

Berry Pomeroy Home For Elderly People

Berry Pomeroy

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Berry Pomeroy is a residential care home providing personal care to up to 25 people. The service provides support to older people. At the time of our inspection there were 17 people using the service.

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

People told us they were happy living at Berry Pomeroy. They told us staff were kind, they were given choices and supported to maintain and improve their independence.

Staff understood how to support people safely, risk assessments provided further guidance about individual risks. The home was clean and tidy throughout. Systems were in place to help ensure people were protected from the risk of infection.

People were supported to receive their medicines when they needed them. Those who wished to, were supported to manage their medicines independently. There were enough staff, who had been safely recruited, working in the service. They understood safeguarding risks and procedures and knew what to do if concerns were raised.

There was a positive culture at the service. People's care plans were individualised and reflected the needs and choices of people. The quality of the service was regularly monitored through audits, discussions and feedback surveys. Improvements were made where needed and there was an ongoing improvement program for the home.

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

Rating at last inspection

The last rating for this service was good (published 5 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Berry Pomeroy on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Berry Pomeroy

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 Health and Social Care Act 2008.

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 was undertaken by 1 inspector.

Service and service type

Berry Pomeroy is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Berry Pomeroy is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed the records of the home. These included recruitment and training records, accidents and incidents and quality assurance audits. We looked at medicine administration charts, 4 care plans and risk assessments along with other relevant documentation to support our findings.

We spoke with 8 people who lived at the home and gathered feedback from four of them. We also gathered feedback from the relatives and representatives of 2 people. We spoke with 10 staff members; this included the registered manager. We also received feedback from 2 health and social care professionals.

We observed people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas, this included the lunchtime meals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe at the home. One person said, "I just go to bed and relax, not worry 'what's that noise'." One relative told us, "I know [name] is safe and well looked after here." We saw people were relaxed in the company of staff.
- Staff received safeguarding training and told us what actions they would take if they were concerned people were at risk of harm through abuse or discrimination. Safeguarding concerns were referred to the local authority safeguarding team appropriately.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. Staff knew people well, they understood people's individual needs and the risks associated with their care. Staff were mindful that people had capacity and were able to take risks that may be considered 'unwise.' Staff told us, and records showed, that discussions took place with people to ensure risks were well thought out and minimised as far as possible.
- Some people were at risk of falls. One person had a sensor mat to help alert staff when they got out of bed as this was when they were assessed as being at increased risk of falls. However, this person did not like the sensor mat and stepped over it. This placed them at increased risk of falls. Therefore, the sensor mat was removed after discussions and risk assessments with the person.
- Care plans and risk assessments contained information to guide and inform staff. Some people needed support to maintain their health, personal and oral hygiene and to maintain good skin integrity. Care plans and risk assessments informed staff how to support people safely and appropriately.
- Environmental risks were identified and managed. Regular health and safety checks were completed. Servicing contracts were in place included electrical equipment, gas and lifting equipment. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. No-one required at DoLS authorisation at this time.
- People living at the home had capacity to make their own decisions and choices. We saw people were offered choices throughout the day. One person told us, "We always have choices." The registered manager and staff were mindful that as people aged they may become forgetful. They took this into account when supporting people to make decisions. They understood when best interest decisions and DoLS applications may need to be made.

Staffing and recruitment

- There were enough staff to safely support people each shift. In addition to care staff there was a cook and housekeeping staff working each day. In addition, there were activity, laundry and maintenance staff working throughout the week. We saw that people were attended to promptly. Staff told us there were always enough staff working and in case of absences regular agency staff were used. One staff member told us, "It's a high staff ratio, we're never short staffed."
- Staff were recruited safely. Relevant checks were completed before staff started work at the home. This included references and Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We identified that the registered manager had not always obtained a full employment history for some staff. We were told this would be addressed. After the inspection the registered manager sent us information about steps being taken to rectify this.
- When staff started work at the home they completed an induction period and shadowed experienced staff until they were competent and confident to work unsupervised. There was a training program which showed which training staff were required to complete each year. Staff told us some training was online but other was face to face. One staff member said, "One of the trustees does some of the training, we can ask questions and there are quizzes afterwards."

