

Berrystead Nursing and Residential Home Limited

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Inspection report

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Date of inspection visit:
29 November 2022
01 December 2022

Date of publication:
26 January 2023

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Berrystead Nursing and Residential Care Home is a residential care home. They can support up to 46 people at the service. However, at the time of the inspection no people were living at the care home.

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

At the time of the inspection, no people were using the service. We are therefore unable to comment on people's experiences of using Berrystead Nursing and Residential Care Home.

This was a targeted inspection to consider the provider's compliance with the court-imposed consent order. A consent order is a court-imposed judgement, that has been agreed in advance by both parties (In this case, the agreement was between the CQC and the provider of Berrystead Nursing and Residential Care Home)

The consent order required the provider to not admit new people to Berrystead Nursing and Residential Care Home without prior agreement from the CQC. The provider had not requested permission to admit new people to the home. We found that the provider had complied with this part of the consent order, as no one was living at the care home.

The consent order required the provider to create a dependency tool to inform the staff team. We found the provider had created a tool to calculate a suitable number of staff to care for people safely. The registered manager explained how they intended to use this tool to guide safe staffing levels. As no people were living at the care home, we were unable to fully assess how this tool was used.

The consent order required the provider to provide evidence of a proposed induction plan for new staff. The provider had created a proposed induction plan. However, we were concerned that the processes for this plan were not clearly recorded. For example, the policy did not provide clear guidance on how long the induction process lasted. We raised this with the registered manager, and they took steps to improve the policy.

The consent order required the provider to complete refurbishment and provide documentation on this refurbishment for; the wet room (bathroom), the kitchen and compartmentalisation of fire safety. We saw the provider had begun to complete this refurbishment. However, the wet room remained an unsafe standard as people would be at risk of scalding from the shower and burns from the radiator. The provider had also refurbished other areas of the property. This refurbishment was ongoing and may present a risk to people if they moved in. The provider had a refurbishment plan in place to ensure further refurbishment was completed in a planned way.

The consent order required the provider to provide documentation on a legionella risk assessment. We observed that this risk assessment had been completed. The provider had then arranged for some required

refurbishment works to reduce the risks of legionella. The provider explained that they intended to complete a follow up legionella risk assessment to assess the effectiveness of the refurbishment work.

The consent order required the provider to provide documentation on health and safety processes. The provider provided a list of intended health and safety audits, for example 'medicine'. The provider advised that these areas would be audited using the same audit documentation as was used in the home previously. Our previous inspection found that auditing processes at the care home were not good enough to ensure safe care. We recognise that there is now a new management team in place to use this same documentation, but as there were no service users in the building we are unable to report on whether this will ensure a safe oversight of the service. The provider was considering the use of electronic care planning systems. However, had not decided which electronic system to use. Until this was finalised they intended to use paper care plan records, that were in place at the last inspection.

The consent order required that the provider must provide documentation on maintenance policies and procedures. They provided a policy, however, the policy and procedures were not detailed enough to be effective as a guide for staff to follow. We were told this would be improved.

The consent order required the provider to have a contract with a maintenance provider and have documentation of other contractors and suppliers. We observed that this documentation was in place. We saw contractors were in the building at the same time, servicing pieces of equipment.

The consent order required the provider to have a new nominated individual. This person must receive mentoring and training to complete their role. We saw evidence that the new nominated individual had received external mentoring. We found the nominated individual had received minimal training to ensure they were suitably skilled. They explained their plan to complete further training.

The consent order required the provider to provide systems, processes and procedure documentation on how the provider responds to safeguarding concerns. We saw that a procedure was in place. It focused on the registered manager processing any allegation of abuse. We expressed concern that other management roles (like the nominated individual) were not listed in this procedure. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager agreed to add this information.

The consent order required the provider to provide documentation on staff training. We observed that there was planned training for staff. However, as no care staff had been recruited, we could not see that all staff had been trained yet.

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 inadequate (published 10 March 2022)

Why we inspected

We undertook this targeted inspection to check whether the court-imposed consent order had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted

inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement and Recommendations

At the previous inspection we identified breaches of regulation. As there were no people using the service, we were unable to identify if these breaches of regulation have been improved. These breaches therefore remain in place.

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.

Special Measures

This report has not resulted in a change of the overall rating of the service. The overall rating for this service remains 'Inadequate' and the service therefore remains 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?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Berrystead Nursing and Residential Home Limited

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.

This was a targeted inspection to check whether the provider had met the requirements of the court-imposed consent order

Inspection team

The inspection was completed by 2 inspectors

Berrystead Nursing and Residential Care Home 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. Berrystead Nursing and Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided in a care home. However, at the time of the inspection no one was living at the care home. Our inspection was therefore focused on the premises and relevant policies and processes.

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 a registered manager in post.

Notice of inspection

This inspection was announced. We gave the provider two working days' notice of the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

As part of the consent order, the provider had already sent us some documents showing what changes had been made to the care home. We reviewed these before completing the inspection.

