitored and reviewed. Staff knew people well. Relative's told us their loved ones were safe and their health care needs were met. A relative said, "[My loved one] is really safe and very happy at Berkeley House. I am happy with his safety".

Staff had been recruited safely and there were enough staff to provide people with the support they needed.

A new management team was making changes to the culture and day to day running of the service. Feedback from relatives about the new management structure was positive and they commented they had noticed many improvements. The manager had identified a number of shortfalls in the quality of care across the service and there were plans to address these and drive improvements.

The manager worked closely with local authority commissioners and local safeguarding teams to address concerns.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and Independence

The model of care and setting maximised people's choice, control and independence. People were supported to make day to day choices and were supported to be as independent as possible.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

People received care and support that was person-centred. However, people had not been consistently supported in a positive way. Some staff lacked the understanding of how to support people when they exhibited behaviours that challenge. The manager had implemented plans to address this and staff were receiving additional support for a specialist positive behavioural support team.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Relatives and staff told us the culture had improved since a new management team had been overseeing the day to day running of the service. Relatives spoke positively about the care and support their loved ones received. Staff engaged with people and were positive about the changes at the service. The manager had a plan to continue to drive improvements across the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 03 August 2018).

Why we inspected

The inspection was prompted in part due to an increase of safeguarding concerns received. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Berkeley House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager and their application to register with CQC was in progress. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people, seven staff including the manager, two deputy managers, care staff and maintenance staff. We observed staff interactions with people. We reviewed a range of records. This included three people's care plans and associated risk assessments, and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives about the support their loved ones received. We spoke with two care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to the environment were not consistently identified. The second floor of The Bakery was not in use due to structural concerns. People had moved to bedrooms on the first floor. The two doors leading to this floor were not locked. The manager told us the floor was due to be blocked off and arrangements had been made for the work to be carried out. The manager took immediate action, during the inspection, to have locks fitted to the two doors to make sure people remained safe.
- There was guidance for staff to follow to make sure people remained safe. However, staff had not consistently followed this. For example, on opening a door to the second floor there was a basket of toiletries on the floor. This was immediately removed by the manager. Staff told us it should not have been there and that it needed to be kept out of reach of one of the people living there.
- Risks to people's health were assessed, monitored and reviewed. There was guidance for staff when people lived with epilepsy. For example, information included how the person presented when they had a seizure and what action to take should they have a seizure.
- A relative commented, "[My loved one] is always clean and tidy and looks smart. The staff are really good. They are definitely good at keeping an eye on his health. They are really on top of his health. They notice even little changes and take him to the doctor or hospital if needed".
- Covid-19 risks to people were assessed. This included when people were at a higher risk due to ethnicity and / or health conditions. There were measures to reduce the risks to people.
- Each person had a personal emergency evacuation plan. These identified the individual support and equipment people needed to be safely evacuated in the case of an emergency. This included detail of how best to reassure people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff told us they completed regular training about how to keep people safe and how to support people in a positive way, such as using distractions and diversions. This was confirmed in training records. However, there had been several incidents between people which had resulted in physical contact, such as hair pulling. Staff had not consistently provided positive behavioural support, in line with people's care plans and risk management plans. Incidents had been documented and reviewed to identify trends. The manager had arranged for a health care professional to assess the compatibility of people in each of the houses and arranged for staff to have additional training in positive behavioural support.
- The manager reported safeguarding concerns to the local authority in line with guidance and investigated safeguarding concerns.
- A relative commented, "[Staff] are, at times, unable to read his body language or interpreting what he is meaning by what he is actually saying. This is being addressed through training provided by clinical

psychology".

- Risks of financial abuse were assessed and there were processes in place to protect people. There were policies and processes about safeguarding and how to whistle-blow. One staff commented, "I wouldn't think twice about raising any concerns. I understand about whistleblowing. [The manager] listens and would take the right action if I raised a concern".

Using medicines safely

- Regular checks and audits were completed, and shortfalls were identified. The manager shared concerns of identified shortfalls with the staff team and discussed solutions as group learning sessions.
- Due to a series of medicines errors the manager had implemented additional competency assessments. Some staff had been removed from administering medicines until they had been re-trained. A new buddy system had been implemented which had reduced the risks of medicines errors. One staff said, "The medicines is much better now we have changed to a buddy system". The manager had sought additional support from the head office to provide extra learning sets.
- People's relatives felt their loved ones were supported well with their medicines. A relative said, "I don't have any concerns about [my loved one] getting his medicines on time".
- Medicines were stored and disposed of safely. Temperatures were checked daily to maintain their effectiveness. Medicines administration records we reviewed had been completed accurately.
- Staff told us, "[The manager] leads by example. When something has gone wrong, we will do a role play and look at what we could do differently and see how we can learn lessons from it".

