

Watford And District Mencap Society

Berrywood

Inspection report

130 Berry Lane
Rickmansworth
WD3 4BT
Tel: 01923 770132
Website: www.watfordmencap.org.uk

Date of inspection visit: 17 November 2015
Date of publication: 17/12/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out on 17 November 2015 and was unannounced. At the time of our inspection the service was providing support to five people who have complex needs and learning disabilities.

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

The service provided care and support to people to enable them to live active and meaningful lives. Staff were skilled in delivering support in a non-intrusive way and enabled people to be more independent. People were encouraged to do things they enjoyed and staff help them stay safe. People and relatives were very positive about the service they received.

There was enough staff to meet people's needs and to ensure they were able to access activities and be part of their local community. The provider operated safe and robust recruitment and selection procedures to ensure staff was able and suitable to work at the home.

Summary of findings

Staff protected people's privacy and dignity. All interactions between staff and people were caring and respectful, with staff being consistently kind and adapting to people's needs and abilities. The registered manager ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals.

We checked whether the service was working in line with the principles of The Mental Capacity Act (2005) (MCA). We found that people had their mental capacity assessed and if they lacked capacity the manager had submitted Deprivation of Liberty Safeguards (DoLS) applications to the Local Authority. Staff had received training in Mental Capacity Act 2005 (MCA) to make sure they understood

how to protect people's rights. People were asked for their consent before staff carried out any care or treatment. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager, provider and staff ensured that people were supported in ways that did not restrict their freedom and were looked after appropriately.

People had full, varied and personalised activity programmes. These were designed to provide a variety of familiar and new experiences for people so they developed new interests and abilities. People were encouraged and supported to engage with their local community, day centre, library and other leisure activities.

Summary of findings

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 safe.

People were encouraged and supported to take and understand risks and this enabled them to be independent and safe in the same time.

Staff was knowledgeable about safeguarding procedures. They monitored areas where people were the most vulnerable and had regular discussions with people to raise their awareness.

There were enough skilled and qualified staff to meet people`s needs safely. Recruitment processes were robust and ensured staff employed were skilled and qualified to meet people`s complex needs.

People were supported and encouraged to take their own medicines, however if this was not possible staff was trained and administered people`s medicines safely.

Good



Is the service effective?

The service was effective.

Staff had been trained and knew how to meet peoples` needs effectively, they asked for people`s consent before they delivered any care.

Staff had good communication skills and they used them to ensure they communicated with people effectively.

People were supported to get their own food and encouraged to eat healthy.

People`s good health was promoted. Staff supported people to attend hospital appointments and see other health care professionals when they needed.

Good



Is the service caring?

The service was caring

People developed meaningful relationships with staff and they built friendships amongst each other.

People had their own key workers and they were supported and involved in planning their life.

People had access to information and advocacy services. They kept in regular touch with their care coordinators.

Staff offered people emotional support as well as physical support and this enabled people to express their feelings.

Good



Is the service responsive?

The service was responsive.

People were supported and encouraged to live an active and meaningful life. Each person had their own life style, different jobs, leisure activities they were doing.

People were supported to work towards their goals and their achievements were acknowledged and celebrated. People received care that was based on their needs and preferences

Good



Summary of findings

People's views and opinions were sought and listened to. Feedback from people receiving support and their representatives was used to drive improvements.

Is the service well-led?

The service was well-led.

The manager promoted strong values and a person centred culture and staff had embraced these values.

The service worked effectively in partnership with other organisations and maximised the opportunities people with disabilities had.

There was a strong emphasis on following best practice and to involve people and staff in decisions affecting the service and this benefited people and staff.

There were robust systems to ensure quality and identify any potential improvements to the service. The manager promoted an open and inclusive culture and they were leading by example working alongside staff and people.

Good



Berrywood

Detailed findings

Background to this inspection

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

This inspection took place on 17 November 2015 and was carried out by one Inspector. The inspection was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used the service, four staff members, and the manager. We contacted two relatives and two health care professionals to ask for feedback about the service.

We looked at three care plans and a range of other relevant documents relating to how the service operated like team meeting minutes and house meeting minutes. We looked at the systems that were in place to monitor the service and the audits relating to various aspects of the service. We checked three people's support plans and three employment files. We also reviewed accident and incident records.

We observed staff interaction with people who used the service to assess how staff and people to see if people were treated in a kind, caring and compassionate way.

Is the service safe?

