

Methodist Homes

Berwick Grange

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Berwick Grange is a care home providing personal and nursing care to 48 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 52 people.

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

The provider had made improvements following the last inspection. Quality assurance systems were in place to monitor safety and quality across the service. Governance processes had not always identified shortfalls we found with records during inspection. The provider was working to address points identified as part of a dementia action plan and follow up their quality assurance checks. Work was ongoing to continue to make changes and embed new systems and practices.

People's safety was assessed, supported and monitored. The deployment of staff was considered to ensure additional support was available at busier times of the day to ensure people received support.

We made a recommendation about the use of agency staff.

People were supported by trained staff, who used their training in dementia care to inform their practice, including at mealtimes. The environment had been altered to suit the needs of people living with dementia, these improvements to indoor and outdoor spaces were ongoing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff provided warm, kind and compassionate care, which people responded positively to. Their privacy and dignity was respected.

People received person-centred, responsive care. The provider was working to improve the variety of activities on offer to stimulate and engage people.

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

At the last inspection the service was rated requires improvement (published 26 April 2018) and there were two breaches of regulation. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Berwick Grange

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. This inspection was planned to check 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.

Inspection team

On day one an inspector, inspection manager, specialist nurse advisor and an expert by experience carried out the inspection. 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 specialist nurse advisor had experience of working with services supporting people living with dementia.

Service and service type

Berwick Grange 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 is a modern purpose-build care home across three floors. The ground floor provides residential care. The first and second floors provide nursing care and support to people living with more advanced dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on day one. We told the provider we would be visiting on day two.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection. This included notifications the provider is legally required to submit to us to tell us about certain significant

events that have happened at the service. We sought feedback from the local authority. We used the information the provider sent to us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection

We looked at the care records of nine people and 12 people's medication records. We reviewed accident and incident reports and quality assurance checks completed by the registered manager and provider. We viewed three staff recruitment and supervision records.

We spoke with eight people who used the service and eight relatives. We spoke with 16 members of staff including the provider, the registered manager, the deputy manager, nurses, care workers, an activities coordinator, a chef, a kitchen assistant, the chaplain, a housekeeper and the maintenance worker. We received feedback from two professionals; a GP and a healthcare professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We received feedback from two social care professionals. We spoke with a relative. Following the inspection, we reviewed a range of records relating to the management of the service, including training records and the provider's 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.

People were safe and protected from avoidable harm.

At the last inspection the provider had failed to assess and manage risks to people's health and safety. Medicines were not always managed in-line with the provider's policy and procedure. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no-longer in breach of this regulation.

Using medicines safely

- People were supported to take their medicines as they preferred.
- Medicines were safely received, stored and administered. Medicines no-longer required were disposed of correctly. A healthcare professional said, "Medicines are used appropriately, changes to medicines are always managed pretty well. 'As and when required' medicines are never overused."
- When medicine errors and incidents occurred, these were investigated, and action was taken to support the safe use of medicines.

Staffing and recruitment

- Agency staff profiles were not always obtained in advance of them working. They did not always receive inductions to help familiarise themselves with the service. This presented an increased risk to people.

We recommend that the provider reviews best practice guidance when using agency staff and take action to update their practice accordingly.

- The provider operated a safe recruitment process to reduce risks to people.
- There were enough staff available to assist people. A relative said, "They've taken measures to arrange for additional staff to help out at busy times."
- Ancillary staff provided supported at lunch time to ensure people received the support they needed to eat and drink.

Assessing risk, safety monitoring and management

- Behaviour support plans to guide staff in supporting people who may present with behaviours that challenge the service were not followed at times. This meant people were not always supported consistently or effectively. The registered manager agreed to review staff training in this area.
- Risks to people such as weight loss and pressure sores were addressed promptly. Ongoing monitoring was in place to maintain their safety.

