

# Finbrook Limited

# Berrycroft Manor

## Inspection report

32 Berrycroft Lane  
Romiley  
Stockport  
SK6 3AU  
Tel: 0161 494 3990

Date of inspection visit: 7 & 8 September 2015  
Date of publication: 03/02/2016

## 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

This inspection was carried out over two days on 7 and 8 September 2015. Our visit on the 7 September 2015 was unannounced.

Berrycroft Manor was last inspected in April 2014. At that inspection we found that the service was meeting all the regulations we assessed.

The inspection of this service was brought forward following concerns raised at a Coroner's Inquest in June 2015. Prior to this inspection we received a copy of the coroner's Regulation 28 report and the homes action plan in response to that. As part of this inspection we wanted to check the homes action plan had been implemented.

We saw that the action plan had been fully implemented. This meant the provider had actioned the concerns raised in the coroner's report to minimise risk to people living at Berrycroft Manor.

Berrycroft Manor is a purpose built care home and does not provide nursing care.

The home is registered to provide accommodation for a maximum 78 people. The home is set out over three floors and has six suites. The ground floor comprises of Logan Suite, which provides support for people who are living with dementia and Rose Suite for people who require personal care. On the first floor there is Bramble

# Summary of findings

Suite supporting people living with dementia and the intermediate care unit which provides rehabilitation for people requiring a period of recuperation, usually following a hospital admission. On the second floor there is Mulberry Suite supporting people living with dementia and Tayberry Suite for people who require support with personal care. All rooms are single and have en-suite facilities.

A Registered Manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

Concerns about the home which were identified at a Coroner's Inquest in June 2015 had been addressed and actioned

We saw medication administration was managed safely and tablet checks for boxed medication was accurate.

Staff we spoke with had a clear understanding of whistle-blowing and safeguarding vulnerable people procedures and knew they could contact people outside of the service if they felt their concerns would not be listened to or taken seriously.

We saw the home was clean, tidy and furnished to a high standard.

The garden areas were well maintained. They were safe and accessible to people living at Berrycroft Manor.

We saw staff treated people with kindness, and respected people's privacy and dignity.

Information seen in the four care records we looked at indicated that referrals had been made to the appropriate health care services and health and social care professionals when changes became apparent in a person's health needs.

Those care records we saw contained enough information to guide staff to deliver the care and support required by people who used the service.

The atmosphere in the home felt calm, relaxed and friendly.

# 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.

Systems were in place to safeguard people from risk of harm or abuse.

Sufficient, suitably trained, experienced and competent staff were available to meet people's needs.

Systems were in place for the receipt, storage, administration and disposal of medicines and staff had received appropriate training to safely administer medicines.

Good



### Is the service effective?

The service was effective.

People were supported to have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as speech and language specialist, dieticians, dentists, chiropodists and the person's own general practitioner (GP).

People enjoyed their meals and were supported to have enough to eat and drink.

Staff training and the support provided to staff equipped them with the knowledge and skills to support people safely.

Good



### Is the service caring?

The service was caring.

A discussion with staff showed they had a good understanding of the individual needs of the people they were supporting and caring for.

We saw staff treated people with care and kindness.

People who used the service were complimentary about the staff and told us they were happy living in the home.

Good



### Is the service responsive?

The service was responsive.

Prior to people moving into the home an assessment of their needs was undertaken to ensure their individual needs could be met by the service.

Care plans and risk assessments were in place to ensure staff had the information they needed to meet people's care needs.

We saw there was a complaints procedure in place which was also on display in the home. Relatives spoken with knew how to make a complaint and felt confident to approach any member of the staff team if they required.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The service was currently led by a manager who was registered with the Care Quality Commission (CQC) since February 2010 when the home was first opened.

There were clear lines of accountability in the home and staff said they felt well supported by the management team.

There were systems in place to monitor the quality of service provided.

# Berrycroft Manor

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 and 8 September 2015. Our visit on 7 September 2015 was unannounced. The inspection team consisted of two adult social care inspectors, a specialist adviser, who had knowledge and experience of caring for older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge and experience of dementia care and care homes in general.

We had not, on this occasion, requested the service to complete a provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well

and any improvements they plan to make. However before our inspection we reviewed the previous inspection reports and all the information we held about the service. No concerns had been raised about the service.

