

Methodist Homes

Berwick Grange

Inspection report

14 Wetherby Road
Harrogate
North Yorkshire
HG2 7SA

Tel: 01423880194

Website: www.mha.org.uk/care-homes/dementia-nursing-care/berwick-grange

Date of inspection visit:

25 November 2022

06 December 2022

Date of publication:

02 February 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Berwick Grange is a residential care home providing personal and nursing care to up to 52 people. The service provides support to older people, some of who may be living with dementia. At the time of our inspection there were 39 people using the service.

The care home is a large purpose-built building with bedrooms and communal spaces across 3 separate units. Two of units were for people who required nursing care and were living with more advanced dementia.

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

Staff knew the people they supported well and how to meet their needs. However, there was a heavy reliance on agency staff which impacted on the quality of care provided. Staff were safely recruited but staffing levels and deployment was not always sufficient to meet people's needs.

Care plans and risk assessments were not always effective in outlining people's needs and how best to meet these. Staff told us that at times agency staff lacked understanding of people which increased their distress. Audits and oversight from the provider had been ineffective in monitoring and addressing concerns in the service. Where action was identified this was not always taken in a timely manner. A service development plan had recently been implemented and progress was being made to improve the environment and outcomes for people at the service.

Staff understood their responsibilities around safeguarding and documenting accidents and incidents. The reported accidents and incidents had not always been effectively managed by leaders in the service. The provider recognised these shortfalls and had been working with the local authority to address these.

Medicines were managed safely and in line with people's preferences.

The manager was working collaboratively with staff and other agencies to make the required improvements. Staff were knowledgeable and passionate about the people they supported and were keen to improve the service.

Staff had confidence in the changes being made and felt able to be involved. Families spoke highly of the care their relatives received from staff and welcomed the reintroduction of resident meetings.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Rating at last inspection

The last rating for this service was good (published 10 June 2019).

At our last inspection we recommended that the provider reviews best practice guidance when using agency staff and take action to update their practice accordingly. At this inspection we found the provider had implemented practice changes around use of agency staff and information was readily available.

Why we inspected

We received concerns in relation to staffing and management of risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Berwick Grange on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to staffing, safe care and treatment and good governance at this inspection.

We have made a recommendation about the Mental Capacity Act.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Berwick Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors on the first day and 1 inspector on the second day. An Expert by Experience supported the inspection by making phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Berwick Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Berwick Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager registered with CQC. However, they were no longer acting as registered manager and were absent at the time of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked at the care records of 6 people and 5 people's medication records. We viewed 2 staff recruitment and supervision records and agency profiles.

We spoke with 2 people who used the service and 9 relatives about their experience of care provided. We spoke with 14 members of staff including the operations support manager, area manager, deputy manager, nurses, care workers, an activities coordinator, a housekeeper and the music therapist.

We reviewed a range of records including policies, audits, health and safety records, training records and meeting minutes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Staffing and recruitment

- The service was heavily reliant on agency staff for support workers. Staff were not always effectively deployed on one of the units meaning staff were not always available to redirect and support people when needed as they were busy supporting other people.
- Support was not always person centred due to the high ratio of agency workers and a lack of a relationship with the people they supported.
- Staff told us, at times the lack of a person-centred approach from agency staff led to people with complex needs becoming distressed.
- One relative told us, "The permanent staff that are there are brilliant, I can't fault them. The only quibble is that they use a lot of agency staff – some are brilliant, and others are not. They don't encourage, don't know them [residents]. There are some regular agency staff and they are really good. The ad hoc ones, they don't interact with them [residents] at all."

The provider failed to ensure there were sufficient, experienced staff deployed to meet the needs of people. This is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider operated a safe recruitment process to reduce the risk to people.
- At the last inspection the provider did not have effective induction processes in place for agency staff. Improvements had been made on this inspection and the provider was working with the agency to improve the consistency and quality of the staff used.