- The registered manager had ordered new equipment, such as specialist beds and seating to maintain people's safety.
- Information about people's health conditions and how these affected them were recorded in their care plans to inform their care. For example, one person had diabetes, their care plan described how this presented, symptoms staff should be aware of and how to respond in an emergency.
- The environment and equipment had been assessed and certified as safe.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- When accidents and incidents occurred action was taken to identify any injuries people had sustained, make them safe and monitor this.
- Safeguarding concerns were raised when staff identified people had or were at risk of experiencing abuse.
- Safeguarding concerns were taken seriously and shared with family members.

Preventing and controlling infection

- People lived in a clean environment, reducing the risk of them acquiring infections.
- Staff had access to personal protective equipment for infection control and prevention and knew when to use this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection we had made a recommendation for the provider to review best practice in dementia care and use this to develop staff knowledge and skills. We also made a recommendation about the provider seeking guidance on environmental design for people living with dementia. The provider had made improvements, which were ongoing.

Adapting service, design, decoration to meet people's needs

- The provider sought specialist advice on making the environment more dementia friendly. Work was ongoing to make improvements.
- People had limited access to outside space to support their physical and mental wellbeing. The registered manager advised work was being done to improve this space for people to use.

Staff support: induction, training, skills and experience

- Staff received appropriate induction, support and training to carry out their role and meet people's independent needs. This included training in dementia care.
- Nurses received clinical supervisions and opportunities to develop their skills to ensure people received effective nursing care. The provider agreed to look at clinical support for the deputy manager, who was the clinical lead.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to them being admitted to the service. Reassessments were completed following significant changes in people's needs to consider their support arrangements.
- People's support and living arrangements within the service was reviewed. The registered manager had identified with people's families where they may benefit from moving to a different floor. This had led to positive outcomes for them.

Supporting people to eat and drink enough to maintain a balanced diet

- People worked with kitchen staff to revise food and drink choices, empowering them to choose meal options. One person told us, "The cook is lovely and will always make you something if you ask."
- Kitchen staff were actively involved with preparing meals to suit everyone's needs and serving these. One kitchen assistant said, "We make up show plates and take them round for people to choose from as it's not just about visual choice but the smell that helps them choose."
- People had the opportunity to sample new and varied breakfast options such as salami and pastries, which had proved successful.
- People at risk of losing weight or dehydration received support with eating and drinking. One relative said, "All the staff nurtured [Person] when they went off their food, staff took the time to help and care for them."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives were informed of changes in their family member's care needs and were involved in making decisions about their care. One relative told us, "They keep me up to date without a doubt."
- The registered manager and staff team had good working relationships with healthcare professionals and worked jointly effectively to ensure people had access to relevant services.
- Recommendations made by healthcare professionals were documented and followed. For example, one person was at risk of pressure damage to their skin and had been seen by a specialist nurse. A healthcare professional told us, "When I make recommendations they are definitely followed."

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff checked with people if they would like support before providing this.
- Mental capacity assessments and best interest records showed how people's ability to make decisions about aspects of their care had been considered.
- The registered manager had identified staff needed further training to understand the MCA and had arranged this.
- DoLS were submitted appropriately. The registered manager monitored these and any conditions included within the DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided gentle, kind and compassionate care. They had received written compliments recognising this. One person told us, "I've very happy here and the staff are so nice and kind, nothing is too much trouble for them."
- Staff were attentive to people's needs. For example, by providing them with cushions to make them comfortable and checking on them.
- People received support at a relaxed pace. One member of staff said, "I would say I have time to support people at their pace."
- People had positive relationships with staff. They were welcomed as they approached staff. One to one time, including nail care, was used as an opportunity to build relationships.
- Staff understood the importance of providing people with comfort and reassurance. One relative said, "The staff are very in tune with Mum. She loves music and they always make sure there is music she likes on in her room."
- People's religious and spiritual needs were met. The provider worked with other faiths and denominations depending on people's beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to have choices. Staff knew how to offer choices in ways people would understand. One staff member said, "For clothing we show people options. We check if people want their hair up or down and show how this would look."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff knocked and gained permission before entering people's bedrooms.
- Personal care was provided to people discretely, including if they required this during meal times.
- People were treated with dignity. Staff knew what this meant for each person. One relative had written, 'Thank you for dressing Mum so carefully.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care when they chose. One person said, "I can get up when I want and do what I want."
- People's care was reviewed to consider any changes required.
- When people's care needs changed, staff adapted their support and sought advice. One member of staff said, "If staff say there is a problem with a person's moving and handling the registered manager makes sure an assessment is carried out quickly and the right equipment is purchased."
- Details of people's life histories were recorded to help inform their care. People responded positively when reminiscing with staff about their previous occupations and life events.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had an awareness of people's communication needs, including non-verbal signs they may use.
- The provider had an AIS policy.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People expressed an interest in doing more activities and having more stimulation. One person told us, "Other people seem content to sit but I'm not and I'd like to do more." Another person said, "Life gets tedious with nothing to do." Work was being done by the provider to improve the amount and range of activities being offered to people.
- Technology was used to good effect. Some people had 'dementia cats', which responded to touch. People showed us their cats with pride and benefited from the companionship.
- People were supported to maintain existing relationships and form new ones. They found it enjoyable and comforting to sit and chat with their friends.
- A sensory room and equipment was available for people and their relatives to use. One relative said, "I notice the different when [Person] has been in the sensory room, they are alert and engaged."