At the time of our visit 75 people were living at the home. During this inspection we spoke with ten people who used the service, four relatives, ten members of care staff, a member of laundry staff, the head of catering, the head of housekeeping, the activity coordinator, the deputy manager, the registered manager and two directors.

We walked around the home and looked in a sample of bedrooms on each of the Suites. We looked in all of the communal areas, including the two conservatories, the garden areas, the kitchen, toilets and bathrooms. We reviewed a range of records about people's care which included four files relating to the care needs of individual people using the service, five staff personnel files, the medicine records on two suites, Logan and Tayberry Suite and a sample of the training and supervision records and records relating to how the home was managed. For example quality questionnaires, audits relating to care plans, medication administration, falls and accidents and incidents.

During the inspection we observed how staff interacted with people using the service. We also observed care and support being provided in communal areas.

# Is the service safe?

## Our findings

The people living at Berrycroft Manor who we asked all said they felt safe. One person we spoke with told us “What I like is the friendliness of the place, I am very happy here.” Another person said, “I feel very safe here, they [the staff] are lovely and they can’t do enough for you.”

One relative told us, “I never worry about [their relatives] safety. I have never seen or heard anything that has made me worry.”

The service had policies and procedures for safeguarding vulnerable adults, including a whistle blowing policy and we saw the safeguarding policies were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse. All the staff we spoke with knew how to access the policies and procedures.

Staff we spoke with were able to describe the correct action to take if they witnessed or suspected abuse may have occurred. Staff said they were aware of how to report to outside agencies if they felt concerns had not been appropriately dealt with. All the staff we spoke with told us they had received safeguarding training and the training record (matrix) we saw showed that all staff had undertaken the training.

In the four care files we reviewed, one on Logan Suite, one on Tayberry Suite, one on Brambell Suite and one on Rose Suite we saw risk assessments had been carried out to identify people’s needs and care and treatment was planned to meet those needs.

We looked at what systems were in place for the management of medicines. We checked the systems for the receipt, storage, administration and disposal of medicines on Logan Suite and Tayberry Suite. Dedicated medication rooms were used to store and safely lock away all medicines, including controlled drugs. Medication was stored in locked medication trolleys, which were secured to the wall in the locked treatment rooms to ensure only authorised people could access them.

There was a system in place for recording the daily temperature of the medication fridge to monitor that medication was stored at the correct temperature. We saw there were no gaps in the temperature recordings. We did

note that the fridge on Logan Suite was beginning to defrost itself, which meant that water was collecting inside the fridge. This was reported to the registered manager who said this would be looked at and either be repaired or replaced. Following the inspection we received confirmation that the fridge had been repaired.

The home operated a bio dose system. This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed. Some medication was not included in this system and was dispensed in separate bottles or boxes. We saw that that staff completed a running stock check record of all boxed medication each time medication was administered to the person. We carried out a tablet count for four boxed medications all of which were accurate. This demonstrated that good audit systems were in place to reduce the risk of people not receiving medications as prescribed by their doctor.

We found that appropriate arrangements were in place for the storage and management of controlled drugs on both the Logan and Tayberry suites, which included the use of a controlled drugs register. We carried out a check of stock on both units and found they corresponded with the balances recorded in the register.

We checked the medication administration records (MARs) in the MAR files on Logan Suite and Tayberry Suite. We saw there were no gaps in the signatures recording that medicines had been administered. This demonstrated people had been given their medicines as prescribed, helping to maintain their health and well-being.

I

We looked at the administration of creams, lotions and ointments. We saw the administration of creams had been recorded on cream charts in the person’s bedroom rather than on the MAR. We discussed this with the registered manager and the senior care staff on both the Logan and Tayberry suites explaining that if the creams were not being signed for on the MAR then the MAR should cross reference to where the accurate record of cream application was being recorded. We were told that this would be implemented immediately and following our inspection we received confirmation that this had been actioned.

We looked at the cream charts for three prescribed creams on Logan and Tayberry Suites. We saw there were some

## Is the service safe?

gaps in the recording. This was discussed with the registered manager and the senior carers from both suites. Following the inspection we received confirmation that the senior carers on each suite were now checking cream charts daily and recording it on a newly implemented documentation as were the deputy managers as part of their quality monitoring and 'daily walk about'.

