

The Berrys Carehome Limited

The Berrys Carehome

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?

Good ●

Summary of findings

Overall summary

The Berrys Carehome 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 Berrys Carehome accommodates up to three adults who have a learning disability and who may also have an autistic spectrum disorder. The Berrys Carehome is a terraced house within a residential area of Laindon. The premises enable each person using the service to have their own individual bedroom and adequate communal facilities are available for people to make use of within the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection was completed on 21 December 2018 and there were three people living at The Berrys Carehome. This was the service's first inspection since being newly registered with the Care Quality Commission.

The provider of the service was also the registered manager. 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.

Our key findings across all the areas we inspected were as follows:

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the providers arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.

Staff had an induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported

them in the least restrictive way possible.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.

Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Social activities were available for people to enjoy and experience both 'in house' and within the local community. Information about how to make a complaint was available and these were managed well.

Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing.

Staffing levels were appropriate and the deployment of staff was suitable to meet people's care and support needs.

The provider's arrangements to manage people's medicines was suitable so that people received their prescribed medication as they should.

Suitable procedures were in place to recruit staff safely

Is the service effective?

Good ●

The service was effective.

Staff received a range of training to meet people's care and support needs. Staff received a robust induction, regular supervision and an annual appraisal of their overall performance.

People's nutritional and hydrations needs were met.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

Is the service caring?

Good ●

The service was caring.

People were positive about the care and support provided at the service. Staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect, dignity and to maintain people's independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans detailed people's care and support needs and how these were to be delivered by staff.

People were given the opportunity to participate in a varied programme of social activities.

Complaints and concerns were logged, acted upon and responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Suitable quality assurance measures were in place to enable the registered provider, registered manager and management team to monitor the service provided and to act where improvements were required.

The service involved people in a meaningful way and worked in partnership with other agencies.

The Berrys Carehome

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 21 December 2018 and was unannounced. The inspection was completed by two inspectors.

We did not use information submitted by the registered provider via their 'Provider Information Return' [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was because the information requested was provided in May 2018 and may no longer be relevant. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the registered provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We did not use the Short Observational Framework [SOFI] for inspection as one person who uses the service was not present during the inspection and two people attended day services and were not present for most of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Two people using the service could talk to us and tell us about the quality of the service provided at The Berrys Carehome. We also spoke with one member of staff, the registered provider and the director of the service. Three people's care files and four staff recruitment and support records were reviewed. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, complaint and compliment records.

Is the service safe?

Our findings

One person told us they had no concerns and the service was a safe place to live.

Suitable safeguarding arrangements were in place to keep people safe. Staff could demonstrate satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the registered manager and external agencies such as the Local Authority and Care Quality Commission. The registered manager was aware of their responsibility to notify us of any allegations or incidents of abuse at the earliest opportunity.

Effective arrangements were in place to manage risks to people's safety. Risk assessments were recorded within people's individual care plans and identified specific risks associated with people's care and support needs. These related to enabling people to access the community safely, risks related to people's specific healthcare conditions, for example, where people were at risk of experiencing seizures, risks relating to the management of diabetes and managing people's overall sense of wellbeing to enable them to cope with demanding and stressful situations. The registered manager was advised that minor improvements were required to ensure the actions to be taken by staff to mitigate these risks were clearly recorded.

Information provided identified people who could become anxious and distressed; and potential factors which could cause them to behave in a way that may challenge others. Risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff had a good understanding and knowledge of these risks to ensure theirs and others safety and wellbeing.

Observations showed people received care from a small consistent staff team. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan and this included carrying out their chosen activities. Staff were always present within communal areas or where people resided and provided support at all times.

Arrangements were in place to ensure the right staff were employed at the service. Staff recruitment records showed the registered provider operated appropriate recruitment procedures to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the obtaining of references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. Prospective employee's equality and human rights characteristics were also recorded and considered when recruiting staff. Minor improvements were required as not all gaps in employment had been fully explored and the reason for leaving employment was not always recorded. An assurance was provided by the registered manager that this would be addressed for the future.

Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely and to an acceptable standard. We looked at the Medication Administration Records [MAR] forms for each person using the service and these showed that each person

had received their medication at the times they needed them and these were kept in good order. There was no evidence to suggest people's behaviour was being controlled by excessive or inappropriate use of medicines. Minor improvements were required and these were discussed with the registered manager as part of the inspection process. Where people were prescribed 'as required' medication, PRN protocols were not as robust as they should be and where people had a topical cream prescribed, the latter was not routinely recorded to evidence this was applied. However, one person using the service confirmed they were supported by staff to independently apply their topical cream. The registered manager was also reminded that it was good practice to monitor the temperature of the area where medicines were stored, to ensure these were within recommended guidelines.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were monitored and maintained to a good standard. The premises were clean, odour free and staff used appropriate Personal Protective Equipment [PPE]. Records confirmed staff received suitable infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and followed food safety guidance.

There was a system in place for recording accidents and incidents. The registered manager and staff understood their responsibilities to raise concerns, report incidents and near misses; and to demonstrate lessons learned when things go wrong.

Is the service effective?

Our findings

Suitable arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in line with the provider's expectations in key areas.

Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation and service. Staff were also required to undertake and complete the Skills for Care 'Care Certificate' induction programme where they had not attained an appropriate National Vocational Qualification [NVQ] or qualification in line with the Qualification and Credit Framework [QCF] and where they had little or no previous experience within a care setting. The Care Certificate is a work based assessment of competency which enables the registered provider to assess if an employee is competent in their role. Improvements were required as two members of staff had not completed the 'Care Certificate' following their employment and despite not having attained a NVQ or QCF qualification. Following the inspection we received an email from the provider verifying staff had attained an NVQ and were awaiting their certificates.

Staff told us they were supported by the provider and received regular supervision. Records confirmed the latter and showed staff had also received an annual appraisal of their overall performance. Minor improvements were required to ensure supervision records were sufficiently detailed and involved discussions about people using the service.

People told us they were happy with the meals provided. One person told us, "The food is good." People confirmed they received sufficient food and drink of their choice throughout the day and mealtimes were flexible to suit their individual needs. For example, records detailed for one person they spent much of their time either in bed or in their room. Because of this the person received their meals and/or snacks when they wished to get up come downstairs. One person told us they preferred to eat a healthy diet as advised by their GP and to help manage their medical condition of diabetes.

Staff worked well with other organisations to ensure that they delivered good joined-up care and support. The registered provider and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing.

People told us their healthcare needs were met and that they received appropriate support from staff. Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments. Each person had a hospital passport. If people are admitted to hospital this is used to provide hospital staff with important information about the person.

People lived in a safe environment. People's diverse needs were respected as their bedrooms were

personalised to reflect their own interests and preferences. People had access to comfortable communal facilities, comprising of a lounge and separate dining area.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met.

Staff demonstrated a knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS) principles. Where people were deprived of their liberty, the registered provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered provider had notified the Care Quality Commission.

Is the service caring?

Our findings

Our observations showed people received person-centred care and had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. During our inspection we saw that people and staff were relaxed in each other's company and staff knew people well.

People were addressed by their preferred names and staff interacted with people in a kind and considerate way. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way, for example keeping information simple. No-one at the time of the inspection required specific communication aids or assistive technology to aid their communication.

People and their relatives had been given the opportunity to provide feedback about the service through annual reviews and through the completion of annual satisfaction questionnaires. All satisfaction questionnaire comments recorded were positive and no concerns were raised about the quality of care and support provided.

Our observations demonstrated people's personal care and support was provided in a way which maintained their privacy and dignity. For example, people received personal care in private and people were spoken to by staff in a respectful manner. People told us they were treated with respect and dignity and their privacy upheld and maintained. People confirmed they could spend private time in their bedroom if they wished and this was respected by staff.

People were encouraged to do as much as they could for themselves according to their individual abilities and strengths, for example, one person was supported to attend church independently.

Is the service responsive?

Our findings

People using the service told us they received good personalised care and support that was responsive to their needs. People's support packages were funded by the Local Authority. An initial assessment of people's needs was completed by the Local Authority and together with the registered provider's assessment, this was used to inform the person's care plan.

Care plans covered all aspects of a person's individual care and support needs, however minor improvements were required to ensure information recorded was person-centred, including the delivery of care and support to be provided by staff. Information available showed that people's care plans were reviewed and updated to accurately reflect where their needs had changed.

Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. People had access to transport to enable ease of community access. Each person had a weekly schedule; detailing activities to be undertaken in line with their personal preferences and preferred routines. For example, to attend regular day-centres, to access the community for personal shopping, to go bowling or swimming and to participate in 'in-house' activities, such as, to watch a film and listen to music. Additionally, people had the opportunity to just sit, relax and to spend their time as they wished, either in their bedroom or within the communal lounge.

People were supported to maintain relationships that matter to them, such as with family members and other people who were important to them.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. One complaint had been raised since the service was registered in 2017. Information relating to the specific nature of the complaint was recorded, including the action taken to address the concerns raised. A record of compliments was also maintained to evidence the service's achievements.

The registered provider told us there was no-one currently requiring end of life or palliative care. They were aware that should this change they would need to work in partnership with healthcare professionals, including the local palliative care team and other agencies and organisations.

Is the service well-led?

Our findings

The registered provider was also the registered manager. 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.

Staff were complimentary about the management team and told us they liked working at The Berrys Carehome. The registered manager and staff knew the people they cared for well and had a good relationship with each person. We saw that people using the service and staff were comfortable with the management team and spoke freely with them throughout our visit. The management team and staff were clear about the service's vision and values. This was to ensure people were supported and enabled to reach their full potential and to maximise their independence.

Information was collected and recorded to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals, for example, medication, infection control and checks relating to the environment. Data was gathered to help identify and manage risks to the quality of the service and to help sustain and drive improvement. Information provided demonstrated a good level of compliance. Staff confirmed there were meetings whereby they could express their views and opinions. Records of these were available and confirmed what staff told us.

The views of people using the service, those acting on their behalf, professionals and staff had been sought in 2018, and all responses received were positive. The views of people using the service had been captured using an appropriate format which was easy to understand and confirmed the outcomes.

Information available showed the service worked collaboratively and in partnership with other agencies and organisations to support care provision and to ensure joined-up care for people using the service. For example, where one person became anxious and distressed because of their behaviours, the service worked in conjunction with the person's day centre to ensure these were managed positively by introducing a diary. This allowed 'free' communication to pass between the service and the day centre about the person's day, how they had been and to enable them to fully participate in activities provided at the day centre. The registered manager confirmed they were affiliated to a social media platform which was for local learning disability services. This enabled them to seek guidance and support; and to share good practice.