The Regard Partnership Limited

Berkeley House

Inspection report

Lynsted Lane
Lynsted
Sittingbourne
Kent
ME9 0RL

Tel: 01795522540
Website: www.regard.co.uk

Date of inspection visit:
26 April 2016
28 April 2016

Date of publication:
24 May 2016

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

We carried out this inspection on the 26 and 28 April 2016, and it was unannounced.

Berkeley House is a service that provides accommodation and personal care for people with learning disabilities. People had a variety of complex needs including mental and physical health needs. The service is provided in three separate listed buildings set in large grounds. Currently, The Granary provides accommodation for four male people with less complex needs. The Windmill provides accommodation for five female people. The main house, The Bakery, provides accommodation for nine male people. The Granary and The Windmill are self-contained and are staffed independently from the main house.

People had a limited ability to verbally communicate with us or engage directly in the inspection process. However, we used observations and people demonstrated that they were happy in their home by showing warmth to the staff that were supporting them. Staff were attentive and communicated with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for care and support. We observed staff supporting people with their daily activities.

A registered manager was employed at the service. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

Staff had been trained to recognise and respond to the signs of abuse. Discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered provider or outside agencies if this was needed.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

Staff respected people in the way they addressed them and helped them to move around the service. We saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served and at other times during the day.

Staff were knowledgeable about the needs and requirements of people using the service. Staff involved people in planning their own care in formats that they were able to understand, for example pictorial formats. Staff supported them in making arrangements to meet their health needs.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with food and fluids that met their needs and preferences. Menus offered variety and choice.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. People were involved in making decisions about their care and treatment.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

Management investigated and responded to people's complaints and relatives/advocates said they felt able to raise any concerns with staff.

People were given individual support to take part in their preferred hobbies and interests.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

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.

People were protected from abuse by staff who understood the daily challenges they faced and how they communicated their needs.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

People who were able to voice their views and relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a well-balanced and nutritious diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Staff treated people with dignity and respect. Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture which focused on people. The registered manager and managers sought people and staff's feedback.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

The staff were fully aware and practiced the home's ethos of caring for people as individuals.

Berkeley House

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 checked 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 26 and 28 April 2016, was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We observed interactions and spoke with two people, about their experience of the service. We spoke with the registered manager, the locality manager, the deputy manager, two senior support workers and two support workers. We asked ten health and social care professionals for their views of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 28 August 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said, Brilliant, they really care for me". One relative said, "My son is really happy here". Health and social care professionals commented, 'Staff support him as best they can to be safe', 'I have no concerns regarding the safety of this service', and 'The service is safe and ensures that all clients are kept safe'.

There were enough staff to care for people safely and meet their needs. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The registered manager said if a member of staff telephones in sick, the person in charge would ring around the other staff to find cover. We saw that there were sufficient staff on duty to enable people to go to planned activities, for example going shopping. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. One health and social care professional told us, the home seems well staffed, contributing towards the safety of the people that live there.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff ensuring that staff were suitable to work. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Interview records were maintained and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment. Staff told us they did not start work until the required checks had been carried out. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

There was a safeguarding policy, and staff were aware of how to protect people and the action to take if they suspected abuse. Staff had been trained to recognise and respond to concerns about abuse. They knew how to spot the signs of abuse and were able to tell us what they would do to ensure this was reported to the correct authorities. The policies were up to date and available to staff in the office. The registered provider had instructed staff to read the policy for safeguarding people from abuse and staff had signed to say they had done this. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately.

The risk involved in delivering people's care had been assessed to keep people safe. Risks were minimised and safe working practices were followed by staff. Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, shopping routine and smoking. Risks relating to the environment were also managed appropriately and included risks identified with moving around the home and in the garden.

Staff knew how to report accidents and incidents in the service. The provider and registered manager would monitor any accidents and incidents. They would look for patterns if there were any recurring incidents so that they could respond to try and stop them happening. This ensured that risks were minimised and that safe working practices were followed by staff.

