

Pathways Care Group Limited

Berrywood Lodge

Inspection report

27-33 Berrywood Road
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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

about the service

Berrywood Lodge is a residential care home providing personal care to 20 people with a diagnosis of learning disabilities, autistic spectrum disorder and/or mental health at the time of the inspection. The service can support up to 30 people.

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

People were not always protected from abuse. Records of incidents were not always in place and investigations had not always been completed to identify the cause of an unexplained injury.

People were at risk of inappropriate physical intervention from staff. Staff had not received training in physical intervention and other people using the service had at times become involved in these interventions.

Risks to people had not always been identified and recorded. Risk assessments that had been completed did not always contain the correct information. Staff had not always followed the mitigation strategies identified to reduce the risk of harm.

People were at risk of not receiving healthcare support in a timely manner. Records of appointments and follow up appointments were limited. Some information had not been recorded.

Care plans were incorrect and did not contain all the information required to support the person safely. We found limited evidence that people had been involved in their own care planning.

Staff had not received all the training required to support people using the service. Staff recruitment required improvement, pre employment checks had not always been completed fully before staff started to work at the service. The service used a high number of agency staff.

Medicine management required improvement. Staff did not always have protocols in place for as required [PRN] medicines to know when and why they would administer people's medicines.

Cleaning schedules were not consistently completed, and we found no evidence of shared bathrooms being cleaned between use. Staff did not use PPE effectively and safely.

Systems and processes to ensure good oversight of the service were either not in place or suitable to ensure the provider was meeting all of the regulations.

People and staff were supported to have regular COVID 19 testing.

People told us the food was good and we saw they had access to drinks as required.

People were not always supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible and in their best interests.

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 did not maximise people's choice, control and independence. We found limited evidence of people being involved in their care plan or being asked to feedback on the support they receive.

Right care:

- Care was not always person-centred or promoted people's dignity, privacy and human rights. We found care plans were incorrect, had missing information and people's choices and preferences had not been recorded.

Right culture:

- Ethos, values, attitudes and behaviours of the new manager supports people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 February 2021). The provider was found to be in breach of regulations 17, 13, and 12.

At this inspection enough improvement had not been made and sustained and the provider was still in breach of regulations.

Why we inspected

This inspection was carried out to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: safe care and treatment and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance, had been met.

The overall rating for the service has changed from requires improvement to inadequate. 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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to assessing risks, safeguarding people from abuse, staffing levels and oversight at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Berrywood Lodge

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

This inspection was completed by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. However, they were no longer employed by the company. A new interim manager was in place. 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 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.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the manager, regional director, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas, governance and quality assurance records.

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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

At our last inspection the provider had failed to have systems and processes to safeguard people from the risk of financial abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvement and was still in breach of regulations

- People were not consistently safeguarded from abuse. We found records relating to incidents were not always completed appropriately. For example, one person had been assaulted by another person but there had not been an incident form completed. One person had a bruise recorded but no incident form or investigation had been completed to identify the reason or cause of the bruise.
- People were at risk of inappropriate physical interventions. Staff allowed people to become involved in physical interventions. For example, we saw during the inspection a person physically restraining another person. Staff did not immediately respond to stop this intervention. We also found a record of physical intervention completed by staff; however, this had not been completed properly so had not been reviewed by the manager. The manager was implementing additional training regarding behaviour support after the inspection.
- Staff and people told us that they did not always feel safe in the service. Three staff had discussed with the manager leaving the service during the inspection due to concerns with one person's behaviour.

The provider had failed to ensure people were safeguarded from abuse. This was a continued breach of Regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively assess the risks to the health, safety and welfare of people receiving care and treatment or done all that was reasonably practicable to mitigate any such risks. This was a breach of Regulation 12(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvement and was still in breach of regulations

- Not all risks to people had been identified or mitigated. For example, we found that people did not always have the required risk assessments completed in behaviours that challenge, healthcare needs or smoking. This meant people were at risk of harm due to a failure of suitably assessing and mitigating risks to people to provide safe care and treatment.