Our findings

People explained to us why they felt safe in the home. One person said, "I am independent and I can go out on my own. I have a mobile phone on speed dial I can call them [staff] if something is not right and they will come." Another person said, "Yes, I feel safe, staff is always helpful and they are here." One relative told us, "We [family] have no concerns for [person] safety and wellbeing and we are extremely grateful for the peace of mind that this gives us."

Staff were confident in what constituted abuse and how to report concerns under the safeguarding procedure. They were able to tell us when they would report their concerns under the whistleblowing procedure to local safeguarding teams and the Care Quality Commission (CQC). Information about safeguarding procedures and relevant phone numbers was displayed on noticeboards for staff and people to have quick access if needed. One staff member told us, "It is very important for us to report any concerns we have about these vulnerable people."

There were safe and robust recruitment processes in place to make sure staff employed were able, fit and suitable to work with people. Appropriate checks were undertaken before staff started work these included written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity.

There were enough staff to meet people's needs and to provide people with personalised support. Staff told us their numbers depend on people's needs and the activities planned for the day. In case people were at the day centre there was less staff in the home as people were out, however if people were in the home or planning to go out this was planned and there were enough staff to meet their needs. For example a person always needed support from two staff when they went to church every Sunday. This was always accommodated and planned for.

Risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of people's changing needs and circumstances. Although these risks were identified at times as being high, this had no impact on people's life and had not caused any limitations for people. Staff and people discussed these risks and agreed measures how to manage and mitigate them. For example one person was able to travel independently to the shops and to the day centre they

attended regularly. They had a mobile phone and they have learned to use speed dial to contact the home. They also had a laminated card in their wallet with the home's contact details and address. This person told us, "I am independent and I can go out on my own. I cannot read or write but I have this little card and I can ask for help."

People had been encouraged to take positive risks and enjoy life. One person had a list in the front of their support plan called "A list of things important to me". They detailed there that they would like "to be as safe as possible but not live with unrealistic inhibiting risk assessments." We saw that this person was supported and enabled to do every activities they wanted like, sailing, Pilates lessons, football, drama classes, swimming, had a regular job in the library and many more activities which were all risk assessed and the risks were managed positively. Staff had told us about another person who they supported to have a personal relationship. The risks assessments were developed and managed to enable this person to live their life as they wished.

The registered manager developed a range of environmental risk assessments that had been conducted and recorded with detailed action plans which provided guidance for staff about how to minimise risks. These covered both the internal and external areas of the home as well as travelling or using the home's vehicle to transport people when they went out. The risk assessments identified specific hazards and control measures, which had been put in place to minimise the potential risks in the event of accidents and incidents. For example we saw that a person was assessed as needing two staff members to support them when they went out in the community. Staff had clear guidance how to manage any behaviour which could have been challenging. Staff also had carried information cards which they gave to members of the general public in case they were concerned about this person's behaviour. The card had the direct phone number for the provider in case there were any complaints about this person's behaviour.

The registered manager monitored and analysed all accidents and incidents and they ensured learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again.

People were supported to take their own medicines when possible. We saw in each person's bedroom they had a lockable cabinet where they stored their medicines safely

Is the service safe?

and they signed the medicines administration records (MAR) after they took their medicines. One person told us proudly, “I take medicines on my own, I never forget.” Staff was discretely monitoring and checking if the person had been taking their medicines safely. One staff member said, “[Person] takes their medicines on their own and this is risk assessed. We [staff] are regularly and discretely checking if they signed the charts and we count the medicines.” This meant that the person was encouraged to be independent and responsible and the regular checks carried out by staff were part of a positive risk management.

People who were not able to administer their medicines independently had their medicines administered safely by

trained staff. Every person had a medicines protocol part of their support plan and a copy kept in the medicines cabinet for staff to access information about the medicines the person was taking, side-effects, allergies, how the person liked to take their medicines and what to do in case the person refused their medicines. Staff administered medicines in people`s bedrooms to ensure they had privacy and no distractions whilst taking their medicines. These were appropriately recorded, signed for and checked by the next staff on shift. This processes ensured people had their medicines safely and in a way they preferred.

Is the service effective?

Our findings

People were supported by staff who were appropriately trained and knew how to support them. Staff told us they received training and support when they joined the home and continued since. One staff member told us, “I needed support and training when I started working here, had no experience in working with people with learning disabilities. The training here and the support enabled me to understand and work in a diverse way which I never did before.” Staff told us they felt supported and had regular supervisions with the registered manager where they discussed ways to improve the service, personal development needs and training.