We saw for medication with a limited life span, for example eye drops; the date of opening had been recorded. This helped reduce the risk of out of date medication being given to people.

The two senior carers, from Logan and Tayberry suite, who we asked told us staff, were not allowed to administer medication until they had received training. We saw the training matrix indicated that the senior care staff had undertaken medication administration training.

We saw that there was a recruitment and selection policy. We looked at a sample of five staff personnel files and saw they included a fully completed application form that had details of the person's education and previous employment history.

Checks also included a full and satisfactory live Disclosure and Barring Service (DBS) check. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups.

In addition, pre-employment checks included two appropriate references, including one from the person's most recent or current employer. We saw photocopied documents of proof of identity and proof of address in the files we looked at. These photocopied documents had been signed and dated by the person taking the photocopy as proof of authenticity.

We saw that set interview questions were used and the responses given by the candidates were recorded. Keeping a record of the interview questions and answers demonstrated that the registered manager operated a recruitment process that was open, transparent and effective when selecting suitable people for the available vacancy.

During this inspection we undertook a tour of the home including some bedrooms on each suite, communal toilets and bathrooms, the two conservatory's, the two garden

areas and all the communal areas of the home. We saw that all areas of the home were clean, tidy and there were no unpleasant odours. Bedrooms seen were nicely furnished and decorated and they had been personalised by the person living in the room.

All bedrooms had en-suite facilities, which included a walk in shower. The decorating and furnishings throughout the home were of a high standard and the two garden areas were attractive, well maintained and fully enclosed to provide a safe area for people to use.

People we spoke with were complementary about the cleanliness and furnishing of the home. One person said they "really liked" their room and had been very happy that they were able to bring some personal items from their own home.

Each suite had a satellite kitchen so that staff could provide drinks and snacks on request. It was noted that the work tops in these areas required attention, as some parts of the worktop coating had been damaged. The registered manager said she would discuss this with the providers.

There were policies and procedures to minimise the risks of infection to people and we saw cleaning schedules were in place, which had been completed by the domestic staff to demonstrate the cleaning tasks undertaken.

From the training records we saw the majority of staff had completed relevant infection control training and further training for the remaining staff had been planned for the week following this inspection.

We saw that staff wore protective clothing such as disposable aprons and gloves when carrying out personal care duties and sanitiser hand gels and paper towels were available throughout the home to help minimise and prevent the spread of infection. One member of staff told us they were allergic to latex and had been provided with latex free gloves.

Records seen included risk assessments for all areas of the general environment and a Health and safety audit was completed on 9th April 2015. It was seen that the light cord pulls in people's bedrooms could pose a potential ligature risk. This was discussed with the registered manager and one of the directors we spoke with. Both made assurances that risk assessments would be undertaken.

We saw the home's fire risk assessment and records, which indicated fire safety equipment was tested weekly and fire

## Is the service safe?

evacuation procedures were practiced on a regular basis. We saw there was a fire evacuation plan for each zone within the home and personal emergency evacuation plans (PEEPS) had been developed for each person who used the service. These were kept near the main entrance ready to give to any emergency services personnel on arrival at the home.

The home employed the services of a maintenance person who had responsibility for carrying out checks of water temperatures, fire alarm systems and carrying out general maintenance duties. We saw that once the work had been undertaken the maintenance person signed the work sheet to demonstrate what work had been completed or if any further work was required. This meant measures were in place to help maintain the safety and well-being of people living in the home, staff and visitors.

We saw evidence that equipment such as the lift, hoists, fire safety equipment, portable appliance testing (PAT) and nurse call bells were serviced on a regular basis which helped reduce unnecessary risk to people. We saw there were certificates relating to gas and electrical safety and pest control.

It was noted that there were no regular checks of mattresses and pressure cushions to ensure that the static mattresses/cushions remain fit for purpose with no damage or soiling. This was discussed with the registered manager who said she would implement these checks.

We observed staff undertaking their duties throughout the day on all six suites and we found people who used the

service received the care and attention required to fully meet their individual needs. We noted that staff were always available in the lounge areas to ensure that nobody was unsupervised. One relative we spoke with said when asked "They do have enough staff and they appear to be well trained and competent."

