

Watford And District Mencap Society

Berrywood

Inspection report

130 Berry Lane
Rickmansworth
Hertfordshire
WD3 4BT

Tel: 01923770132

Website: www.watfordmencap.org.uk

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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 ● |

Summary of findings

Overall summary

The inspection was carried out on 05 September 2018 and was unannounced. At the time of our inspection the service was providing support to five people who have complex needs and learning disabilities.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff discussed with people the care and support they received and obtained their consent.

People felt safe and were happy with the support they received. People had well developed care plans and staff supported them effectively to live an active life.

Staff were trained and their competency to deliver care and support people was observed by the registered manager. People and relatives were very positive about the service they received.

There were enough staff safely employed to meet people`s needs in a personalised way.

People`s dignity and privacy was promoted and respected by staff. Staff enabled people to maintain and develop relationships and stay safe.

People had a well-developed activity schedule and staff supported them to enjoy activities in the home and in the community.

The provider`s governance systems and processes were well developed and used by the registered manager to constantly monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 05 September 2018 and was carried out by one Inspector. The inspection was unannounced.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with three people who used the service, two staff members, and the registered manager. We received feedback from four relatives of the people living at the home following the inspection.

We looked at two 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 two employment files. We also reviewed accident and incident records.

Is the service safe?

Our findings

People we spoke with told us `yes` when we asked them if they felt safe in the home. They told us they were happy with the support they received. Relatives felt the service was safe and met people`s needs. One relative told us, "I feel that the service is run in an effective, caring and safe manner, precautions are in effect to ensure that residents are safe." Another relative said, "We feel it is a safe environment for [person], they get on well with the staff, and we are happy that [person] regards it as their home."

Staff were trained in safeguarding procedures and they were confident in describing what constituted abuse and how they reported their concerns internally to the registered manager and externally to local safeguarding authorities. Staff told us and we saw in house meeting minutes that they educated people in how to keep safe from harm. Information about safeguarding procedures and relevant phone numbers was displayed on noticeboards for staff and people to have quick access to these if needed.

There was enough staff to meet people`s needs effectively. During the inspection we saw that people could go out when they wanted and there were sufficient staff allocated to ensure that people could attend their planned activities. For example, when we arrived at the home only one person was in the home and they were waiting for the transport to arrive to take them out. The registered manager told us that two people went out for a walk and two people left earlier to attend their planned activities for the day. Whilst we were in the home two people returned from their walk and told us they were going out again in the afternoon.

Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service. Appropriate checks were undertaken before staff started work and these included written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity.

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. We found that people were supported by staff to understand risks and work with staff to live life to the full, while effectively managing risks. For example, staff observed that a person who travelled independently had become more confused and got lost on occasions. Staff referred the person to their GP for a review, and they shadowed the person from a distance when they went out to ensure the person stayed safe. They also had conversation with the person where they discussed the risks of them travelling independently and the person agreed that a staff member should accompany them when going out. We saw that this had no impact on the person`s freedom as they could go out any time they wanted as staffing numbers were increased so there was staff available to support their need.

There were few incidents occurring at the home and these were mainly related to people showing anxiety and expressing their frustration by using threatening behaviour. We found that incident reports were well completed and evidenced that staff effectively diffused situations by distracting people. 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. Each person had a lockable cabinet where their medicines were kept. Staff administering medicines were trained and had their competencies checked. We found that the medicines we checked corresponded with the records kept. If staff omitted to record medicines given or they did not administer people`s medicines this was promptly identified by the registered manager or responsible staff member who carried out a check every day. Appropriate measures were in place to address such occurrences and these included seeking medical advice, as well as staff were re-trained and their competency was observed.

There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEP) in place to ensure in case of a fire staff had appropriate guidance in place. We saw that there were regular fire drills and staff as well as people living in the home participated. People were reminded of the fire evacuation process at every house meeting so that they knew what they had to do when they heard the alarm. The provider ensured that an annual fire risk assessment was carried out by an external company to assess their compliance with current fire regulations. We found that the recent fire risk assessment carried out in August 2018 assessed the provider as being compliant and only made some medium-term improvement recommendations for the provider to complete. We were reassured by the registered manager that these would be completed promptly.

The environment was clean and welcoming. Each person had their individual bedrooms which were personalised to reflect each person`s personality and interest.

Is the service effective?

Our findings

People told us they liked how staff supported them. Staff told us they received sufficient training to understand and carry out their role effectively. Relatives told us staff were skilled to support people effectively. One relative said, "At Berrywood residents come first and the staff`s understanding of [person`s] needs are second to none. They have the right approach and know that [person] responds well to humour and praise, with not just big things but a constant stream of everyday tasks."

