

Cuerden Developments Ltd

Berkeley Village and Cuerden Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Berkeley Village and Cuerden Grange is a residential care home registered to provide nursing and personal care for up to 85 people. At the time of the inspection 83 people were living in the service. The home comprises of two separate buildings on the same site. One accommodates people who have acquired brain injury and require nursing care. The other has two units. One for people who are preparing to return to the community and the other for people who require help with personal care. The home is registered with the Care Quality Commission to accommodate adults of all ages, those living with dementia or mental illness and people with physical disabilities.

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

People were safe living at Berkeley Village and Cuerden Grange. The practices adopted by the home protected people from harm. However, some medicine records could have been better. We made a recommendation about this.

Enough staff were on duty to meet the needs of people and acceptable recruitment practices were in place. People looked relaxed in the company of staff and relatives confirmed they felt people were safe living at Berkeley Village and Cuerden Grange.

A wide range of training had been provided for the staff team, which helped to ensure people received the care and support they needed. Community health and social care professionals had been involved in the care and support of those who lived at the home and people's dietary needs were being met.

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.

People received good care. Their preferences and wishes were respected by the staff team. People were treated with dignity and respect and were involved in the decision-making process. Care files were person-centred. Clear guidance was available about how to communicate with people effectively and independence was promoted. A range of activities were provided.

We found some of the documentation was not up to date and in some cases action plans had not been developed. We made a recommendation about this.

The staff team were open and transparent during the inspection process. There was evidence of community engagement taking place. A range of audits and monitoring was seen. We received positive feedback about the management and staff teams.

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

Rating at last inspection:

This service was registered with us on 17/08/2018 and this is the first inspection.

Why we inspected:

This was a scheduled inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

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 always safe.

Details are in our safe findings below.

Requires Improvement 

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 well-led.

Details are in our well-led findings below.

Good 

Berkeley Village and Cuerden 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

On the first day the inspection team consisted of three inspectors, a registration manager, a specialist medicines advisor, a specialist nurse advisor and two experts by experience. An expert by experience is someone who has experience of the type of service being inspected. On the second day two inspectors visited the home.

Service and service type

Berkeley village and Cuerden Grange 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.

The service had two managers registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered managers were both present throughout the inspection.

Notice of inspection

The first day of the inspection was unannounced. We gave the provider short notice of the second day of the inspection. This was to make sure the managers would be available to discuss our findings and to receive feedback about the inspection.

What we did before the inspection

Prior to our inspection we checked all the information we held about the service. This included any statutory notifications about any serious incidents, which the service is required to send to us by law, any allegations of abuse or feedback about the service. We received feedback from ten community professionals. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

To understand the experiences of those who used the service we spoke with sixteen people who lived at the home and observed interactions between staff and people. 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. We also spoke with seven relatives and fourteen members of staff, including the two registered managers and a regional manager. We looked at many other records. These included fifteen care files, medication administration records, two staff files, training records and associated documentation relating to the operation and management of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff took a person-centred approach to medicines administration, taking account of their routine whilst maintaining safety. People told us they got their medicines on time and medicines were stored safely.
- The provider had detailed policies and procedures around medicine management. However, some medicine records could have been better.
- Robust audits had not been well-established to ensure the required standards were always met and records to support medicines administration were not always sufficiently completed.
- However, the provider had developed a detailed action plan and conducted a thorough internal audit following the first day of our inspection. The management team assured us improvements would be made without delay to address the issues raised in relation to medicine records.

We recommend the provider introduces more robust systems to ensure medicine records are consistently completed, so that medicines are always managed in a safe manner.