There was effective communication between staff, management, people, relatives and other professionals involved in the care people received. There were regular staff meetings, meeting with people and also meetings with care coordinators and day centre staff. Staff used these meetings to share ideas and agree on best practice and plans to support people to achieve better outcomes. For example we saw that in a meeting staff discussed a person who had been eating during the night. Staff shared concerns about the person’s weight and lack of exercises. They agreed to encourage the person to have a milky drink before bedtime to help them have a better sleep, swimming weekly and regular walks.

Most people were able to communicate with staff verbally. Staff knew people very well and adapted their style to people’s abilities. One person had more difficulties communicating verbally and staff was using other communication methods as well such as Makaton (Makaton is a signing system understood and used by some people with learning disabilities) to enable the person to understand better what was being communicated to them. People’s support plans detailed how people at times communicated with their behaviour, body language and facial expressions as well. For example a person’s plan detailed communication guidelines for staff to use when communicating with the person. Staff was urged to “consider that the person may be communicating through a behaviour which staff could perceive as challenging.” This meant that the provider had considered and encouraged effective communication for people.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who

may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA.

People were asked for their consent regarding all aspects of their care. They were involved and they consented to their support plans. There was one person, who needed constant support and supervision, and they were not able to leave the home on their own, the manager had submitted requests for DoLS authorisations to the local safeguarding authority. However we saw that this person was encouraged and enabled to make their own decisions, they were able to choose their food, activities and decide on what activities they wanted to do.

People were encouraged to be independent to do their own shopping, cooking, tidy their rooms. Staff were on hand to assist and support people if they needed. We saw that people were able to help themselves to food and drinks whenever they wanted. One person said, “I do like the food. We have roast dinner on Sundays. I cook dinner every Monday and Sunday.” People were involved in decisions about menu choices and they could choose what they wanted to eat. People’s weight was monitored and discussed with them in case there were any concerns. For example one person told us they were supported by staff to manage their weight and the fact they were overeating. They told us, “Staff will remind me about how much I eat. I have stickers on my wall in my room to remind me to stop overeating.”

The registered manager and staff were committed to promoting people’s health and wellbeing. People were encouraged and supported to lead healthy and active lives regardless of their physical abilities. For example we saw people liked to go swimming, Zumba classes, Pilates sessions, football, walking in the woods and sailing. This showed that people were encouraged to be as active as possible and to try new activities. Staff followed individualised physiotherapy programmes for the people

Is the service effective?

who needed these. For example we saw a person had to exercise every evening in the bath to promote their health and wellbeing. Staff told us they supported people to exercise and live a healthy life.

People told us they were supported to attend health appointments. One person said, "If I am ill [Name of the Manager] will come with me to the GP. I like her coming with me." Staff were knowledgeable about how and when

to discuss appointments with people to ensure they were not anxious unnecessarily. One staff member told us, "I know [person name] very well, if I tell them about their hospital appointment too soon it will cause them sleepless nights and unnecessary worries. I will discuss it with them in the morning and they will be fine." This meant that people`s health needs were met effectively and people`s health and welfare was promoted.

Is the service caring?

Our findings

People were keen in telling us how much they enjoyed and liked staff. One person said, "I like staff, they are all nice. My staff [key worker] is very nice." Another person said, "I like it here because staff is good to me." One relative told us, "Staff is very friendly and nice. I am very happy with the care here."

We observed staff interacting with people; their approach was gentle and attentive. People were smiling and relaxed in staff's company. Staff respected people; they were polite and gave importance to what people had to say. For example we had a discussion with a staff member when a person approached to join the discussion. The staff member had slowed down their speech and used simple words to enable the person to understand the discussion and participate if they wanted. They often stopped for a few seconds to give the person the opportunity to join in. The person was happy and often said "I agree" or "I like what you discuss." We observed another person who was playing a football game on their play station. The staff member asked them if they wanted them to play along or not. The person opted to play alone, however the staff member had been cheering and joined in their happiness when they won the game. This showed us that staff had a good understanding of people's needs and ensured their actions and conversations were inclusive and made people feel important and valued.

We saw that people's achievements were acknowledged and celebrated in the home. We saw pictures displayed in communal areas of people achieving awards, certificate in problem solving and pictures of people celebrating their birthdays. One person told us, "I planned everything for my birthday, invites, music and food. It was very good."

People were encouraged and supported to be as independent as possible. One person was very proud to tell us that they were having conversations with their social worker about moving on from the home to a different service because they were very independent. They told us, "I like it here, but I am more independent and I want to move on." They continued to say, "I will miss living here, I will send flowers and come and visit."