One person living at Berrycroft Manor told us that she did use her buzzer when needed and staff came quickly once the buzzer had been pressed. During this inspection the inspector stood on a falls mat in a person's bedroom on Bramble Suite and staff responded to the buzzer promptly.

When we spoke with staff about staffing levels they told us they thought there were sufficient staff on duty to meet the assessed needs of the people living in the home. They told us there was sufficient time to support people to access activities. Staff told us that they had their own bank staff to cover sickness or annual leave but agency staff were used if there were any outstanding shifts. This meant that when possible, care was provided to people by staff who knew them and could provide continuity of care. At the time of our inspection the laundry was being covered by a bank worker to cover annual leave.

We looked at the staff duty rotas from 17/8/14 to 13/9/15, which demonstrated along with our observations and from talking to people that staff were employed in sufficient numbers to meet the needs of the people living at Berrycroft Manor.



# Is the service effective?

## Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The use of the Mental Capacity Act ensures that people living in a care home are looked after in a way that does not inappropriately restrict their freedom.

During our inspection the registered manager discussed the number of DoLS applications made and how these were being monitored. At the time of our inspection 36 applications had been made and 11 had been authorised by the local authority. We saw a system in place so the management team could track the applications made and the appropriate CQC notifications had been submitted.

There were policies and procedures in place dated October 2014 for MCA and DoLS and staff spoken with confirmed they had easy access to them. We saw that the policies for expected and unexpected death had been amended and updated to include the action required if the person had been subject to a DoLS. This meant the home had an effective way of ensuring they supported people in line with up to date legislation and guidance.

We spoke with staff about their understanding of the MCA and DoLS and found staff had a good understanding of their responsibilities and the implications for people who lived at the home in regards to the MCA and DoLS. Staff spoken with confirmed that they had undertaken relevant training and the training matrix indicated that out of the 49 staff employed 39 had completed training and further training had been planned for October 2015 for the remaining staff.

We did see in two of the care files we looked at, one on Logan suite and one on Bramble Suite that they contained a mental capacity assessment but the specific decision being assessed had not been documented. We discussed this with the registered manager who understood that assessments had to be for a specific decision and not a generic assessment. We were assured the registered manager would look into this.

We discussed with the registered manager how they obtained consent from people in relation to their care. The registered manager told us that the majority of people living at Berrycroft Manor had a power of attorney (POA) or

lasting power of attorney (LPOA) for health and welfare. A POA or a LPOA is a legal document that appoints one or more people (known as 'attorneys') to help the person make decisions or make decisions on their behalf relating to finances and/or health or welfare. Where this was the case consent had been obtained from the POA or the LPOA and copies of these documents were kept in the home.

We were told by the registered manager and we observed that staff asked permission from the person before any care or interventions were undertaken and full explanations were given to people by staff. We observed staff knocking on people's bedroom doors and requesting permission before entering. Staff spoken with were able to clearly describe the reason why consent should be obtained prior to any care or treatment being provided.

The registered manager told us that if there was a belief that somebody lacked capacity to give consent to care and treatment and did not have a POA or LPOA, a mental capacity assessment would be undertaken and then a best interest checklist would be completed and a best interest meeting may be held. We saw evidence of mental capacity assessments in the care files we looked at.

The care files we looked reflected peoples preferences around day to day decisions for example choice of clothing, preferred times for going to bed and getting up.

We were shown the training matrix that was in place for all the staff and training plan for the week following our inspection. These indicated that staff had completed training which helped them to safely care and support people using the service and that training was planned on an on-going basis. Training completed included safeguarding of vulnerable adults, safe moving and handling, Dementia care, management of medicines, mental capacity and deprivation of liberty safeguards, food hygiene, pressure relief, skin care, catheter care, healthy eating, first aid, fire safety and diabetes. We saw that 95% of care staff had achieved National Vocational Qualifications (NVQ) level two and 18 members of care staff had achieved NVQ level three. Regular training for all staff is important to support and further develop them to carry out their job roles safely and effectively.

## Is the service effective?

One staff member told us “There is always a memo for training; it feels like we are constantly on training.” Another member of staff said that they thought training was very good and usually makes requests to the manager for additional training and support.

