

# Berrystead Nursing and Residential Home Limited

## Berrystead Nursing and Residential Home Limited

### Inspection report

1001 Melton Road  
Syston  
Leicester  
Leicestershire  
LE7 2BE

Tel: 01162692366

Date of inspection visit:  
04 November 2021  
09 November 2021

Date of publication:  
10 January 2024

### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Berrystead Nursing and Residential home is a residential care home providing personal and nursing care to 34 people at the time of the inspection. The service can support up to 46 people.

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

People were not always safe because risk in the environment was not identified or managed effectively. People were not protected from the risk of infection. The environment was poorly maintained and not fit for purpose in multiple areas. There was only one working shower in the building and this shower was not clean or fit for purpose. This meant people did not have access to suitable and accessible baths or showers.

Staffing numbers were not sufficient to meet people's needs or keep them safe.

Quality monitoring and governance was not effective. There were limited opportunities for people to be involved with or feedback about their care and support. There was no consideration of people's needs with regards to premises and equipment. Many areas of the home were poorly maintained, unsightly and not fit for purpose.

There was a lack of oversight and support at director level.

People told us they felt safe and could speak with staff. People and staff found the manager approachable and accessible. Staff were recruited in a safe way. People's medicines were managed in a safe way so that people received their prescribed medicine at the right time and in the right way. People said they liked the staff and said they knew how to meet their needs and preferences.

### Rating at last inspection

The last rating for this service was Good (report published 19 October 2017)

### Why we inspected

We received concerns in relation to the premises and the environment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection.

### Enforcement

We have identified breaches in relation to safety, staffing and governance.

We imposed conditions on the provider's registration to restrict admissions and to be sent regular service

improvement updates.

We have taken enforcement action and the service is now closed.

#### 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

This inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

The 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 and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, care workers, and a housekeeper.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

## 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 not safe.

Details are in our safe findings below.

**Inadequate** ●

### **Is the service well-led?**

The Service was not well-led.

Details are in our well- led findings below.

**Inadequate** ●

# Berrystead Nursing and Residential Home Limited

## **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

This inspection was carried out by one inspector.

### Service and service type

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

### Notice of inspection

The 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 and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, care workers, and a housekeeper.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- Risks in the environment were not managed effectively. The providers own fire risk assessment identified a number of very high risks requiring immediate attention. This risk assessment was undertaken in March 2020 but the required action had not been taken at this inspection 20 months later. This meant people were not protected from the risk of harm in the event of a fire.
- Four hot water cylinders were unlagged and accessible to people and staff. This meant people were at risk of burns.
- The electrical installation condition report was not in date and a re- test was required. This essential planned maintenance is required in order to protect people from risk and harm and to comply with the law.
- The area between the ground floor corridor leading outside and to the kitchen and laundry was wet with water dripping from blocked guttering causing risk of falls due to slippery wet surfaces.
- Some people's care plans, and risk assessments not being reviewed for three months. We did not find any evidence of harm caused, but there was a risk changes would not be identified and responded to accordingly.

### Preventing and controlling infection

- Some areas of the service were in a poor state of repair such as carpets and bathroom/shower rooms. There was chipped paintwork, holes in floors and the sanitary ware was old and dirty and not fit to use.
- There was only one working shower in the entire building and no bath people could access. The one working shower was also dirty and had black mould on the tiles.
- Due to staff shortages, domestic staff also assisted and supported people at meal times and in the kitchen when required. It is not recommended that staff have cleaning and care duties on the same shift due to the risk of cross infection.

Risks were not identified or managed, and people were not protected from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- The registered manager told us they were experiencing staff shortages and because of this were no longer accepting any new admissions. A recent recruitment drive had been unsuccessful.
- The majority of people had physical needs and required two staff members to support them with mobility and other needs. 14 people required the support of two staff and a hoist for mobility needs and six received

all their care in bed. There were five care staff on duty in the morning, four in the afternoon/evening and three at night. One person said they had to wait a long time for staff to attend to them. It would be difficult for the staffing numbers deployed to meet people's needs considering the high dependency needs of people using the service.

- Berrystead Nursing and Residential home provided nursing care so there is always at least one qualified nurse on duty. However, due to staff shortages, the Registered manager also had to work clinical shifts. This meant they did not always have enough time to attend to their registered manager responsibilities.
- Staff told us they were short staffed but all worked together as a team.