- Risk assessments were not always kept up to date and factual. For example, we found one person had a risk of making allegations identified. The risk assessments had not been reviewed since September 2019. Another person who was assessed as at high risk of falls had not had a review since September 2020. This put people at risk of not receiving appropriate care and treatment.
- Staff did not always follow the strategies in place to reduce risks to people. For example, one person who was assessed as high risk of pressure skin damage did not have the identified equipment in place and staff had not completed monthly weights as identified as a mitigating strategy. This put people at risk of risk of skin damage.

The provider had failed to ensure that all strategies to mitigate risks had been completed. This was a continued breach of Regulation 12(2)(b)(e) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had identified some of the issues and had an action plan in place detailing how these concerns would be rectified.

Staffing and recruitment

- Staffing was not always at the required level. We were told the service should run on five staff during the day and three waking staff at night. The rota's evidenced that on 14 days out of one month there were not enough staff on duty. Staff told us they felt there should be more staff on duty. One staff said, "I think we need more staff to keep people safe."
- Not all staff files had evidence of safe recruitment checks in place. For example, we found two staff files which did not contain any references. References are requested to ensure evidence of conduct in previous employment. Not all staff had annual criminal declaration completed as per the providers procedure. This was in place to check staff had not received any criminal convictions since their Disclosure and Barring Service [DBS] check was completed. The manager sent through information relating to staff references after the inspection.

The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff on each shift. This was a breach of Regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. Staff did not consistently record the temperature of the medicine fridge to ensure medicines were kept at the correct temperature. We found temperature records were missing from 15 January 2021 until April 2021.
- People were at potential risk of not receiving their medicines when they needed them. Staff did not always have protocols in place for as required [PRN] medicines to know when and why they would administer people's medicines and how to measure and record the effectiveness of them. The manager was in the process of ensuring PRN protocols were in place and staff understood the need to record the reason for administering PRN medicines.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found cleaning schedules had gaps in the records and we found no evidence of shared bathrooms being cleaned between use.
- We were not assured that the provider was using PPE effectively and safely. We saw staff throughout the inspection who wore their face mask below their nose.

- 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 accessing testing for people using the service and staff.
- 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.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Learning from incidents had not always been completed due to the inconsistencies in records of accidents and incidents. Not all incidents had been uploaded to the system. This meant the manager did not have all the relevant information to establish patterns or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- Staff did not always have the required information to support people safely. Not all care plans held up to date relevant information in them. For example, we found no record in one person's care plan of their diabetes. Another person's care plan had the wrong information regarding their mobility and equipment required. One staff member told us, "I don't read the care plans as they are not right anyway as they are not up to date."
- People were at risk of not having their health needs met. When people had a medical test completed, records of the results or follow up required was not consistently recorded. For example, we found two people who had tests completed by a healthcare professional, had no recorded results or follow up appointments.
- One person who required a healthcare intervention every 10 weeks had no records of this intervention being completed or information on when it was next due.
- People and relatives told us they were not always involved in people's care plans or reviews. One relative said, "I would like to be involved (in the care plan) but I wasn't asked."

The provider had failed to do all that was reasonably practicable to mitigate any such risks. This was a continued breach of Regulation 12(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to attend healthcare appointments such as dentist, doctors and opticians. However, due to the COVID 19 pandemic some people were overdue dentist and optician appointments.

Staff support: induction, training, skills and experience

- Staff had not always received up to date training to ensure they had the knowledge and skills to support people living at the home. We found some staff were out of date in basic life support, communication, data protection, equality and diversity, fire, first aid, infection control and safeguarding training. This meant the staff did not have the necessary skills to support people living at Berrywood Lodge safely and to complete their roles effectively.
- Staff and people were at risk of harm from behaviours that challenge services. Staff had not received training in breakaway, de-escalation, physical intervention or understanding behaviours that challenge.

The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and

experienced staff on each shift. This was a breach of Regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us the food was good. However, staff told us that people who required a diabetic diet did not have this need met. The manager was aware and was discussing with the cook how to ensure this need was met.
- People had snacks and drinks offered throughout the day. There were drink stations available throughout the service.

Adapting service, design, decoration to meet people's needs

- The manager was in the process of redecorating and making a kitchen area accessible to people using the service.
- People had access to games and entertainment within a designated room in the service.
- People had free access to communal areas and outside space.

