

Berrystead Nursing & Residential Home Limited

Berrystead Nursing and Residential Home

Inspection report

1001 Melton Road, Syston, Leicestershire
LE7 2BE
Tel: 0116 269 2366

Date of inspection visit: 30 October 2014
Date of publication: 28/04/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on the 30 October 2014 and was unannounced. When we last inspected the service on 17 June 2013 we found the provider was compliant with the standards we assessed.

Berrystead Nursing and Residential Home provides accommodation, personal care and nursing care for up to 46 older people. There were 29 people using the service at the time of our inspection. The home is located in grounds that are set back from the main Leicester to Syston road.

There was a registered manager in post. 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.

Summary of findings

People told us they felt safe at the service and were able to speak with staff if they had any concerns. The premises were in need of some refurbishment and redecoration throughout. Bathing facilities did not meet the needs of some people who used the service.

People were supported to eat and drink sufficient amounts and were given choice. Staff managed people's medicine in a safe way.

People told us and we saw that staff were kind, caring and respectful. Staff knew about people's needs and the way they preferred to be supported.

People were able to pursue their hobbies and interests. There was a full and varied range of activities on offer.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Safety and Suitability of Premises. The premises had not been sufficiently maintained or refurbished. Bathing facilities did not meet the needs of some people who used the service. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe.

People were not properly protected against the risk of unsafe or unsuitable premises. The environment did not take into account people's diverse needs and promote their privacy, dignity and independence. Refurbishment was required throughout.

People were protected from the risk of abuse. Staff had received the training they required to safeguard people from abuse. They knew what action to take if they had a concern.

Recruitment procedures ensured in so far as possible that only people suitable to work at the service did so.

People received their medicines at the right time and procedures followed best practice guidelines for the safe management of medicines.

Requires Improvement



Is the service effective?

The service was effective.

People received the care and support they required because staff had received the training they required.

People had their needs assessed and care was planned to provide support in the way people preferred.

People were protected from the risk of malnutrition and dehydration. Special dietary requirements were provided for.

Good



Is the service caring?

The service was caring.

Staff were kind and respectful to people who used the service.

Staff knew about people's needs, personal histories and preferences.

People were involved in making decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

People were able to follow their interests and hobbies and there was a full and varied programme of activities.

Complaints were investigated and action was taken to improve.

Good



Is the service well-led?

The service was not consistently well-led.

Requires Improvement



Summary of findings

The provider did not send us information we asked for before the inspection.

People felt the management team were open and accessible and would listen to them.

Systems were in place to monitor the quality of service provision.

Berrystead Nursing and Residential Home

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 30 October 2014 and was unannounced. The inspection team consisted of two CQC inspectors.

Before the inspection the provider was asked to complete a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider did not send us the information we requested.

We also reviewed the provider's statement of purpose and the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. A statement of purpose is a document which includes a standard required set of information about a service.

We used a variety of methods to inspect the home. We spoke with seven people living there, three relatives, five members of staff including carers, qualified nurses and the activities organiser, and a registered manager. We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked in detail at four people's care records.

Is the service safe?

Our findings

We were concerned that there were aspects of the premises' design, layout and maintenance which posed risks to people using the service and staff and which inhibited the provider's ability to offer safe, effective and responsive care.

Carpets were worn and stained in all communal areas and in four of these areas the carpet was torn or worn through. This presented slip, trip and fall hazards in those four areas and made cleaning and infection control difficult in all communal areas.

In one of the bathrooms a blind was broken and could not be closed. There was no other covering for the window and this compromised the privacy of people using the service.

Another bathroom was being used as a storage area for clothing and equipment and could not be used for bathing. The baths in the service were not suitably adapted to help meet the needs of people with physical disabilities or restricted movement.

Some toilets and toilet seats were worn and were difficult to clean sufficiently to prevent risks of cross infection.