People's prescribed medicines were stored securely and they were supported to take the medicines they needed at the correct time. There was a system in place for checking the temperature of the medicine storage area each day to ensure medicines were stored at the temperatures stated on the manufacturers packaging. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. Staff were able to tell us what people's prescribed medicines were and knew where to find information about possible side effects. We saw that records of medicines given were complete and accurate. People were asked for their consent before they were given medicines and staff explained what the medicine was for. Medicine audits were carried out in line with the provider's policy.

The premises had been maintained and suited people's individual needs. Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. There was a contract for servicing mobility equipment. Environmental risk assessments were in place to minimise the risk of harm. Other risk assessments included general welfare, slips trip and falls, and infection control. This showed us that the premises, equipment and work was regularly assessed and protective measures were put in place to support staff carrying out their duties safely.

The registered manager had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. One person commented "If I am feeling down, the staff always cheer me up". Health and social care professionals commented, 'My client has received good quality of care appropriate to his needs. During each review goals are set and the staff support him to achieve those goals', and 'The service is effective and does respond appropriately to all of my client's needs'.

People had been encouraged to make their own decisions about their care and routines. Some of the people were unable to verbally tell us about their experiences, but were relaxed and interacted with staff using facial expressions and hand movements. We saw that staff encouraged people to make their own decisions where they were able to. Staff asked people when they would like their lunch, how they wanted to spend their time and whether they wanted help with personal care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lace 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. The application procedures for this in care services 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. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. One health and social care professional told us that there was a DoLS in place for 1:1 support and medication. The registered manager understood when an application should be made and how to submit them. This ensured that people were not unlawfully restricted.

Staff said that they always asked for people's consent before carrying out personal care tasks or offering support. They said that if people declined their support that this was people's right and they respected their decision. Staff acted on people's responses and respected people's wishes if they declined support.

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. Staff received refresher training in a variety of topics such as first aid and fire safety. Staff were trained to meet people's specialist needs such as working with people with

autism and behaviours that challenge and behaviour intervention. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. In this small service staff saw and talked to each other every day. Handover discussions when staff changed shift gave staff an opportunity to discuss any issues and made sure they were up to date with any changes to people's needs.

People were supported to have a balanced diet. There were menus in place. The menu showed a variety of food people could choose from. The staff knew people well and asked each week if people had any requests. Staff offered people hot and cold drinks throughout the day or supported people to make their own drinks. People were offered choices of what they wanted to eat, some people were able to make their own meals and others made their own meals with support from staff. Some people were weighed regularly to make sure they maintained a healthy weight, whereas others chose not to be weighed regularly.

Management had procedures in place to monitor people's health. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

Good

Is the service caring?

Our findings

Staff had good relationships with people. Due to people's varied and complex needs they had a limited ability to understand and verbally communicate with us. We observed the way that staff interacted with people living at the home and found that they responded sensitively to their needs. One relative told us, "The staff care and provide support for my son that meets his needs". Health and social care professionals commented, 'I have always found the staff on duty to be of a very caring nature', I have found the staff to be very caring and knowledgeable of the client I visit', and I have been really impressed with how well the staff have worked with my client. The staff spend lots of time with my client to reassure him and talk through any issues. Staff genuinely care for my client and want him to progress and do well', and 'The service is extremely caring'.

Staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. We found that people's social and emotional needs were considered and catered for as well as their physical care needs.
Staff chatted and joked with people and ensured that the people felt comfortable.

Relatives felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people.

People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too. We saw that people were supported to go out to their planned activities.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

We saw that people's privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. One person showed us their bedroom and indicated they had chosen the colour. We saw people had personalised their bedrooms according to their individual choice.

People had one to one time, where any concerns could be raised, and suggestions were welcomed about how to improve the service.

Information about people was kept securely in the office. When staff completed paperwork they kept this confidential.

