

Pathways Care Group Limited

Berrywood Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Berrywood Lodge is registered to accommodate 30 people with mental health conditions and learning disabilities. At the time of our inspection there were 21 people living in the home.

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

The registered provider had failed to implement effective governance systems or processes and had not effectively assessed, monitored or driven improvement in the quality and safety of the care being provided in the home.

The provider had not ensured that there were clear lines of responsibility and accountability at all levels. Leadership was poor and staff were not fully aware of what was expected of them. The provider had not kept under review the day to day culture in the service.

Risks to people had not always been reviewed and did not accurately reflect each person's current situation. Action had not always been taken to mitigate known risks. Health and safety procedures were not always followed and this had placed people and staff at risk.

Systems and processes were not established or operated effectively to safeguard people from financial abuse or mismanagement of their finances.

Safe staff recruitment procedures had not always been followed. This had recently been identified by the new manager and an action was in place to address the issues found. The provider failed to ensure staff had received the appropriate training to support people with complex mental health needs.

The environment continued to require extensive refurbishment. A service improvement plan was in place to address this.

There were enough staff deployed to meet people's needs. People's medicines were managed in a safe way.

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

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 20 December 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about leadership, management and oversight of the service. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

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

We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse or improper treatment, and lack of governance and oversight of the service.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

This service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Berrywood Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector, a specialist nurse advisor 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. However, they had recently left the service. A new manager was in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We asked Healthwatch if they had any information to share with us. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with two family members of people using the service. We spoke with four members of care staff, the manager, and a representative of the provider. We observed the care people received and reviewed a range of records. This included seven people's care plan records and multiple medication records. We looked at a variety of records relating to the management of the service, including audits, service improvement plans, health and safety documentation and policies and procedures.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risk had been assessed; however, these had not been reviewed or updated regularly. It was not clear if risks were still current and whether people posed a risk to themselves or others. For example, one risk assessment identified erratic behaviour, aggression and threatening behaviour. There was no record or review of these behaviours or any changes since September 2019.
- People were at risk from other people's behaviours within the service. The risks were known, but a clear plan of how to protect people from those risks was not in place. This left people vulnerable and it was clear not everything had been considered to mitigate the risks to people. One person told us, "Sometimes I have to deal with other resident's shouting at me or asking for money and I don't know how to deal with that, I don't feel unsafe though."
- Fire risks had not been appropriately managed. Fire testing had not been completed on a weekly basis. There was no clear guidance for staff to follow on how to operate the fire alarm system and what checks they were required to do. The keys to activate the fire testing points had been missing for three weeks. We informed the manager of this during the inspection who told us they planned on ordering new keys.

The provider had not effectively assessed the risks to the health, safety and welfare of service users receiving care and treatment or done all that was reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and new manager had identified some of the issues relating to risk and had a service improvement plan in place to address these issues. When we fed back our concerns relating to fire risks, the new manager informed us they would be ordering new fire testing keys and putting clear guidelines in place for staff to follow.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from financial abuse or mismanagement of their finances were not effective. Some people had not been supported appropriately to manage their finances and had built up significant debts.
- The provider had not always supported people appropriately with the safe use of debit or cash cards. There was not a system in place that ensured debit and cash cards were used in line with guidance from banks or building societies. Bank cards had been lost or misplaced and this had not been identified.

Systems and processes were not established and operated effectively to safeguard people from the risk of financial abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe with the staff that supported them. One person said, "I feel safe here and the general atmosphere makes me feel safe and cared for."
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Staffing and recruitment

- Safe recruitment practices had not always been followed. The new manager had completed an audit of staff recruitment files and identified documents that were missing. There was an action plan in place to obtain the required documents.
- There were enough staff deployed to provide people with their care. People and relatives told us staff were always available if they required support.
- People received care from a regular group of staff who knew people well.