Staff respected people's privacy and dignity. We saw staff knocking on bedroom doors and waiting to be invited in or communicated through a closed door if their entry was not

granted. Staff were very discreet when discussing people's needs, handover sessions were discussed in a quiet voice in a quiet area, or talking privately in the office. People's personal records and information was stored securely and kept confidential. This showed that people's right to privacy was respected.

Staff involved people in every task around the home and also encouraged and supported people to take decisions for everything affecting their life. For example we heard a staff member asking a person if they could put the waste bins back in the yard. We heard a staff member asking a person if they wanted a drink because they were not feeling well. Other times we heard staff encouraging people to carry out their agreed duties. For example we saw that it was a person's turn to do their laundry and clean their room. The person was very emotional and asked staff to leave their washing for later and the cleaning as they were not in the mood to do them. One staff member said, "This is a home; although we encourage people to do tasks around the home if one day they don't feel like it than they don't. We all have days like these sometimes."

We observed a person who was very tearful, they told us they had lost a close family member and they missed them very much. The registered manager told us they were attending a meeting with the care coordinator for this person as they seemed very affected by the loss. We heard them reassuring and reminding the person about the balloon they released for their loved one and diverting the person's attention to other events the person was interested in like drama therapy classes (Drama therapy is a form of psychological therapy in which people are enabled engage in group or individual therapy to address and resolve, or make troubling issues more bearable.)

People were encouraged to maintain good relationships with their family. One relative told us, "Berrywood is a very happy home with a very friendly atmosphere which makes us feel welcome whenever we visit." Staff supported people to have regular contact via e-mails or visits to their families. For example we saw that a person kept in touch with their family twice a week through e-mails. They were supported by staff to read and respond to their family. One staff member told us, "People here can decide when they want to see their family. Some people prefer to go and visit them some people prefer their relative to come and visit."

Is the service caring?

We are supporting people through their decisions.” One person told us they were going to visit their relative who lived on a different continent and they were going to stay a month.

Relatives and professionals told us they always found the staff team in the home to be very calm and positive

approach and attitude towards people. One relative told us, “It was a very big worry for us [family] to find the right place for [name of the person], but we did, and it is very good.”

Is the service responsive?

Our findings

People received consistent and personalised care and support. Their care was planned proactively with them and they were fully involved in identifying their own individual needs, wishes and choices and how these should be met. People were also involved in regular reviews of their care plan to make sure they were up to date. The regular reviews taking place at the home involved the person their care coordinator and relatives. One relative told us, “The manager will always call and update us [family] in case something comes up. But we also have a yearly review of the care.” Another relative said, “[Person Name] needs have changed considerably since he first went to Berrywood and the manager and staff have learnt how to adapt their care to his needs. We find him smiling and very happy when we visit or meet him in the local area.” The professionals we talked too were very complimentary about how responsive the staff and management were about meeting people`s needs and how they actioned recommendations from professionals.

Each person`s individual care plans were based on a detailed profile of the person and assessment of their needs. For example the assessment of needs covered areas like: physical health, skills and leisure, housing, family and friends, finances, religion and culture. The plans detailed the abilities of the person but also the areas where they needed support physically and emotionally as well. For example we saw that a person who was a football fan has been supported to attend games, however crowded and noisy places made the person anxious. It was detailed in the care plan and staff was able to tell us how they were supporting the person to stay calm and enjoy the game.

People were supported to take part in a wide range of activities regardless of their physical abilities. Staff worked well together to support people to overcome barriers in their life and achieve what they wanted and as a result people`s quality of life improved and was optimised to the full. One staff member told us, “[Person`s name] had a remarkable journey since they came here. They had a fear of water, now they enjoy swimming, they were afraid to go out, now they are travelling alone, they have a little job which they are very proud of, they are in a relationship and

very independent.” This meant that people were provided with excellent support that enabled them to experience both familiar and new experiences to the fullest possible extent.

Shifts were planned to incorporate people`s daily activities so that there were always enough staff to support them. People were given opportunities to try different activities and responsibilities. For example three people had regular jobs they were enjoying. For example one person worked at the local library at the home delivering service. Their key worker told us, “Since [name of the person] does this little job their reading skills improved. We always read the title of the books we deliver to customers.” Activities were planned to enable people to enjoy life and be active. Activities included: sailing, football, walking in the woods, swimming, Zumba classes, palate lessons, theatre and many more. One social care professional told us, “Staff supports people to have busy days. Meaningful activities are organised.”