New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. They worked alongside other experienced colleagues until they were competent in their duties. Staff told us and we saw that they received training around best practice in caring for people with learning disabilities and autism as part of their induction.

Staff were supported by the registered manager through regular supervisions where they could discuss their performance and identified their training needs. One staff member told us, "We have regular supervisions and we discuss what training we need. We are currently waiting to attend dementia training." Staff told us they felt listened to by the registered manager and the provider, and they gave us an example where staff were asked how they preferred to do training. One staff member said, "Most staff preferred face to face training and not e-learning. We were listened to and we have face to face training now which is much better."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were asked for their consent regarding all aspects of their care and staff were using appropriate communication methods to ensure people were enabled to get their views across. One relative told us, "Staff know how to support and approach [person], making interaction easier, like supporting with their dysfluency, listening and giving [person] time to make their requests heard." Dysfluency is a condition which affects a person`s speech and where they need time to make their voice heard. People were involved and they consented to their support plans and the manager had submitted requests for DoLS authorisations to the local authority where it was needed.

People were encouraged to have a healthy balanced diet. People were involved in decisions about the menu and also encouraged to do their own shopping and cooking. We observed a staff member supporting a person to prepare their own lunch. One relative told us, "[Name of the person] is encouraged to cook at Berrywood and a weekly menu is planned by the residents. Meals are healthy and keeping fit is very important especially for [person] as they need to keep their heart healthy." People`s weight was monitored and appropriate referrals were made to dieticians when people needed support with managing their diet.

People were encouraged to live an active life and stay healthy. For example, people told us they were

regularly going swimming, sailing, and other outdoor activities which they enjoyed and helped them keep fit.

People were supported to attend health appointments and staff recognised signs and symptoms of ill health even if people were not able to voice their pain or feelings. A relative told us how staff and the registered manager observed a person showing signs of pain. They arranged an appointment for the person to see their own GP, however they were not satisfied that the treatment was as effective as it could have been for the person and insisted for more specialist advice. At the hospital appointment the person had an x-ray and it was found that they needed surgery and this was being arranged. The relative said, "It would have been so much easier just to use the [initial treatment]! That is the level of care at Berrywood!" This meant that people`s health needs were met effectively and their welfare was promoted.

Is the service caring?

Our findings

People told us they enjoyed spending time with staff. We observed people approaching staff with confidence, laughing and joking together. One person said, "I like [name of staff], they are nice."

Relatives told us they felt extremely lucky that their loved ones were living in Berrywood and were cared for and supported by staff who were caring and had people's best interest at heart. One relative told us, "We were very lucky [number of years] ago to find Berrywood and thankful that [person] has the opportunity to live in a wonderful caring place. The house is full of warmth, laughter and is fantastically supported by all staff." Another relative said, "I think [person] is very happy with the care and accommodation. The staff at Berrywood are very kind and caring and always happy to help with any projects he is interested in."

Relatives told us that staff supported people to be independent and they understood how important this was for people. One relative said, "[Person] is treated with great respect and the staff are aware of their continuing need to be independent. The change in [person] has been dealt with sensitivity to them and staff take them out when [person] feels a need to go to the shops on their own."

Staff encouraged people to maintain and develop relationships with friends and family. For example, we found that staff helped a person to see their friend regularly. This involved staff picking up the person's friend from their home and taking them back when they were ready. One relative told us how well staff supported them and their loved one when someone close to them both died. They told us, "[Person], and indeed I, were very well supported through this, their understanding and support was very helpful." This meant that staff valued people and understood the importance of supporting them to maintain relationships with their loved ones.

People were treated with dignity and respect. We observed staff being respectful towards people and supporting people in a dignified way. People looked well-groomed and dressed in clean clothes and appropriate to the weather. One relative told us, "[Person] is treated in a dignified way with both personal care needs and with their requests and staff interaction. [Person] is always beautifully clean and dressed, [person] chooses their own clothes and likes to look smart. They have a shower, hair wash and shave every day, and when they come for a visit they look immaculate."

People and their relatives were involved in planning their care and periodical reviews to ensure that the care they received met their needs and expectations. One relative told us, "We work with both [person] and [registered manager] to plan and attend reviews, [person] will often prompt this. [Person] does find these meetings very difficult, and becomes quite anxious. Staff will sit with them and use laughter, praise and confidence building phrases to enable them to be interactive in the review and to voice their comments and ideas." Another relative said, "[Registered manager] keeps us informed of any problems or matters concerning [person]. We have regular meetings, where we are able to put across any concerns we have. [Registered manager] listens to any worries we might have and helps us sort these out quickly."