Good

Is the service responsive?

Our findings

Staff told us that people received care or treatment when they needed it. Health and social care professionals commented, 'The service responds well to feedback and their recording is timely. The staff work really well with my client and respond to his varying needs' and 'Over the past 14 months I have been really pleased with the support that has been provided for my client. I have worked with the staff to support my client to take risks to develop his independence and the staff are supporting of this and are working well to help my client gain more independence', and 'The service is very responsive. They contact all relevant professionals in a timely manner, seek advice early, keep everyone 'in the loop' and are respectful to client's needs'.

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. Care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, 'I need staff to speak calmly at all times and to only give me one small instruction at a time'. The staff knew each person well and was able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service. The level of support people needed was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care.

Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour so this could be avoided. People's changing needs were observed and recorded on a daily basis. This information was monitored and reviewed by staff. Findings were fed back into individual care plans, risk assessments and behaviour guidelines to make sure that they were up to date. This meant that people's needs were monitored and reviewed on a regular basis to ensure that their needs were met.

People were supported to take part in activities they enjoyed. People told us they had the opportunity to access the local community such as walks, pub meals and visiting relatives. Records showed that people were able to celebrate events that were important to them, such as birthdays. We saw that people were supported to go out to their planned activities. Activities included, lunch out, personal shopping, bowling, going to the cinema and trips out to local nearby towns. Activities had been tailored to meet people's individual needs. Staff described how they continually reviewed and developed activities by seeking feedback from people. People's family and friends were able to visit at any time. We saw that people were helped to develop independent living skills such as cleaning, making drinks and doing their laundry on the day of our visit. This meant that people took part in home life and activities in the local community.

The service was adapted to meet people's individual needs. For example, bedrooms were decorated with posters and ornaments of their choice. One relative told us that her son due to health issues had been moved to a ground floor room, demonstrating an understanding of person centred care.

There was a complaints procedure for the service that outlined how to make a complaint and the timescales for response. This was available in an easy read format to help people with a learning disability understand. People knew how to make a complaint and staff gave people the support they needed to do so. Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy. Any concerns or complaints would be regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Concerns were dealt with at the time they were raised by people. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately within a set timescale.

Good

Is the service well-led?

Our findings

Relatives and staff told us that they thought the service was well-led. Relatives said that they had no concerns and that the registered manager was approachable and very helpful. Health and social care professionals commented, 'I have worked closely with the manger and deputy manager over the past 14 months. I have been really impressed with their work ethic and their care for the service they provide', 'The manager is usually involved in the review and knows the person I visit well', 'The staff and managers are very approachable' and 'The manager I have dealt with has always been very quick to reply to calls/emails and indeed has arranged a best interest meeting for this person, so I would have no question that the home appears well-led, effective and responsive when needed', and 'The service is well-led and responds appropriately to staff/client need'.

We heard positive comments about how the service was run. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views. The registered manager said there was regular contact with parents and families.

The provider had a clear vision and set of values for the service. This was described as 'Our Commitments', which included listening to people, delivering individualised and person centred services, investing in our workforce and working in partnership. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. Staff were committed to caring for people and responded to their individual needs. For example, person centred care plans, individual activity plans and bedrooms that had been decorated to the individual's taste.

The management team at Berkeley House included the registered manager, two deputy managers and senior support staff. The locality manager provided support to the registered manager and the registered manager provided support for the deputy managers and support staff. We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. Staff said that the management team were approachable and supportive, and they felt able to discuss any issues with them.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views and suggestions; events to which family and friends were invited; and regular contact with the registered manager, deputy managers and staff.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked two of the staff on duty if they felt comfortable in doing so and they replied that they could contribute to meetings and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The

registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as care planning and accident and incidents and external auditing was carried out in relation to health and safety. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team when necessary. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The registered manager was kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest level so that they were dealt with to people's satisfaction.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.