People were supported to access local community facilities, take part in local community events and they were supported to practice their faith and beliefs. For example staff told us about a person who wanted to attend a church service every Sunday. This was organised for them and each Sunday two staff members supported the person to go to church. One person told us staff helped them plan their finances and save for the things they wanted to do. People had the opportunity to organise family days and invite their relatives or friends to tea parties. They also had opportunities to go on holidays. One person told us, “I like going on holidays, I like staying in a hotel. I need to save for it.”

People had their rooms decorated the way they wanted. We saw one person`s bedroom was decorated with their own artwork and posters from their favourite TV series. They told us they enjoyed colouring and watching movies in their free time. We saw that people were involved in housework they enjoyed doing. One person told us, “I enjoy cooking.” Another person said, “I like Hoovering.” One staff member told us that they were encouraging each person to clean and tidy their room daily. They told us, “It is not a must do. We [staff] and the person will put a little bit of music on, we play and laugh whilst we tidy and clean the room, it`s all fun.”

The provider had made information available about how to make a complaint. There was a written and pictorial procedure and staff discussed people`s satisfaction with

Is the service responsive?

the service with them and their family members. The registered manager was responsive to people's concerns although there had been no formal complaints about the service, they had a communication book for people to record every grumble they had and this was responded to. For example we saw that a person had complained that they had no cooked breakfast over the weekend. The person was then reminded that they have asked staff to support them with weight loss. The person told us it was too much for them to have cooked breakfast and roast dinner on the same day.

The provider had recently used an external organisation to carry out a survey which included people, staff, health and social care professionals and relatives to gather

information about the service. We saw that the response was very positive about the home and the comments from relatives said, "Staff has excellent rapport with people, it is fantastic how staff respond to people's needs." Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. People and relatives were confident that they would be listened to if they made a complaint. One relative said, "I have all the confidence in management, they are always available and approachable." Another relative said, "We have found all the staff very caring led by a manager who is well respected, keeps us well informed and is prepared to listen to anything we might have to say."

Is the service well-led?

Our findings

People, staff, relatives and professionals we talked to were very positive about the leadership in the home. One person said, "I love [name of the manager], she is like my mum." Another person told us, "[Name of the manager] is very good to me." One staff member said, "The manager is fantastic, they demonstrate everything before we need to do it and they are very knowledgeable. They are very supportive and hands on."

The registered manager had a clear vision and values that were person centred and focussed on people. They told us, "I give staff constant feedback on how to support people. Each person has a way to be supported and I filter this down to the staff." We saw that the manager had been occasionally covering for staff on annual leave and or other absences to ensure people had continuity and cared for by the same staff group. They told us, "I am covering shifts on occasions to ensure people have continuity in the support they get and to avoid anxiety and distress. I know each person well and the activities they are doing because I had done it with them. When they tell me about their day I know exactly what they are all about."

The registered manager provided clear leadership and used systems effectively to monitor the culture of the service. This included their consistent presence in the home, working alongside staff as an effective and caring role model. The success of this approach was evident in the consistent person centred care and support staff provided to people. The registered manager carried out several audits to ensure that the service they provided was at high standards. These audits included areas like, infection control, health and safety, medication, people`s finances. The provider was also auditing the home monthly and any

issues identified were actioned to improve the service. For example we saw in one audit a person`s finances were checked and the provider identified that there was no individual risk assessment in place for handling this person`s accounts. This was rectified by the registered manager in a short space of time.

The staff told us they were supported outside office hours and there was always a senior person or manager available to give support and or advice. One staff member said, "We have on-call managers available for support outside office hours and weekends, however the manager is always available when we need them." Daily progress notes were completed detailing important and or specific events and also what sort of day people had and any significant events. This system supported effective communication.

We saw that there was a strong emphasis on continually striving to improve the service for people; staff discussed ways to improve the service in staff meeting and supervisions. On staff member said, "We [staff] have regular supervisions and we discuss how we can improve things. We have regular meetings as well." The service had a number of multi- agency working agreements. The registered manager attended strategy meetings with care coordinators and other professionals to discuss people`s progress. They were promoting people`s well-being and encouraged people to take part in Drama therapy which enabled people to face their emotions and express themselves. Through the management and staff dedication people gained more independence. There were two people who were assessed as potentially moving on to a service which gave them even more independence. This meant that the team effort and the dedication from staff and management had positive influence on people`s lives and gave them the perspective of an independent life.