Assessing risk, safety monitoring and management

- The provider had systems which, in general protected people from the risk of harm.
- The registered managers had ensured risks had been assessed. However, these varied in quality. Most were detailed, but others lacked relevant information. We discussed this with the managers, who assured us this would be addressed without delay.
- The provider had introduced environmental emergency plans. Maintenance checks had been conducted regularly. Systems and equipment were safe for use. Staff transferred people safely with the use of mechanical aids, as required.
- The premises were safe and well maintained. However, the flooring in one passenger lift created a trip and infection control hazard. We reported this to the registered manager. The flooring was replaced before we left the home.
- Staff received regular training in fire awareness. A fire safety policy and risk assessments were in place. The provider had introduced Personal Emergency Evacuation Plans (PEEPS) for each person who lived at the home. However, these lacked person-centred guidance for staff.
- Some internal audits had not been dated and action plans had not always been developed to show how and when improvements were to be made. Incidents and accidents had been documented. However, the outcome and actions taken were not clear.

We recommend documentation be reviewed and updated, so clear guidance is provided for the staff team and action plans be developed to incorporate any areas in need of improvement.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the home were safe and protected from abuse.
- The provider had clearly displayed safeguarding information in line with current guidance, so people would know how to report any allegations of abuse. Policies and care plans showed people were protected from discrimination and their human rights were promoted.
- The provider had systems for recording safeguarding incidents and for responding to staff concerns. A good percentage of staff had received safeguarding training and those we spoke with were aware of reporting procedures.
- People who lived at the home appeared comfortable in the presence of staff. People told us they felt safe. They said, "We're well looked after here"; "The staff make me feel safe"; "I've got my own room and I've got a key [to the door]" and "I feel absolutely safe." Family members confirmed their relatives were safe using the service and told us staff treated them well.

Staffing and recruitment

- At the time of our inspection there were enough staff on duty to meet people's needs and recruitment practices were robust.
- Feedback about staffing levels varied. Some people said there were plenty of staff available, whilst others told us there weren't enough. They said, "There are always plenty of staff on duty. They [staff] come to me quickly"; "There's never enough staff. Perhaps they could do with a few more [staff], it's usually very busy" and "I don't think the numbers of staff are a problem." We noted assistance was provided in a timely manner and staff members were present in communal areas.
- The provider had ensured relevant checks had been conducted before potential staff started work. Disciplinary procedures were being followed in day to day practice.

Preventing and controlling infection

- The provider had established good infection control practices.
- Policies were followed and the home was clean, hygienic and pleasant smelling throughout. Everyone we spoke with said the home was clean and well maintained. Infection control training had been provided for staff on induction and through mandatory training programmes.
- Staff were seen wearing personal protective equipment and the registered managers had completed regular infection control audits.

Learning lessons when things go wrong

- Records showed lessons had been learned when things went wrong and following the results of internal audits.
- We observed a situation on the first day of our inspection where lessons were learned following action taken by one member of staff. Systems were implemented to avoid any repetition.
- We noted lessons had been learned following a recent system failure within the home. This was followed up by a 'Group Point of concern' meeting, which involved staff members concerned.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Staff support: induction, training, skills and experience

- The staff team were well trained.
- New staff were supported through a detailed induction programme and mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. All members of staff completed knowledge checks in each area of training, which were assessed by an external organisation and resits were needed if pass marks were not achieved.
- The provider had systems which enabled staff to be individually supervised and appraised, allowing discussions around work performance, training needs and any concerns or areas of good practice.
- Staff confirmed they had regular supervisions and annual appraisals.

Supporting people to eat and drink enough with choice in a balanced diet

- The provider ensured people received a well-balanced diet, which met their needs and dietary preferences.
- We observed lunch being served. The dining experience was pleasant. We saw staff to be attentive and encouraging those reluctant to eat. Everyone was given plenty of time to eat their meals and were always asked if they had finished before plates were removed. Two members of the inspection team sampled the food served, which was found to be tasty and well presented. Hot and cold beverages were freely available throughout the day.
- People's nutritional needs were assessed and those requiring closer monitoring were weighed regularly with their dietary and fluid intake being monitored and specialist advice being sought, as was required.
- We received mixed comments about the food provided, but most people said they enjoyed it. Some people said there was no choice of menu. However, we did observe a staff member asking people their choice of meals. The menu was displayed in the dining rooms, although these were in small print and not at a suitable height for wheelchair users. We noted in one unit the menu displayed did not reflect the meal served. People told us, "The meals are alright. The staff know what I do and don't like and I can ask for something else. I can get a drink and a snack whenever I want"; "The food's great here"; "The meals are not brilliant, but they're ok" and "The food is good. I can choose something else if I don't like what is on the menu."