From April 2015 new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training standards. We saw that a member of staff employed post April 2015 was undertaking the Care Certificate and this was confirmed by the member of staff.

Records seen, and staff spoken with, confirmed that staff received regular supervision and an annual appraisal. We saw that the management team undertook formal supervision with the senior care staff approximately every three months and the senior care staff on each suite undertook formal supervision with care staff approximately every three months or sooner depending on the individual needs of the staff member. This meant that staff were receiving appropriate support and guidance to enable them to fulfil their job role effectively.

As part of our inspection, we carried out an observation over the lunch time period on each suite with the exception of the intermediate care unit. We saw that the dining areas and dining tables were attractively laid out with table cloths, cutlery, napkins and flowers. We saw that lunch was a relaxed, social event and staff and people living at the home were seen engaging with each other. We saw there were good levels of staff to support and encourage people with their meal.

People we spoke with told us the food was nice and choices were available. One person said, “The food is very nice.” Another person said, “The food is very nice, there is plenty of it.” People told us that they could request drinks or snacks whenever they wanted.

One staff member told us, “The kitchen staff are very good and will provide a good range of alternatives for people if they don’t want what is on the menu.” Another member of staff told us that food and drinks were available at any time and fresh fruit was available on each suite. We looked at the satellite kitchen on Logan Suite and saw it was well stocked with food, drinks and fresh fruit.

We observed the lunchtime meal being served. This looked appetising and was well presented, with good portions.

We saw evidence that records of diet and fluid intake were kept if there were any identified issues or concerns, for example somebody who had a poor appetite or had experienced weight loss. We saw that people’s weight was regularly monitored and recorded.

The care files we looked at showed people had access to a range of health care services and medical professionals to ensure they maintained good health and received appropriate treatment. We found evidence of involvement from health professionals such as their General Practitioner (GP), dietitians, opticians and the district nurses. We saw that people accessed hospital appointments and had been referred and seen by the falls clinic where appropriate.

# Is the service caring?

## Our findings

People who used the service told us, “Its great here, they [the staff] have all been fantastic.” “It’s much like being at home, I can do whatever I want the only difference is I have somebody to clean my room and make my meals.” “I am very happy here I can choose when I get up and when I go to bed.” “The staff are very good and caring; they will bring my visitors a cup of tea if I ask.”

Another person said they were very happy with the way the care staff assisted them with washing and dressing and said “They are very good about showering you.” Other comments included “Excellent home,” “The staff are lovely” and “They [the staff] are very helpful.” People we spoke with told us they were happy living at the home.

Visitors we spoke with told us they felt confident about their relative living at Berrycroft Manor. One relative said, “The care is very good and the staff are very welcoming to families.” They went on to tell us that one of their parents was living at the home and when their spouse came to visit the staff were very welcoming to them and sensitive to their feelings.

One staff member we spoke with said, “The staff are all lovely here, they are 100% dedicated to caring for the residents.” Another staff member told us that the home had “Good values and principles.” When asked what this meant they told us that the management team promoted good quality care practices and staff respected people’s privacy and dignity and confidentiality was always respected.

On all the suites we saw that people looked relaxed and comfortable in their environment and were able to decide where and how to spend their time. During our inspection we observed people moving freely around the suites. We saw positive interaction between staff and people who used the service. We observed staff responding in a timely manner to people’s day to day needs and they were respectful, attentive and treated people in a kind and caring way.

We saw staff sat having one to one chats with people and we saw the activity coordinator spending time reading aloud to one person who was clearly enjoying it.

On Tayberry Suite we saw that when staff came on shift they came into the lounge to say hello to everybody and asked how they were.

It was evident from the discussions with staff they knew the people they supported very well. Staff told us that people were encouraged to be as independent as they were able. This was confirmed by a one person who said “I get help when I need it but they [the staff] encourage my independence”.

Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. The staff knew the people by name, and some of the conversations indicated they had also looked into what the residents liked, and what their life history had been. There was a relaxed, friendly atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

On all of the suites we saw staff took time to explain the activities and tasks they were supporting people with, and there was no sense of rushing people. We saw an occasion where one person said they were ‘feeling low’ so a member of staff made them a cup of tea and sat chatting with them.