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise any concerns with staff and the registered manager. One

relative said, "I always find if I need to speak with them nothing is pushed aside, and things are addressed."

- Complaints by relatives and members of the public were acknowledged and responded to appropriately.

End of life care and support

- End of life care plans were in place for people requiring this support and guide staff interventions. These were reviewed when staff observed improvements or deteriorations in people's health.
- People's religious needs were considered as they approached the end of their life. The chaplain said, "I would sit with people, I'd read to them pray with them or talk with them. I speak with their relatives and support them. Sometimes I'm asked to take funeral services, it's a privilege to do this."

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.

Management of the quality and safety of the service was inconsistent. Leaders promoted a person-centred culture.

Continuous learning and improving care; 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

- Although the provider had made significant improvements since the last inspection some aspects of governance were not always effective in identifying shortfalls we found in record keeping. This included behaviour support plans and agency staff profiles.
- A dementia action plan was in progress to improve the home environment and enhance the quality of life for people in the service living with dementia. These changes had not yet had time to be embedded in practice.
- Quality assurance checks had been completed by the provider. These had not always been followed up due to changes within the provider. The registered manager confirmed these were in progress.
- The registered manager had developed an action plan to implement and drive improvements. This had been completed. Work was ongoing to embed these changes.
- Audits were used to inform and improve care. For example, when issues were highlighted with medicine audits action was taken to improve the system and staff practices.
- The registered manager completed 'walkarounds' to monitor quality, safety and people's experiences of the service. Any issues were addressed responsively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their and their colleagues' roles and responsibilities. They worked together and shared a commitment to improving the service for people.
- Staff looked to senior colleagues, such as senior care workers or nurses for advice and guidance. One member of staff said, "The nurses are really good at listening, they are the main support." A healthcare professional told us, "The qualified staff are really experienced and share their skills and knowledge." This helped the service to run smoothly and consistently.
- The registered manager had a detailed knowledge of all the people living in the service, people responded positively to being greeted by name and speaking about subjects of interest to them.
- Discussions with staff and performance management was used to address any concerns about staff practice.
- The registered manager was respected as a leader. People, relatives and staff recognised the positive changes they had made to the service and the impact this had on people.

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

characteristics

- Relative meetings provided an opportunity for family members to be involved in the running of the service and informed of any changes planned. One relative said, "There is never a time limit to the meetings. The registered manager is open and responsive to what we have to go say."
- People and their relatives had the opportunity to provide feedback on the service and make suggestions through an annual survey.
- People, relatives and staff could speak with the registered manager at any time if they had concerns about people or the service. One member of staff told us, "They have an open-door approach, so we can speak with them at any time."

Working in partnership with others

- The service had good links with local community and key organisations.
- The provider workers in partnerships to look at how their working arrangements could be improved. For example, meeting with the local pharmacy.