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

- The provider ensured environments were suitable for the needs of people who lived at Berkeley Village and Cuerden Grange. There were some walk in shower rooms available and bedrooms were individualised. People had selected their own décor and some had recently helped to paint one of the lounges.

- The environments were safe, well-maintained and pleasantly decorated. A satellite kitchen was available for those preparing to return to community living.
- Signage was displayed, which helped to ensure people were able to move around the home safely.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA.
- Detailed mental capacity assessments had been conducted and decisions had been made in the best interests of those who lived at the home. This was evident in the DoLS applications submitted to the local authority. Some applications had been approved and others were periodically followed up.
- It was clear the staff team had listened to one person's request for their mental capacity to be reassessed.
- Records showed people had agreed to the care and support provided and we saw staff asking them for verbal consent prior to any personal care or activities being carried out.

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

- The provider had ensured people's needs were assessed before a placement at the home was arranged. This helped to make certain the staff team had the resources and training to meet individual needs before people moved into Berkeley Village and Cuerden Grange.
- Care records showed that on admission people were provided with a tour of the home and were given good explanations of daily routines. This supported good orientation and helped people to familiarise themselves with their surroundings.
- The care plans we saw provided the staff team with clear guidance about people's choices and how care and support was to be delivered for individual people. The provider was using a recognised tool to measure the health and social functioning of people with mental illness. This helped them to receive the specialised care and support they needed.

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

- The provider had developed good links with other community professionals
- People were able to access health and social care services to ensure their needs were being met.
- We received feedback from ten community professionals, who provided us with very positive comments about the home and staff teams.
- We saw people being provided with appropriate and timely support for their individual needs. One person told us, "If someone is not well they get a doctor straight away or if they are really poorly they call for an

ambulance." A family member wrote in their feedback, 'The team were supportive to myself and demonstrated professionalism, empathy and careful management of (relative) to ensure the admission to hospital took place in a humane and safe manner. I couldn't ask for better care at Berkeley village.'

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The staff team ensured people were always treated well.
- We saw some lovely interactions between staff and people who lived at the home. People were treated equally and any diverse needs were appropriately met. Staff clearly had positive attitudes and encouraged constructive engagement, which was reflective of information detailed in care plans.
- Care plans included the importance of respecting people and ensuring their privacy and dignity was promoted, particularly during the provision of personal care.
- People told us they were looked after by a kind and caring staff team. One said, "I get lots of choices here and the staff always seem happy. My parents come and visit and everyone makes them feel welcome" and another commented, "Staff are kind and talk nicely to me." A family member told us, "I haven't seen one member of staff be disrespectful to anyone. They are kind and knowledgeable and always keep me up to date with everything." One member of staff said fondly, "I love my residents."

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

- The provider ensured people were supported to express their views and were involved in making decisions about their care and support.
- The provider had a range of policies to help staff to promote people's privacy and dignity. Records showed people were supported to access advocacy services, as was required. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them. People were supported to make decisions about their care and we observed them making a variety of choices throughout the day. People who lived at the home and their relatives had periodically completed surveys, which provided positive feedback about the service, staff team and support in decision making.
- People's communication needs were recorded well and we observed staff members allowing people time to express their wishes in a compassionate way. This supported people to be involved in their care. We received positive feedback around people being able to make decisions. One person told us, "I get lots of choices here. I've got a lovely flat." Another commented, "My family are made very welcome when they visit; I like that. Staff are happy to work here they're always friendly. I would recommend here to others as it's a nice environment and the staff are nice."