We saw people living in the home were given choice about what they wanted to do and eat, and were given time to make decisions. People looked well cared for. They were tidy and clean in their appearance and were appropriately dressed.

Staff told us they had undertaken dignity in care training and evidence was seen of this on the training matrix. The registered manager told us all staff would have completed the training before the end of October 2015. We observed people being treated with respect and dignity during social interactions. One person told us “Staff are very good and always respect privacy and dignity.” We saw that in the en-suite bathrooms there were privacy curtains for people to use when showering to respect people’s privacy in case somebody opened the door.

During our conversations with staff they were able to demonstrate to us they knew people well, they were aware of their likes and dislikes and people’s independence and choices were encouraged. One member of staff told us that they were arranging with the person and their family to

## Is the service caring?

escort them to a family meal in a local restaurant to celebrate their wedding anniversary. We were also told that they had escorted another person to a family wedding reception.

The registered manager and staff who spoke with us told us that end of life care was provided at the home and where possible, people were involved in discussions and decisions about their end of life care. We saw policies and procedures relating to end of life care that were easily accessible for staff. The home had close links with relevant healthcare professionals and worked very closely with the district nurses to provide the appropriate care for people and staff support.

We saw people were provided with a welcome pack on admission to the home and a brochure was available if people wanted information about the home before making a decision about moving in.

In the main reception there was an information folder for people to look at which contained up to date information about Alzheimer's and Dementia. This provided useful and up to date information for people to access

We saw there were information leaflets on display in the main entrance for people to access regarding independent advocacy services. The registered manager told us that people were informed about the independent advocacy services and offered the information on admission to the home and were given relevant information on request. An independent advocate is a person who can help access information on a person's behalf and / or represent a person's wishes without judging or giving their personal opinion.

# Is the service responsive?

## Our findings

We saw in the care files we looked at that people had their needs assessed before they moved into the home. We were told by the registered manager information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This was confirmed by a visiting relative we spoke with who told us they had been included in the pre admission assessment. All the information gathered helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the service was able to meet the needs of people they were planning to admit to the home. The registered manager said if it was appropriate and the person was able they would be invited to visit the home and perhaps have lunch and meet the staff and other people living at the home before they made a decision about moving in.

Since our last inspection in April 2104 new care plan documentation had been implemented. This was now used on all the suites with the exception of the intermediate care unit. We looked at the care files of four people who used the service. We looked at one care file on Logan Suite, Bramble Suite, Rose Suite and Tayberry Suite. The care plans on the intermediate care unit were developed and implemented by the hospital therapy staff so we did not look at these care files during this inspection.

The care files were neat, orderly and easy to use. We saw care plans were person centred and contained enough relevant and appropriate information to support and guide staff on the care and support to be provided. We saw that the care records were reviewed and updated where necessary. They included information about people's personal preferences, a life history and were focused on how staff should support individual people to meet their needs.

We did discuss with the senior carer on Logan Suite and the registered manager that in the care file we looked at there was no specific care plan for oral hygiene. The senior carer was able to describe in detail the oral hygiene needs of this person and how those needs were met. This demonstrated that the staff were meeting this care need and we were given assurances that the care plan would be written up..

Conversations with the registered manager, the deputy manager and care staff demonstrated an in-depth knowledge and understanding of people's care and support needs.

We saw in the care files we looked at there was a resident transfer/discharge form which is sent with the person if they are admitted to hospital as an emergency or discharged from the home. These were part completed with relevant personal details relating to the person. This meant that if an emergency discharge or transfer was needed, information could be swiftly passed between services.

One relative who we asked told us they had been fully involved in the care planning for their family member and they received phone calls if there were any issues. This demonstrated that families were kept up to date with any changes that may affect their relative.

One person on Tayberry Suite described to us how their sibling lived abroad and the staff were very good at bringing them the phone into their room so they could speak in private. We saw in the care file from Bramble Suite that the person spoke with their spouse every morning on the phone and had tea with them most afternoons. In addition a visiting relative told us the spouse of their parent living at the home often enjoyed a meal. This showed that people were encouraged and supported to maintain relationships with people that matter to them.