Dry goods such as aprons and cleaning materials were stored in a cellar area. Access to and egress from this cellar was via a steeply inclined staircase. The wooden skirting bordering the stairs was broken and presented a sharp shard which could cause injury. This potentially compromised the health and safety of staff.

The main kitchen storeroom containing freezers, frozen food and dry goods was in an outside area which was accessed by steep concrete steps and a courtyard with broken paving. This also potentially compromised the health and safety of staff. There was also water on the floor in the store room which could present a slip hazard to staff.

We referred our concerns relating to both storage areas to the Health and Safety Executive.

These matters were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked people if they felt safe living at the service. They told us they would feel confident speaking to staff if they had any concerns or did not feel safe. One person said "I would make a complaint to anyone and they [staff] would

listen and take action." A relative we spoke with said they had not been made aware of the complaints procedure, however they did say they would speak with staff if they had any concerns and felt they would listen.

We spoke with staff about their understanding of abuse and how to protect people. All staff we spoke with knew how to recognise signs of abuse and what action to take if they suspected abuse. All staff referred to the 'whistle blowing' policy and knew how to escalate concerns both in and outside of the organisation. This meant that the risk of abuse was reduced and swift action could be taken if abuse was suspected.

We saw that there were a low number of accidents and that appropriate action had been taken to reduce the risk of further harm to those involved and to others. We saw that an analysis had been carried out regarding falls. Staff had looked for trends and patterns so that cause could be identified and preventative action taken.

Risks associated with receiving care, for example the risk of developing pressure sores had been assessed. We saw that when risk had been identified, preventative action had been taken. However two people who had been admitted to the service on a short term basis did not have risks assessed or a plan of care in place and this may have put them at risk of avoidable harm. We spoke with the registered manager about this and they agreed to address this shortfall.

We noted that staff had made decisions about risks associated with profiling beds in collaboration with healthcare professionals. A profiling bed is an electronically controlled bed that can be adjusted in height and position. However these decisions were not recorded in people's care files and these files contained contradictory information. For example in one case an assessment had been made that it was not safe for a person to adjust their bed independently and their care file stated that the control should be accessible at all times. This meant that there was a risk that they may have used their bed unsafely.

Some people told us they often had to wait for staff to attend to them after they had activated their call bell. Others said that there were always enough staff on duty to attend to them when they needed them. One said, "There is always a member of staff around". During our inspection we saw that call bells were answered quickly and there appeared to be enough staff to attend to people's needs.

Is the service safe?

One person said “They answer the call bell in a reasonable time.” Relatives we spoke with felt there were enough staff on duty to meet people’s needs. The registered manager informed us that the numbers of staff on duty were adjusted in accordance with the needs of the people who used the service. This was reviewed on a daily basis.

We looked at staff files to check that safe recruitment practises were followed. We saw that pre-employment checks were carried out to ensure so far as possible that only staff with suitable character, skills and experience were employed. We found that safe recruitment practises were followed. We saw that the provider checked with professional bodies such as the nursing and midwifery

council to ensure that nurses employed were up to date on the register and fit to practice. People we spoke with told us they liked the staff. One person said “All the staff have been lovely.”

We spoke to people about their medicine and how this was managed. People told us they got their medicine at the right time and in the right way. We looked at the storage and administration records for medicines. We saw that administration was recorded accurately and clearly. Medicines were stored in a safe way. Staff had been given specific responsibilities to ensure as far as possible that medicines were managed in a safe and effective way. We saw that staff were proud of the systems and processes they had put in place. They had the right skills and training to manage people’s medicines in a safe way.

Is the service effective?

Our findings

Most people told us that staff knew how to meet their needs and provide the care and support they required. One person said “the staff are very good”. Two people however told us that they considered that some staff were well trained but that others were not. We found that staff had received the training they required to do their jobs.