Staffing numbers were not sufficient to meet people's needs or keep them safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited in a safe way. Checks were carried out before employment was offered to make sure staff employed had the right skills and experience. The registered manager carried out monthly checks of nursing registrations to ensure professional registrations were valid and up to date.

Learning lessons when things go wrong

- The Registered Manager and staff had raised concerns they had about the environment such as fire door closers not working, threadbare and heavily stained carpets and leaking showers damaging floors and ongoing issues with accessing hot water but no action had been taken by the provider.
- The registered manager carried out audits and analyses of incidents and accidents and looked for trends and patterns so action could be taken to reduce further risk. Assistive technology was used to reduce risks of falling.
- In response to a person at risk, leaving the service unattended, the Registered Manager introduced the 'Herbert Protocol' this was a procedure to support the swift identification of the person and to reduce the risk of them leaving the service unattended.

Using medicines safely

- People told us they received their medicines at the right time and in the right way.
- Medication records were accurate and up to date. Protocols were in place where medicine was prescribed on an 'as required' basis. This meant staff knew in what circumstances this medicine should be given.
- Staff had training about managing medicines and had their competency assessed.
- People's medicines were stored correctly and securely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff had training about protecting people from abuse.
- Staff knew how to recognise the signs of abuse and knew how to report it. A staff member explained how they knew people well and if people's routines or behaviour changes, they would be concerned about their wellbeing.
- People and staff felt confident action would be taken if they felt un-safe in anyway.

# 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 good. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality monitoring and audits failed to identify risks in the environment or the lack of maintenance and refurbishment. This resulted in bathrooms and shower rooms being out of order and not fit for use. Audits had not identified the infection control risks we found at this inspection.
- Required action to remedy the urgent risks identified in the provider's own fire risk assessment had not been taken.
- The registered manager had raised concerns about issues identified in the environment such as urgent action identified in the fire risk assessment still not being completed 20 months later. Leaking roofs, guttering requiring cleaning, loose roof tiles, threadbare carpets and upstairs sluice room flooring. They had also requested support due to staffing and recruitment issues. However, no action was taken by the provider in response to this concern. No additional support was provided to the Registered Manager.
- Staff told us they had also raised concerns about the environment, but no action had been taken.
- There were limited opportunities in place to involve people who used the service or to seek feedback about their experience of care and support. Only a few people had access to a shower and no one had access to a bath. Many people had physical disability and may have benefited from accessible bathing facilities.
- Parts of the service such as some people's bedrooms and communal areas were not maintained to an acceptable standard. People's views and experience of this poor environment were not considered.
- The Registered manager did not have any administrative support and also had to work clinical shifts due to shortages of staff. This meant they could not always attend to their management responsibilities and this resulted in some care plans and risk assessments not being reviewed for three months. We did not find any evidence of harm caused by this, but this put people at risk of harm. The Registered Manager resigned from their position shortly after this inspection.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were multiple concerns about the cleanliness of bathrooms and the storage of equipment and combustible materials in communal areas and outside area.
- The provider's electrical wiring condition report dated 17 November 2016 identified areas requiring attention to comply with safety regulations, but this action had still not been taken and there was no

planned re-test booked to take place.

- Windows were damaged and had become opaque and were not fitted with the required glazing which met British safety standards. Many areas in the environment including windows, were unsightly and clearly in a poor state of repair.

The provider did not make sure that the premises and equipment where care and treatment are delivered were clean, suitable for the intended purpose and maintained. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and staff told us the Registered Manager was approachable and listened to their feedback and acted where they could but was not able to address the problems in the premises and environment. A care worker said, "I love my job, the manager is very supportive. Supervision and training is good."
- The Registered Manager and staff shared a 'person centred approach to care and support' and were motivated to achieve good outcomes for people who used the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager was introducing a new tool to support staff to recognise physical deterioration and escalation to medical professionals. This meant people would receive medical attention without delay.
- Staff consulted medical professionals and supported people to attend appointments. Staff worked with other agencies such as the Local Authority and Deprivation of Liberty team so that people received joined up care.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The premises and equipment were poorly maintained and not fit for purpose.
Treatment of disease, disorder or injury	

### The enforcement action we took:

We cancelled the provider's registration and the service is now closed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Quality monitoring and audit were not effective
Treatment of disease, disorder or injury	

### The enforcement action we took:

We cancelled the provider's registration and the service is now closed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staffing numbers were not sufficient to meet people's needs.
Treatment of disease, disorder or injury	

### The enforcement action we took:

We cancelled the provider's registration and the service is now closed.