During the inspection

We spoke with the registered manager, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed the safety of the environment. We also looked at relevant processes and policies for the court-imposed consent order.

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 inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the court-imposed consent order. We will assess the whole key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we found a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because people were not protected from abuse or improper treatment. At this inspection, nobody was living at the care home. We were therefore not able to fully assess if people were now safe from abuse or improper treatment.

- The consent order required the provider to provide systems, processes and procedure documentation on how the provider responds to safeguarding concerns. We saw that a procedure was in place. It focused on the registered manager processing any allegation of abuse to the relevant local authorities. We expressed concern to the registered manager that other management roles (like the nominated individual) were not listed in this procedure. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager agreed to add this information.

Assessing risk, safety monitoring and management

At our last inspection risks were not identified or managed, and people were not protected from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we were unable to assess if this breach had been resolved as no people were living at the care home

- At our last inspection, we found risk in the environment was not identified or managed effectively. At this inspection, we observed that the provider had invested in refurbishment of the property. However, the registered manager and nominated individual told us that they were not expecting people to move into the care home immediately as they were still completing refurbishment works. They provided a refurbishment plan to evidence what steps they intended to take. We saw that refurbishment works were ongoing. We found the current state of the environment would impact the safety of people using the service if they moved in at the time of the inspection.

- The provider told us that they had refurbished a wet room (a type of bathroom). This wet room was listed as requiring refurbishment to a suitable standard in the court-imposed consent order. We were concerned that this bathroom was not yet refurbished to a suitable standard, this meant it would be unsafe for people to use. This is because the shower water temperature was still at a level that risked scalding. The radiator

was also uncovered, this presents a risk of burning people. The provider advised they would complete further refurbishment to this bathroom to make it safe. There were no alternative bathing facilities completed at the care home but additional bathing facilities were in the process of being installed. So, we found there were still unsuitable bathing facilities in the property.

- The consent order required the provider to provide documentation on the refurbishment to the kitchen. We observed that the kitchen had undergone refurbishment.
- The consent order required the provider to consider compartmentalisation of fire safety at the service. The provider had enlisted the support of an external fire safety company to complete this risk assessment and also carry out remedial works. Ongoing fire safety refurbishments were still being completed at the care home. For example, changes to external fire door locking mechanisms.
- The consent order required the provider to provide documentation on a legionella risk assessment. We observed that this risk assessment had been completed as required. The provider had then arranged for some required refurbishment works to reduce the risk of legionella at the service. Legionella is a water-borne disease that can cause serious ill health and possibly death. The provider advised that they intended to arrange a follow up risk assessment to review the effectiveness of work completed.
- The consent order required the provider to provide documentation on health and safety processes. The provider provided a list of intended health and safety audits, for example 'medicine'. The provider advised that these areas would be audited using the same audit documentation as was used in the home previously. Our previous inspection found that auditing processes at the care home were not good enough to ensure safe care. We recognise that there is now a new management team in place to use this same documentation, but as there were no service users in the building we are unable to report on whether this will ensure a safe oversight of the service. The provider was considering the use of electronic care planning systems. However, had not decided which electronic system to use. Until this was finalised they intended to use paper care plan records, that were in place at the last inspection.
- The consent order required the provider to provide documentation on maintenance policies and procedures. They provided a policy, however it did not provide sufficient maintenance detail for each type of equipment. We were told this policy detail would be improved.
- The consent order advised that the provider must have a contract with a maintenance provider and have documentation of other contractors and suppliers. We observed that this documentation was in place. We also saw contractors were in the building as part of the ongoing refurbishment, and servicing pieces of equipment.

Staffing and recruitment

At our last inspection, Staffing numbers were not sufficient to meet people's needs or keep them safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we did not have sufficient information to assess if this breach of regulation had been met.

- The consent order required the provider to provide documentation on staff training. We observed that there was planned training for staff.
- The consent order required the provider to create a dependency tool to inform the staff team. We found the provider had created a tool to calculate a suitable number of staff to care for people safely.
- The consent order required the provider to provide evidence of a proposed induction plan for new staff. The provider had created a proposed induction plan. However, we were concerned that the processes for this plan were not clearly recorded. For example, the policy did not provide clear guidance on how long the induction process lasted. We raised this with the registered manager, and they took steps to improve the policy.
- The consent order required the provider to have a new nominated individual. This person must receive

mentoring and training to complete their role. We saw evidence that the new nominated individual was in place. They had received external mentoring. They advised they completed some fire safety, and deprivation of liberty safeguarding (DoLs) training. They planned to complete further training.

Preventing and controlling infection

At our last inspection, people were at risk of the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we were unable to assess if this breach had been resolved as no people were living at the care home

- At the last inspection we saw that some areas of the care home were unclean. The consent order required the provider to provide documentation on health and safety processes. The provider had not yet decided what cleaning provider or supplies they would use to clean the home once the refurbishment was completed. There was therefore no final cleaning policy in place. We were therefore unable to assess if safe cleaning processes would be in place if people started to use the care home.