Staff we spoke with knew people well and we found that care plans had good guidance for staff about the

support people required. Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

People received personalised care and support which enabled them to live life to the full. People told us they enjoyed being busy and staff supported them to do what they wanted. One person told us, "I am going sailing this afternoon. I like it."

Relatives told us that the support people received was tailored to their abilities and built their confidence to try new things. One relative said, "[Person] enjoys many activities and is fully supported to attend and participate in the things they want. [Person] loves football and has a season ticket to Watford football club, they attend all home games with staff`s support and has made friends whilst attending the games. They enjoy meeting with others and staff support these interactions. [Person] also enjoys a voluntary job which is a real boost to their confidence and interaction with others." Another relative said, "The staff are very caring and supportive to meet the needs of all residents, two staff accompany [person] to church most Sundays. [Person's] care is dignified and has a positive impact on their wellbeing. I am consulted and kept well informed about all aspects of their care."

There were a wide range of activities available for people and everyone had been equally supported to live life to the full and enjoy activities in the community as well as pursue their hobbies and interests. One relative told us, "Berrywood and all the staff especially [registered manager] have supported [person] to have a totally fulfilled life, with activities to stimulate their confidence and wellbeing."

Care plans were personalised and updated regularly when people`s needs changed. Regular reviews were held with people, their relatives where appropriate and, health and social care professionals. One relative told us, "I attend [person`s] annual review as well as other important meetings to do with their health."

People told us they had no concerns about the service. One person said, "I am happy here, no issues." Relatives told us they had no concerns and they were grateful that people received care and support which was responsive to their needs. One relative said, "My overall comment on Berrywood is that it has been a Godsend to both [person] and myself, and I have absolutely no concerns about [person] living there." Another relative told us, "There are no words that can express our gratitude to Berrywood and all the amazing people that have made [person`s] life complete."

The provider had a complaints procedure in place in easy read and pictorial format for people to understand how they could voice their concerns. We saw that staff discussed concerns with people in regular meetings to ensure people were informed and knew that they could raise concerns.

There were regular surveys carried out by the provider. An annual survey was sent to people, relatives, staff and other stakeholders by an external company to gather feedback about the quality of the service. There was also a survey sent internally by the provider. Both these were very positive and praised the service provided to people.

Is the service well-led?

Our findings

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.

People we spoke with knew the registered manager by name. One person said, "I like [name of the register manager], she is nice." Relatives were very complimentary about the registered manager and they felt the service was well-led. One relative said, "I feel that the service is run in an effective, caring and safe manner, precautions are in effect to ensure that residents are safe." Another relative said, "I consider this home to be well-led, safe, effective, caring and responsive." A third relative told us, "The home is managed extremely well and I am delighted with all the members of staff that I have met."

Staff told us the registered manager was always available to provide hands on support if it was needed. They told us they felt the registered manager was a role model and an advocate for the people living in Berrywood. One staff member said, "[Name of the registered manager] is always available and supports us hand on. That's how I learned how to do my job well. I was supported by them."

Staff told us they were proud to work for the service and they told us about the values underpinning their role. They told us and we saw that people were at the heart of the service and they promoted people`s independence and choice. One staff member said, "Our values are to promote independence, give choice and put people in the centre of everything we do. I found a job I really like. I love it here. Every day is different and it's nice that the company is flexible to be this way and we can give people choice, and control and independence."

The provider`s systems and processes were developed to support the registered manager to monitor and improve the quality of the care and support people received. Regular audits were carried out by the registered manager and the provider where they regularly looked at all aspects of the service. There were regular health and safety audits, care plan audits, surveys and meetings organised for people as well as staff. People and staff actively participated in the running of the home by sharing ideas at meetings which were listened to by the registered manager and where needed actions were put in place to ensure the service was tailored to people`s needs. One relative said, "[Person] has the trust and confidence to make requests to the [registered manager]. These are listened to and solutions are put into place. We are so proud of [person] and that they have this level of support." A staff member said, "We have regular meetings and we discuss what we can do better to help people achieve and do what they want. We [staff] are listened to."

The service worked in partnership with health and social care professionals who were involved in people`s care. We saw that professionals gave positive feedback to the registered manager about how staff supported people when they attended meetings or appointments. One health professional recorded how impressed they were by staff being caring and professional when supporting people in a review.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.