Staff we spoke with told us that access to training was very good. We looked at records of staff training provided and planned. Staff had received the training they required to do their jobs. All staff received induction training as soon as their employment began. This meant that staff were quickly made aware of policies and procedures so that care and support was provided in a safe way. The registered manager informed us that 11 of the 21 staff had achieved a nationally recognised qualification in care. Staff told us they received supervision from their line manager and records confirmed this. This meant that staff had their performance assessed and opportunities to discuss their learning and development needs.

Staff we spoke with demonstrated an awareness of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). The MCA sets out how to act to support people who do not have capacity to make specific decisions about everyday things like what to wear or more important decisions like agreeing to medical treatment. DoLS are legal protections for people who need to have their freedom restricted to keep them safe. They were also able to describe the ways they obtained consent and offered people choice. We were informed that the majority of people did have the capacity to make decisions relating to their care and support.

The provider had policies and procedures in place about the MCA and DoLS. One person did not have the mental

capacity to make some decisions. This person may have been having their liberty deprived in order to keep them safe. An urgent application had been made to the DoLS team so that a best interest decision could be made by an authorised person.

We spoke with people about food and drink. One person said “The food is lovely, there is always a starter and two choices for main meals. We had had a curry night and that was lovely.” We observed the lunch time meal. There were staff in attendance to assist people who required help. Staff offered people choice and respected their wishes. Staff were patient and assisted people in a kind and sensitive way. The meal time was unhurried and the atmosphere relaxed. People were able to choose where they had their meal with some people preferring to eat their meal in their room.

We looked at menu records and saw that a varied and nutritious diet was on offer. Staff knew about people’s dietary needs and preferences and ensured that these needs were met. People we spoke with told us the food was good and plentiful. We saw there was fruit and a choice of drinks available in the dining room. Records showed that people had their risk of malnutrition assessed and where risk was identified management plans were in place. A relative we spoke with told us their relative had put on weight since coming to the home and that this was a good thing. Another told us that the manager would arrange parties for birthdays and special occasions and provide food and cake which was ‘lovely’.

People told us they could see a healthcare professional such as a GP or dentist whenever this was required. Records showed that this was the case. Relatives also told us that people were taken to appointments or seen at the service by a healthcare professional when this was required.

Is the service caring?

Our findings

People told us that staff were caring. One person said “The staff and carers are really lovely. Our activities person is always thinking of lovely things for us to do.” Relatives we spoke with told us they were always made to feel welcome when they visited. One relative said that staff were very ‘thoughtful’. We observed that staff were kind and respectful when speaking to people who used the service. We saw that staff made sure people had the things they wanted with them and near to hand.

Staff we spoke with knew about people’s individual needs and preferences including their spiritual and religious needs. All the staff we spoke with said they would use the service for a person they cared about. A staff member told us that the staff team worked well together and would not tolerate staff who were not caring. A member of staff told us it was an ‘honour’ to care for people especially in the final stages of their life.

People had been consulted about their likes and dislikes and their faith. There were details of people’s care needs in their records such as what time they liked to get up, how they liked their breakfast, what they liked to wear and information pertinent to the support they now required.

There was a document that identified their end of life wishes. It was apparent from the documentation that people and their relatives had been consulted and involved.

Some people who had been admitted to the service on a temporary basis did not have a detailed plan of care or other information about their needs and preferences. One person had difficulty communicating and staff knew very little about this person. We spoke with the registered manager about this. They were aware of these shortfalls and were taking action to ensure the person’s needs were known and met.

People told us that staff maintained their privacy and dignity at all times. Staff told us they had received training about this and were able to describe the action they took to protect privacy and dignity. We saw that staff used a lap blanket to protect a person’s modesty when they moved them using a hoist. Staff knocked on people’s doors and waited for a response before entering.

Many people who used the service had physical disabilities. Staff told us about the things they did to promote people’s independence such as encouraging people to do as much for themselves as they were able. A member of staff gave us examples of how people had been supported to improve their mobility.

Is the service responsive?

