Mentaur Limited

The Berkeley

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
The Berkeley is a residential care home providing accommodation and personal care for up to 10 people with a diagnosis of learning disabilities, autistic spectrum disorder, mental health needs or sensory impairments. At the time of the inspection 7 people were living in the home.

People's experience of using this service and what we found
Right Support:
Risks to people had not always been assessed and strategies to reduce the known risks had not always been recorded. The provider implemented the missing risk assessments and completed mitigating strategies immediately after the inspection.

Medicine management required further improvement. Medicine records were not always consistently recorded. The provider was aware, and actions were being put into place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Right Care:
People were supported by staff who knew them well and who had been safely recruited. However, not all staff had the relevant training to ensure they had the knowledge of people's health needs. The provider allocated new training to all staff immediately after inspection feedback.

People, relatives and staff knew how to complain. The provider had processes in place to support whistleblowing, raising complaints and completing the duty of candour.

People, relatives and staff were given the opportunity to feedback on the service. The provider sent out annual surveys and feedback was sought during regular reviews.

Right Culture:
Systems and processes to ensure good management oversight and to make improvements required improving. Not all processes were effective in identifying concerns and improvements needed. The provider implemented new systems and processes after the inspection, these will need to reviewed at the next

inspection to establish if they are effective and embedded into practice.

Staff felt supported in their roles and received regular supervisions and meetings to raise any concerns, give suggestions or feedback on the service delivered.

People and relatives were positive about the attitudes and behaviour of staff and the culture of 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 06 December 2018)

Why we inspected
This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Berkeley on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified a breach in relation to management oversight and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Berkeley

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 Health and Social Care Act 2008.

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 completed by 1 inspector.

Service and service type
The Berkeley is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Berkeley is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 5 members of staff including the manager, compliance managers and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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; Learning lessons when things go wrong

- People were at risk from known health conditions as staff did not have the information recorded to support them safely. The manager implemented these risk assessments and care plans immediately after inspection. Staff told us they knew people well and understood their individual risks.
- People were at risk from environmental risks. The provider had not mitigated the risks associated with fire or scalding. The manager implemented risk reducing strategies immediately after the inspection.
- The provider was in the process of implementing new procedures to ensure all information was captured and regular reviews and analysis of this data was completed to identify any trends or patterns in incidents and accidents. Staff told us, information was shared after any accident or incident occurred.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. A plan was in place to reduce restrictive intervention. Staff were trained in the use of restrictive interventions; the training was certified as complying with the Restraint Reduction Network Training standards
- People told us they felt safe at The Berkeley. Risk assessments were in place to identify when a person was able to take positive risks to improve their quality of life.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, DoLS referrals did not always contain the correct restrictions for each person. We told the provider and they resubmitted the DoLS referrals with the correct information after the inspection.

Using medicines safely

- Medicine management required improvement. Audits completed had identified missing signatures previously, however, missing signatures were still occurring.

● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
● When people needed 'as required' (PRN) medicines the reasons for administration were recorded and staff had all the information required to administer them as prescribed.

Staffing and recruitment
● Staff recruitment and induction training processes promoted safety. Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.
● We found sufficient staff were deployed to maintain people's safety and meet individual needs. People told us and we observed, staff were available to people when they needed them.

Systems and processes to safeguard people from the risk of abuse
● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
● Staff had training on how to recognise and report abuse and they knew how to apply it.
● People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The provider followed government COVID-19 guidance on care home visiting.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Systems and processes to ensure records were kept up to date and factual was not always effective. We found details of people's health appointments were not consistently recorded, care plans and risk assessments held incorrect or had missing information within them and there were gaps in the recording of people's daily notes and handover documents.
- Systems and processes were ineffective in identifying environmental risks. The provider had not identified when action was required to ensure people were protected from fire or scalding risks. For example, a fire risk assessment from 2020 identified areas of risk. Strategies to mitigate these risks had not been completed prior to the inspection. Not all radiators were covered, and water temperature recording was not sufficient to protect people from scalding.
- Systems and processes were not in place to ensure records of incidents were accurately recorded. We found some incidents had not been recorded.
- Systems and processes to ensure restrictions on people had been identified and appropriate authorisations had been submitted was not effective.
- Systems and processes to ensure staff had the skills, knowledge and training to meet people's needs was not effective. We found not all staff had training in epilepsy, diabetes, learning disabilities or autism.

The provider had failed to have robust systems and processes to assess, monitor and improve the service. This is a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was in the process of implementing new procedures to ensure better oversight of records, risks and staff training.

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

- The provider manager worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Staff felt supported within their roles. One staff member told us, "[Manager] and [Senior] are always checking if we (staff) are happy and OK, we (staff) can always raise any issues or concerns and know they will listen to us."

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People, staff and relatives felt involved with the service. People had weekly meetings and staff had regular meetings to discuss any issues, concerns, comments or suggestions. One relative told us, "They (staff) always keep me updated. After an incident we were told straight away."
- There were visual structures, including photographs, use of gestures and symbols which helped people understand and communicate effectively.
- Feedback was sought from people and those important to them and the feedback was used to develop the service. The provider was in the process of redesigning the format of surveys to ensure everyone could understand the questions and respond to them.
- People, staff and relatives told us they felt comfortable raising any issues and felt listened to.

Working in partnership with others; Continuous learning and improving care

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The service liaised with healthcare professionals to coordinate better care for people.
- The manager was engaged and open to the inspection process and remained open and transparent throughout. Concerns found on inspection were responded to promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have robust systems and processes to assess, monitor and improve the service.