We saw people could eat their meals in the place of their choice. However, one person was seen not to have eaten their lunch. When staff spoke with them they said they "didn't fancy it." They were immediately offered a number of alternatives and the replacement option was brought in a matter of minutes. This was an example of how staff responded well to ensure people's choices were respected.

The home employed the services of a full time and a part time activity coordinator. We saw people living at the home were offered a range of social activities. An activities calendar was displayed in the main entrance and on each of the suites which detailed up and coming events. We saw activities included film afternoons, sing a longs, and exercise to music, church services, garden activities and quizzes. On the day of our inspection we saw a group of people on Logan suite enjoying using an interactive TV screen with the activity coordinator. This included watching

## Is the service responsive?

and then discussing local history, old film titles and songs. On Bramble Suite we saw staff playing 'play your cards right' and on Rose Suite we saw two members of staff sat with people watching a film on TV and chatting to people.

A visiting relative told us that activities were provided and their relative liked playing skittles and doing jigsaws. During our inspection we saw this particular person enjoying completing a jigsaw with a member of care staff. This told us staff understood this person well.

The activity coordinator told us that in addition to the daily activities the home also provided outside entertainers and trips out for example a canal trip in the summer, a trip to Blackpool to see the lights and pub lunches. During the summer there had been a fair and we were told that the money raised had been matched by the providers and donated to the Alzheimer's society. We saw evidence of the activities people had participated in recorded in the coordinator's activity book and photographs were on display on all the suites.

The registered manager told us that after reading some research into the use of empathy dolls for people living with Dementia they had purchased four dolls as a trial. We were told that they had been a success and they had seen positive reactions from some people. During this inspection we saw a person on Logan Suite cuddling an empathy doll. They were observed to get comfort from the doll. This showed that the provider followed guidance and research in order to be able to respond effectively to the complex needs of some people who were living with dementia.

We saw the complaints procedure was on display in the main entrance of the home and was included in the welcome pack given to all new people moving into Berrycroft Manor. The manager said she operated an open door policy and actively encouraged people living at Berrycroft Manor, relatives, visitors and visiting healthcare professionals to raise any issues at an early stage so they could be promptly addressed. We saw there were two recorded complaints since January 2015, which had been resolved to the satisfaction of the people making the complaint.

The people we spoke with told us they had no complaints. One person told us they had never wanted to complain but felt sure staff would "sort it out for them" if they did. They said they had never made a complaint because they "couldn't ask for anything better, you can ask them for [the staff] for anything."

Relatives we spoke with said they had never made a complaint but when they had raised issues they felt these had been dealt with swiftly, effectively and respectfully. They told us staff were very responsive to any issues raised.

During our inspection we saw several family and friends visit the home without restrictions, which helped maintain relationships with their family members. Relatives told us, they were free to come and go as they pleased and they felt welcome.



# Is the service well-led?

## Our findings

Prior to this inspection of the service, we received a copy of a coroner's report which detailed concerns of the care and welfare of a person who had lived at the home. In response to the report the registered manager had submitted an action plan to the coroner which we were given a copy of.

During this inspection we saw that the action plan had been fully implemented. We saw that when people chose to stay in their room a room visit check form had been implemented and a visual check was undertaken and recorded every hour and every 15 minutes while they were eating a meal. A personal care form was to be completed in people's care files if anybody refused care. At the time of this inspection the registered manager informed us nobody had refused personal care. As detailed in the action plan we saw that dignity training had been planned for the week following this inspection for staff who had not already undertaken the training and the registered manager said all staff would have completed the training by the end of October 2015.

As detailed in the action plan the implemented hourly room visit checks incorporated a section for the recording of opening and closing of the window in accordance with the consent of the person in the room.

At the time of our inspection the service had a registered manager who had been in post since the home opened in February 2010. She worked alongside staff overseeing the care and support given and providing support and guidance where needed. The registered manager had an in-depth knowledge about all the people living at Berrycroft Manor.

The management team for the service consisted of the registered manager and two deputy managers. The registered manager and one of the deputy managers were on duty on both days of our inspection. We saw there was an organisational flow chart in the office that clearly identified the staffing structure for the home. The contact numbers of the management team were also available should they be needed in the event of an emergency.

Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere. People told us they could

talk to staff and management if they had any concerns. Staff were observed to be confident and at ease with people living and visiting Berrycroft Manor and with each other.

People we spoke with knew the name of the registered manager who was clearly well known to people who used the service and relatives. One relative said "Val the manager is very approachable." The registered manager and the deputy manager were present and around the home throughout both days. They clearly knew the people well and people knew who they were and were relaxed and chatty with them.

We saw the deputy manager had recently written a family philosophy for the home. The philosophy was that nothing has to change from an individual's home circumstances. They can carry on doing things the way they have done them all of their lives, with added support and assistance. The philosophy included inclusion, choice, personal preference and independence. The philosophy was to be made available in the welcome pack for people moving into the home and we were told it was their intention to put it on display in the main reception area. One member of staff told us that the home practised good values and principles. They said that there was a good quality care practice within the home and the culture of the service encouraged people to feel comfortable in discussing any concerns.

Staff we spoke with told us the registered manager and both deputy managers were very approachable. One staff member said, "You can just ring or go down to the office to discuss anything." Another staff member said "The management are very thorough and won't tolerate any kind of bullying." A third staff member said, "You can go to the managers whenever, they are very receptive."

We were told that the registered manager and/or deputy manager carried out a daily visual 'walk round'. The 'walk round' included reviewing key areas such as accidents, significant events, diary activities, clinical issues, housekeeping, kitchen, maintenance, health & safety, administration, training and supervision and talking to staff to offer any support need or discuss any issues.

We asked the registered manager to tell us how they monitored and reviewed the service to make sure people received appropriate levels of safe and effective care. Systems were in place to demonstrate that regular checks

## Is the service well-led?

had been undertaken in all aspects of the management of the service. The registered manager provided us with evidence of some of the checks that had been carried out which included, health and safety checks of the premises, care plans, medication administration and complaints. We saw that that in February 2015 a food safety audit identified that the kitchen was running out of cutlery so more was ordered.

The registered manager provided us with written evidence to demonstrate that accidents, incidents and falls involving both people using the service and staff were closely monitored and any necessary action taken. We saw that where a person had two falls in a month they were referred to the falls clinic for an assessment.

We saw people's feedback on the service provided, was collected by a combined resident/relatives satisfaction survey. Surveys were available on each suite for people to access. We saw that the responses were good and some comments received for 2015 were 'very good' and 'good choices.' The registered manager said that the return rate for 2015 was quite low so far and it was her intention to physically hand the questionnaires out to people living and visiting the home and put them in the post to some relatives who were not regular visitors.

Satisfaction survey results were collated on an annual basis and a short report produced. We saw the report for 2014 demonstrated that feedback was positive.

In the main entrance it was noted that information leaflets were available for [carehome.co.uk](http://carehome.co.uk). This is website that welcomes comments about care homes and the comments are made available on their website. We saw Berrycroft Manor had received nine reviews all ranging from good to excellent. This demonstrated that people were encouraged to give feedback about the service.

We saw the last resident/relative meeting was in May 2015 and 14 people attended. Some issues discussed included that the concerns raised at the previous meeting had now been resolved and everybody present said the food was good.

Relatives and residents expressed satisfaction with how good the staff were and how well they were looked after. One resident said they were very happy and everything that had been promised during the pre-admission assessment was in place. Some laundry items were still going missing and the registered manager said to address this she would take it up directly with the laundry staff. This was also seen to be discussed in the staff team meeting.

We spoke with one relative who said rather than go to a meeting they liked the open door policy and preferred going straight to the manager. We saw relatives and visitors enter the office and approach the manager with ease throughout our inspection.

Staff spoken with confirmed that staff meetings were held on a regular basis although there were no set time frames between meetings. Staff said they were held as and when needed. We saw that there was a night staff meeting in August 2015, a senior care staff meeting in June 2015, a senior care staff meeting had been arranged for the week following our inspection and in May 2015 two meetings were held so that all staff employed in the home could attend. The minutes of the meeting demonstrated the issues discussed were maintaining peoples dignity, feedback to the staff from the resident/relative meeting, which included the missing laundry items, reinforcing that meal times should be a relaxed un rushed time and the dress code for staff. Staff were asked if they had any concerns or wanted to make any comments.