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- Infection control audits were not consistently completed or effective in each house. For example, this had not been completed in The Granary since January 2021. However, this house was clean.
- Three houses were clean, well-decorated and homely. However, The Bakery first floor was dirty, and areas of this house were in need of repair and decoration. Some people's bedrooms were not clean, the manager took immediate action for deep cleaning to be completed. There was a redecoration plan in place and two people's bedrooms had been completed. The manager told us how they had involved people with choosing how they would like their rooms decorated, such as with a football theme.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

- A relative told us, "Generally, the home is adequately cleaned, but there are occasions when we have to speak about the cleanliness of [our loved one's] room and communal areas. During the pandemic, the cleaning regime has been stepped-up".
- Regular Covid-19 testing was completed for people and staff. There were robust checks in place when visitors arrived to help prevent the spreading of Covid-19.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Criminal record checks were completed with the Disclosure and Barring Service (DBS). DBS helps employers make safer recruitment decisions to ensure new staff are safe to support people.
- Applicants were required to provide a full employment history. Any gaps in employment, such as time bring up a family, were discussed and recorded at interview.
- There were enough staff to meet people's needs. Staff rotas confirmed there were consistent numbers of staff on each shift. Staffing levels took into account when people needed support for appointments and trips out. There were contingency plans to address emergency shortfalls such as sickness.
- The service used regular agency staff and had an active recruitment program in place to fill the vacancies.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Checks on the quality of the service were not always robust and effective. During the inspection we found that whilst there were audits and checks in place, staff had not consistently completed them, for example infection control audits. We found risks to people had not been consistently identified to make sure they were kept safe, such as open access to unsafe parts of the premises and toiletries not being stored safely. Immediate action was taken to address these concerns.
- The manager was supported by three deputies and a staff team. An application to the Care Quality Commission (CQC) to become the registered manager was in progress. The manager was clear of their responsibilities and, whilst they were aware of shortfalls across the service, they had plans to drive and maintain improvements.
- The manager had identified a number of shortfalls across the four houses and there was a clear service improvement plan to record addressing the issues. This included who was responsible for completing actions and dates for completion. The manager suggested they submit this to CQC on a monthly basis to evidence the continued drive for improvements across the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- People, their relatives and health care professionals were informed when things could have been done differently or better.
- Relatives told us action was taken when they had raised a concern, or something could have been done better. A relative commented, "This has improved considerably since late 2020 when the new management team took over. We feel listened to and appropriate action is taken to address issues when they are raised".
- Providers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The manager had notified CQC about all important events that had occurred in line with guidance.
- The provider had displayed the current CQC rating in the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and staff knew people well and used different forms of communication, such as Makaton using signs, symbols and speech to communicate. One person told us about the support they have received

from staff to achieve one of their goals. They were working closely with staff to set their next goal which would promote their independence skills. Staff spoke proudly of people's achievements and how they encouraged them to set goals. On staff said, "We are looking at long-term plans with people to make sure they get the best quality of life".

- Relatives were positive about recent changes in the day to day management of the service. A relative commented, "Since the new management team took over last November, the running and management of the home has greatly improved and has brought many positive changes and initiatives".
- Staff told us, "The culture has completely changed. Staff would never help each other out before. Now they come to us if they know we need an extra pair of hands and we all support in all the houses. It is good to see staff from all the houses helping each other out" and, "People need lots of encouragement. It is about doing a little at a time and slowly they are able to do more themselves. People are priority. It is about them having the best life possible and we are lucky to be supporting them".
- The manager told us they had worked hard to the change the culture within the staff team and this was an area they would continue to monitor and improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People engaged with staff throughout the day and were encouraged to make decisions about things they would like to do. Staff had supported people to decide how they would like their rooms decorated.
- Relatives said, "Communication is good. The new management seems to be making a lot of changes, which look to be for the good" and "Communication is very good. This is something else that has improved considerably upon the arrival of the new management team. We receive an update every morning from house staff. It has been a collaboration between us and staff to support [our loved one], particularly over the last year. Management is responsive to emails and calls and take any issues seriously.
- Staff told us, "We have house meetings. We talk openly about any worries or concerns. Our views are valued by the manager" and "There is some great teamwork. Management are putting me through my level 2 in leadership. There are lots of opportunities for progression".
- Staff meetings and group learning sessions were used to reflect on things that had happened and how things could be done differently in future.

Working in partnership with others

- The manager worked closely with health care professionals to provide joined-up care and support. A relative told us, "[Multi-disciplinary health care professionals] provided valuable training and information to staff which they are now taking on board, led by the new management team".
- Referrals to health care professionals, such as speech and language and behavioural specialists, were made when needed.
- The manager worked closely with commissioning authorities and the local authority safeguarding team to address concerns. They followed advice given to support driving improvements across the service.