Our findings

People told us they received the care and support they wanted and in the way they wanted. One person said “You can ask for anything and do whatever you want.” They told us how staff understood their preferences and respected these. Another person told us they liked to stay up late and this was respected. We looked at care records and saw that they were focused on the person’s preferences and contained specific details about how people liked to be supported. For example, a plan of care recorded a person liked a particular type of biscuit at night and another that a person was very sensitive to feeling the cold.

Staff told us they received a detailed handover at the start of each shift. A staff member told us they had been given a list which recorded the care each person needed for that day. This meant that staff were given up to date information about each person and could respond appropriately to their current care and support needs. Staff knew about people’s plan of care and preferences and were able to give examples of how they met people’s individual needs.

There was a full and varied programme of social and recreational activities on offer. These included activities in and outside of the home. People told us about going out for pub lunches and other trips out. There were a range of craft and gardening based activities. During our visit there was a quiz. We saw that this activity was engaging and people were involved and enjoying it. One person told us they really enjoyed the organised activities especially the quiz.

Each person had their own written profile which included a biography and activity profile. These records detailed the things that were important to the person and the things they liked to do. People were asked to provide feedback and ideas for future activities. We were told about examples of people requesting specific activities and staff facilitating these. For example, one person wanted to eat fish and chips from a newspaper and this was made possible. People had planted bulbs for spring flowers and a sensory garden was being developed. We saw that garden areas were used to their full potential and were accessible to people with mobility problems. Window bird feeders were used so that people could easily view the birds as they fed and there was a camera set up in a bird box in the garden so that people could watch the progress of the nesting birds on a TV monitor in the lounge. We saw that people had opportunities to try different foods and this was made into a social occasion. One person told us they had really enjoyed the ‘curry night’.

We asked people if they knew how to make a complaint. One person said “You can make a complaint to anyone, they would listen and take action.” We saw that records were kept of all complaints received and written information about the provider’s complaints procedure was available at the service. Satisfaction questionnaires were sent to relatives annually. Results were analysed and shared with people who used the service and with relatives. Staff knew about the complaints process and how to record and escalate a complaint.

Is the service well-led?

Our findings

In August 2014 providers of services were asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider received a PIR request but did not complete or return it. We were not given a satisfactory reason for the non-return.

The service was led by a registered manager and team of qualified nurses. Everyone said the registered manager and management team was approachable and accessible. People said they could speak to any of the staff. A relative told us that communication was good and they were always kept informed of any changes. We were given an example of a person losing their hearing aid and the registered manager quickly took action to sort out a replacement. Staff told us that they were listened to by the management team and attended team meetings where they could add any agenda item. A staff member told us they had suggested an ice making machine to keep drinks cool in the summertime. The management team listened and purchased an ice making machine which we saw in the dining room during our visit.

Staff we spoke with were enthusiastic and proud of the service they provided. They all commented on the refurbishment required throughout the home. They told us it was a shame because the care was good and they would have no hesitation recommending it to others. They were particularly proud of the team work amongst staff.

We were informed that relatives meetings were held and some relatives confirmed that this was the case. We saw that people had been asked about the activities they would like to do and to give feedback about the activities they had taken part in.

Student nurses completed placements at the service as part of their nurse training. This meant staff were working in a learning environment with opportunity to update practice with current guidance about best practice. We saw that the registered manager had asked the student nurses for feedback of their experience at Berrystead so that improvements could be made for the next batch of students.

Systems were in place for the on-going quality monitoring of the service. For example, audits were carried out to check that care plans were up to date and that medicines were managed in a safe way. There were various health and safety checks to make sure the building and equipment were in working order and safe. For example, we saw that hot water temperatures and fire safety equipment were checked. This meant that people who used the service were protected. The registered manager was aware the service required refurbishment and they told us about the plans to improve the premises and environment. However, quality assurance systems had not identified the potential health and safety risks associated with torn carpets, the stairs leading to the cellar and broken paving stones.

We looked at records of complaints and saw that action plans were in place. This meant that action was taken for learning and improvement in response to complaints

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and bathing facilities.