Respecting and promoting people's privacy, dignity and independence

- The staff team ensured people's, privacy, dignity and independence was maintained.
- People's personal care was delivered in private and we saw staff knocking on bedroom doors before

entering. Staff were observed chatting with people quietly, whilst maintaining their dignity. Everyone we spoke with told us their privacy and dignity were respected. They said that when getting dressed doors and curtains were closed and staff always knocked before entering their bedrooms.

- People were encouraged to be independent. Some told us of jobs they enjoyed doing, such as clearing the dining tables, cleaning their own bedroom and doing their own laundry.
- Care records and staff files were stored in a confidential manner. This supported the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with good details about the services and facilities available to them. This helped them to make informed decisions about accepting a place at the home.
- There was a wide range of information displayed within the home, which helped people to understand various processes and how to access different support services.
- We saw staff members openly engaging with people during the inspection, which enabled meaningful conversation and helped to avoid isolation.
- Care records provided staff with clear guidance about how to meet people's communication needs effectively and people's rights were retained in their care files in relation to the accessible information standard.

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

- The registered managers ensured person-centred care plans had been developed, which provided the staff team with clear guidance about the needs of people and how these needs were to be best met. This helped to support effective delivery of care. However, feedback we received from people about their involvement in the care planning process varied. Some people were aware of their care plans. One person said, "They [staff] go through my folder" and another told us, "They [staff] respect my wishes about me preferring female carers. It is in my file. I have regular meetings to discuss my care plan and I get to have a say in my care." However, one family member told us, "They [staff] do discuss my relative's care with me, but he prefers a bath and they give him a shower."
- The care plans were a detailed reflection of people's needs and showed their preferences and interests had been taken into consideration. These had been reviewed regularly and any changes in needs had been recorded well. This helped to ensure current information was available for the staff team. Regular health checks had been conducted to ensure these needs were also met.
- Staff understood people's needs well and it was clear those who lived at the home were supported to make choices and to take control of their daily lives.

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 were supported to follow their interests whilst living at Berkeley Village and Cuerden Grange.
- A wide variety of structured activities had been introduced based on people's preferences and wishes, including activities for those who were nursed in bed or who stayed in their bedrooms. This helped to prevent isolation and promoted stimulation.
- We were given some good examples of people being supported to maintain their interests and to meet their ambitions in life, such as being involved in dog walking, going fishing, a day out with family in Blackpool and swimming with their grandchild. One person was supported by staff to write a short story each day because he wished to improve his writing skills. At the time of our inspection, 'Home safari' visited, which involved people interacting with a variety of small animals, such as skunks, reptiles and rabbits. A singer was also performing in one of the communal areas.
- People told us about the activities available within the home. Some said they preferred to watch TV and did not choose to join in any leisure activities. Others said they really enjoyed what was on offer and many said they particularly enjoyed the visiting entertainers. One regular activity was poetry reading where poems written by service users were read out to the group. Comments we received included, "I come in the lounge most of the time because there's plenty of friends to talk to. It depends what the activities are, I like anything like that"; "I knit, sew and read. I enjoy the activities"; "I don't join in the activities; they're not for me, but I like the entertainers" and "The activities are good, the activity co-ordinator works very hard."
- One person was involved in staff interviews and had a paid job in the home with an easy read job description. It was clear how much this person valued their role within their home environment. Another person told us, "I have an individual planner in my room and that really helps me to know what's happening each day."

Improving care quality in response to complaints or concerns

- The provider had a policy about how people could make a complaint, should they wish to do so. This was prominently displayed within the home and incorporated clear guidance for any interested parties.
- Most people told us they would know how to make a complaint, if they needed to, but no-one we spoke with had needed to do so. One person said, "There's nothing to complain about." Another commented, "I would talk to the boss in the office if I had any worries or complaints" and a third told us, "If I had any worries I would talk about it to my keyworker and they would listen to me and help me."
- Systems were in place for recording and monitoring complaints. However, there could have been more information recorded around investigations conducted and lessons learned.