Ensuring consent to care and treatment in line with law and guidance

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.

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

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity, decision specific mental capacity assessments had been completed and best interest decisions had been made with all the relevant people being involved.
- The manager had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Care plans did not always contain up to date information. One person's care plan did not fully detail their health condition and how it impacted their day to day life.
- People were not always treated with dignity. We saw staff allowing a person to use physical interventions with another person using the service.
- The manager was in the process of redesigning and making a kitchen area available for people to learn new skills.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans did not contain evidence of their involvement. We found no evidence of people agreeing to information being shared with other people. For example, staff shared information with families, however we had no assurances this was agreed with the person.
- There was information on Advocacy services should people need this support. An advocate is an independent person who supports people make their views and wishes known.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were at risk of not receiving person centred care due to care plans not being up to date or factual. Not all care plans contained the relevant information required to support staff to understand the person's needs.
- We saw limited information recorded regarding people's personal choices and preferences. For example, we did not find evidence of people being asked if they had a preferred gender of staff.
- We found limited information regarding people's cultural and religious needs.
- Records of behaviours were not kept consistently. People did not have positive behaviour support plans in place and staff did not always record behaviours on an ABC chart. An ABC chart is an observational tool that records information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating.

Improving care quality in response to complaints or concerns

- Not all concerns had been logged as a complaint. For example, we found one complaint that had been recorded as an incident and therefore had not been responded to as per the providers complaints policy.
- Staff, people and relatives knew how to complain. However, we received mixed responses regarding whether they felt they would be listened to. Staff felt more confident that they could raise concerns with the new manager, however, some people and relatives did not feel they would have their complaint resolved.
- The complaints seen had been responded to appropriately and in a timely manner. There were no recorded complaints since August 2019.

End of life care and support

- At the time of our inspection no one using the service was receiving end of life support.
- Not all staff had received training on supporting people at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented within their care plans.
- The manager understood their responsibility to follow AIS and would ensure people received information in the way they preferred and required

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to maintain relationships and access the community. However, due to the COVID-19 pandemic this was restricted by government guidance.
- The manager was implementing activities linked to gaining independence in kitchen skills.

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

At the last three inspections, the provider had failed to implement a robust system of quality assurance or to identify and address the shortfalls in the service. This was a breach of Regulation 17 (2)(a) (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had not made enough improvement and was still in breach of regulation.

- Systems and processes were not in place to monitor, assess and evaluate people's risk assessments and care plans. This put people at risk of receiving care that did not meet their current needs as care plans and risk assessments were out of date and did not contain the information required.
- Systems and processes to monitor people's health needs were not in place. This put people at risk of deteriorating health and not accessing healthcare support in a timely manner.
- Systems and processes to assess, monitor and improve the service were not in place. We found no evidence of audits being completed to ensure records were kept up to date and factual. Audits would also support the management team to understand and identify any risks that required mitigation.
- Systems and processes to ensure risks to people's health and safety was not effective. For example, we found water temperature checks and descaling of water outlets had not been completed and the records of weekly water flushing evidenced that empty rooms had not been flushed monthly as per the providers procedure. This had not been identified prior to the inspection.

The provider failed to ensure systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. These are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

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

- We found no evidence the provider had completed duty of candour; however, the manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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

characteristics

- We found limited evidence of people being involved in their care planning. People's care documents did not contain information of people's consent or involvement.
- Staff told us they required more support when supporting people with behaviours that challenged services. Staff did not feel supported by the provider.
- The provider had requested feedback from people. The provider had a suggestion box; however, this was not used by anyone.

Continuous learning and improving care

- The manager sent an action plan after the inspection outlining the actions, they were implementing to address the concerns raised on inspection.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that all strategies to mitigate risks had been completed and had failed to do all that was reasonably practicable to mitigate any such risks.

The enforcement action we took:

Impose positive conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure people were safeguarded from abuse.

The enforcement action we took:

Impose positive conditions

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 implement a robust system of quality assurance or to identify and address the shortfalls in the service.

The enforcement action we took:

Impose positive conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff on each shift.

The enforcement action we took:

Impose positive conditions