Using medicines safely

- People received their medicines as prescribed.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Regular medicines' audits informed the manager of any issues which were rectified in a timely manner.
- The new manager had identified people's prescribed medication required a comprehensive review. This had not happened due to changing locum consultants. The manager had organised a multi-disciplinary team of health professionals to review people's medicines in the near future.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At the last two inspections, the provider had failed to implement a robust system of quality assurance or to identify and address the shortfalls in the service. This was a breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider had failed to implement effective governance systems or processes and had not effectively assessed, monitored or driven improvement in the quality and safety of the care being provided in the home.
- The service continued to require extensive refurbishment. Some planned works had been completed; however, the environment had deteriorated. It was acknowledged the COVID-19 pandemic had delayed some the planned works. The environment was poor in some areas of the home and general repairs and maintenance had not been completed in a timely manner.
- Service users had been exposed to the risk of financial neglect and abuse. The systems and processes in place were not effective to ensure people were safeguarded. Quality assurance audits at the service had not identified these risks.
- Risks to people's health and welfare were not clear and had not always been reviewed. Some risk assessments that were in place were not followed by staff. Quality assurance audits at the service had not identified these risks.
- The provider's internal systems and processes had not been robust enough to ensure they had knowledge and oversight of the staff working in the service.
- Health and safety audits had not identified the fire alarms had not been tested for three consecutive weeks. The provider's audit process did not include a system to ensure such checks were completed therefore safety issues had been left unnoticed.
- The provider failed to ensure staff had received the appropriate training to support people with complex mental health needs.
- The provider had failed to ensure that there were clear lines of responsibility and accountability at all levels. Leadership was poor and staff were not fully aware of what was expected of them. Staff told us this had improved in the previous six weeks with the introduction of a new manager.

People were placed at risk of harm as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was aware of the concerns identified and a service improvement plan was in place to address the issues. The provider was open and transparent in their responses to us and gave assurances of their commitment to drive forward the improvements at the service.

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

- The provider had not kept under review the day to day culture in the service. Feedback from staff, people and relatives was mixed. Some people found the new, positive, empowering culture that was beginning to emerge was difficult for them. They were used to staff breaching their professional boundaries and told us they were struggling with the 'new rules'. Although this was a positive step forward, it was clear how people had become used to living in an environment that was not person centred.
- Changes and improvements were being made, people and staff told us the provider and the new manager were approachable. One person told us, "I was talking to my key-worker and we spoke about things I might like to do in the future; this hasn't happened before." Staff told us there was more structure, clearer guidance on what was expected of them and they felt positive about the future at Berrywood Lodge.

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

- People living at the service previously had limited opportunities to give their views on all aspects of their care and support. We saw this had recently changed with regular meetings and feedback sessions. One person told us, "We have a meeting every week now and we get asked about the things we like or any difficulties that we might be having living with others." This was a new forum for the people living at Berrywood Lodge and the new changes are not yet embedded into the service.
- The manager told us that they were keen to engage with people regarding changes and improvements to the service.

Working in partnership with others

- The provider aimed to work in partnership with other professionals to provide holistic, timely support. This was especially important with people's complex mental health needs. The new manager had made significant progress liaising with social workers, case workers, health professionals and funding authorities to work towards a joined-up approach in supporting people.
- The provider and new manager worked closely with the local authority to make improvements to the service. They were open and transparent about their findings and had a comprehensive service improvement plan in place to drive improvements at the service.
- The improvements in the service were in their infancy and were not yet embedded into the service. There have been numerous service improvement plans in place at the service over the last three years and none of these have been consistently applied and have not improved the quality and safety of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- The provider and the new manager worked in an open and transparent way. They understood their responsibilities in line with the duty of candour and submitted timely notifications were sent to the Care Quality Commission (CQC). They were aware of their responsibility to display the rating on the publication of the inspection report.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not effectively assessed the risks to the health, safety and welfare of service users receiving care and treatment or done all that was reasonably practicable to mitigate any such risks.</p>

The enforcement action we took:

We issued the provider with a warning notice to be compliant with by 26 March 2021.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not established and operated effectively to safeguard people.</p>

The enforcement action we took:

We issued the provider with a warning notice to be compliant with by 26 March 2021.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were placed at risk of harm as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided.</p>

The enforcement action we took:

We issued the provider with a warning notice to be compliant by 26 March 2021.