End of life care and support

- The provider had policies which enabled the staff team to understand the importance of delivering compassionate end of life care to those requiring this sensitive support.
- There was good evidence to show support planning had been developed around people's individual end of life care needs and wishes. These incorporated clear decisions and showed discussions with loved ones had taken place.
- A good percentage of staff had completed training in relation to end of life care. This helped the staff team to develop end of life care plans with those who lived at the home and their loved ones, as appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

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

- The provider had implemented systems, which staff understood, so the quality of service provided was effectively assessed and monitored. New documentation was in the process of being implemented to further develop management processes.
- The staff team understood their individual roles and responsibilities. Staff were seen undertaking their roles and duties in a person-centred way and with genuine kindness. Internal systems were in place to check on staff performance and the quality of service provided. Although some improvements were needed around medicine records, following discussions with the management team, all areas were acknowledged and acted upon immediately.
- The provider had implemented a business continuity plan, so the staff team were aware of action they needed to take in the event of an environmental emergency.
- The provider had submitted the necessary statutory notifications to the Care Quality Commission, as required by law and had reported any significant events appropriately.
- Required records were maintained and available for inspection. However, documents were not always up to date or fully completed and quality monitoring folders were not always well organised. This made information hard to find and difficult to follow. We discussed this with the management team, who assured us they would review the record keeping systems to ensure they were up to date and to make information easier to find.

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

- Two registered managers were appointed at the home. Both were extremely helpful and very co-operative throughout the inspection process. They were open and honest, demonstrating good knowledge of the home and the needs of those who lived at Berkeley Village and Cuerden Grange. During the inspection information was provided promptly when requested.
- Person-centred care and support were promoted through processes adopted by the home. This helped to ensure effective outcomes for those who lived at the home.
- Everyone we spoke with provided us with very positive feedback about the managers and the staff team. One person, when referring to a manager simply said, "She's brilliant."
- The complaints folder supported duty of candour, as written outcomes to the complainants incorporated a letter of apology.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home promoted a positive culture which was embedded within the visions and values of the home. A person-centred approach supported good outcomes for people who lived at Berkeley Village and Cuerden Grange.

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

- The service held regular meetings for those who lived at the home, their family and friends and all grades of staff. This enabled any relevant information or topics of interest to be shared and discussed.
- We saw a wide range of compliments had been received and the provider had obtained periodic feedback from interested parties by using surveys, so people's views about the quality of service provided could be gathered and any issues addressed. Extracts read, 'Just wanted to say thank you for all the care and support you gave to our relative and us during the time she lived at Cuerden Grange. She was very happy there and considered it her home' and 'The atmosphere was positively buzzing in Berkeley and I was very impressed with the staff I spoke to'.
- One family member spoke very highly of the management team. He felt the care his relative received was of good quality. He said the staff listened to him and took on board his suggestions. He felt very well informed about his relative's care and said that he was kept up to date with any changes to care plans or risk assessments.

Continuous learning and improving care

- The provider had ensured systems had been developed which supported staff to develop their skills and knowledge through induction and training programme, observation and supervision sessions. This demonstrated the service was continually striving to improve.
- A good range of updated policies, procedures and guidance were available for the staff team, which supported continuous learning and improving care.
- Following the first day of our inspection the management team developed an action plan, which demonstrated a prompt response to our findings. This showed the provider was committed to improving care and the quality of service delivered.

Working in partnership with others

- The service demonstrated good partnership working had been established.
- Records showed various health and social care professionals had been involved in people's care and support as needed.
- The service had developed good working relationships with community professionals and all those we had contact with provided very positive feedback about the service and the staff team.