Using medicines safely

- There were systems in place to ensure medicines were ordered, stored, administered and safely. Medicines were given to people individually in a way that suited each person. Medicine administration records (MAR) were completed after the medicine had been given. Only staff who had received medicine training and been assessed as competent gave people their medicines.
- Some people were able to manage all or some of their own medicines independently. Risk assessments were in place to show people could manage these safely. Systems were in place, through checks and audits to ensure people were able to continue managing their own medicines. These checks were agreed with people as to how often they should take place.
- People's medicines were reviewed by the community pharmacy team to ensure they continued to be appropriate. The registered manager told us about concerns they had regarding one person's medicines. Therefore, a referral had been made to the community pharmacy team.
- Some people had been prescribed 'as required' (PRN) medicines. These were only given when the person needed them, for example pain relief or constipation. Staff discussed with people if they required these medicines before they gave them.

Preventing and controlling infection

- The home was clean and tidy throughout. There were systems in place to ensure changes could be implemented in care of a Covid, or any other infectious outbreak.
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- Family and friends were free to visit the home whenever they wished.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff recorded and reported concerns they identified. Information was shared with staff to ensure they were aware of any changes to care and support. Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent reoccurrences.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service. People told us staff were kind and they received the care and support they needed. One person asked us where we were from. We told them the 'Care Quality Commission.' The person replied and said, "Well that's what we have here, quality care."
- There was an emphasis on people maintaining their independence and having choices in everything they did. People spoke about meals and activities and said, "If we don't like what's on offer there's always something else." People told us how staff had supported them with their health needs which had improved their lives.
- People were involved with what was happening at the home. Informal discussions took place throughout the day. People were involved in discussions about their care and support needs and reviews. There were regular meetings and on the day of the inspection people were involved in an activities meeting deciding what they would like to do in the coming months.
- Relatives spoke highly of the service. One relative told us, "The care and kindness during covid was outstanding" Although there had not been any recent feedback surveys for relatives the registered manager told us they were in regular contact with relatives through discussions and emails.
- Staff told us they enjoyed working at the home. They felt supported by the registered manager and their colleagues. One staff member said, "I love coming to work, staff are amazing." Another staff member told us, "it's the best place I've ever worked. I was made to feel welcome."

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

- The registered manager was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.

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

- The registered manager had good oversight of the service. She understood people as individuals and their care and support needs. The registered manager and staff worked well together as a team. One relative told us, "The manager and her team made [name] feel welcome from the day they moved in. The sense of relief

knowing they were going to be well cared for is priceless." Staff spoke highly of the registered manager. One staff member said, "She is very supportive, you can tell her anything." The registered manager was supported by a board of trustees who undertook regular visits and completed audits.

- Care plans were personalised. They included information about what the person liked to do and where they needed support. This included reminding and prompting people to encourage and maintain their independence and ensure consistency of support offered.

Although care plans and records contained the information staff needed we recommend the provider reviews aspects of this to ensure it fully reflects the quality of care and service provided.

- There was a range of audits and checks to help ensure the quality and safety of the service. Where areas for improvement were identified and action plan was developed and these were addressed.

Continuous learning and improving care; Working in partnership with others

- Accidents and incidents were analysed to identify if there were any themes or trends or actions required to prevent a reoccurrence. Information was shared with staff for learning and to confirm and changes in practice.

- The registered manager had identified that there had been a number of falls. This was generally due to people wishing to remain independent. The registered manager had developed a fall related word-search which she completed with people as part of an activity session. This helped to educate and inform people about the risk of falls and actions they could take to reduce their own risks.

- As part of fire safety information, the registered manager explained fire evacuation procedures to people. This included the use of the fire evacuation sledge. The registered manager explained that in the event of an emergency evacuation people would be aware of procedures and equipment that may be used.

- The registered manager and staff worked with others to help improve people's health, well-being and general experiences at the home. This included district nurses, GP's and pharmacy teams.