Assessing risk, safety monitoring and management;

- Risks to people had not always been fully assessed. Plans and guidance was not always in place for staff to manage risk and prevent harm occurring. For example, one person was a risk to themselves and others when distressed, this was not risk assessed and there was no guidance on how to effectively support the person during these times.
- Environmental checks to ensure health and safety compliance were in place however these were not always consistent due to staffing issues.
- Issues identified with the environment had not always been addressed in a timely manner. For example, the fire risk assessment had identified that regular fire evacuation practice was required, this had not been completed.
- We found the access to fire extinguishers had been restricted which put people at risk of harm. This had

not been identified on internal checks of the environment.

The provider had failed to assess and mitigate the health and safety risk to people. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- For several months prior to this inspection safeguarding concerns had not been addressed by the management team in a timely manner. The provider has recently reviewed the processes in place and had started to implement changes to practice. Work was on-going with internal and external professionals to improve the management of safeguarding concerns.
- Staff identified and reported accidents and incidents appropriately however systems were not effective in ensuring these were reviewed and actioned in a timely manner. Trends and patterns had not been identified to allow for learning and prevention of future incidents. The provider had recently recognised these issues and work had started to improve systems.
- Staff had received safeguarding training and understood their responsibilities around identifying and reporting concerns and preventing harm and abuse.
- People and their relatives told us they felt safe. One relative said "As soon as they [staff] see [relative] is getting distressed they will come up and sit with them and distract them, especially when I am going. The permanent staff know they like to dance and will distract them with dancing."

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

- We found the service was not always working within the principles of the MCA. However, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Documentation around people's capacity was not always clear and at times the information was conflicting.
- The service took a blanket approach to the use of door sensors; they were in the process of reviewing this. Standardised consent forms for photographs were also in use and completed by staff without the involvement of the person or their representative.

We recommend the provider reviews standardised practices and paperwork in place to ensure decisions for restrictions are discussed and recorded as in their best interest and as the least restrictive option for people.

Using medicines safely

- Medicines were received, stored and administered safely and in line with people's preferences.
- The provider had up to date procedures in place which followed best practice. The clinical nurse support, deputy manager and nurses ensured best practice was implemented. For example, ensuring person-centred protocols were in place for medicines taken as and when required. Audits and checks were in place to

highlight any issues in a timely manner.

- Nurses were knowledgeable and worked together to improve systems in place and ensure documentation was clear, well organised and met people's needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were supported to have visits inside the care home and we observed people going out in to the community socialising with friends. Both were in line with government guidance at the time of the inspection.

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.

At our last inspection we rated this key question requires improvement. At this inspection rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance and performance management was not always reliable and effective. Systems were not used effectively or regularly reviewed. Risks were not always identified or managed.
- There had been a lack of effective provider oversight at the service which had led to concerns around risk, regulatory requirements and quality not being identified or addressed.
- For example, issues with the environment had been identified and not addressed in a timely manner. Oversight and management of accidents and incidents had been identified as a concern by the provider, but no action was taken to address this and follow up on concerns.
- Current improvements being made were reactive due to the number of improvements needed but progress was evident, and resources were available to support this.
- The service is required to have a registered manager as part of their conditions of registration. Whilst there was a manager registered with CQC the registered manager had stepped down from this position and was on long term absence at the time of the inspection. The provider confirmed they would not be returning to the position of registered manager. CQC were awaiting the application to formalise this change in circumstances. The operational support manager was overseeing and managing the service.

The provider failed to ensure systems and processes were established and operated effectively. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Progress had been made in the last 3 months to action outstanding concerns and mitigate risk. An action plan was in place to drive improvement.
- Prior to the inspection the provider identified issues with concerns not being shared with the local authority or CQC. The provider was open about this on discovery and improvements had been made.
- Staff had confidence in the manager and the direction the service was going in. There was a sense of a shared passion amongst the staff team to improve the service and the experience for the people they cared for.
- Staff understood their role and knew the people they cared for well and how to meet their needs.

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

- The manager was aware and acted on their responsibilities around duty of candour. We saw how the manager had informed relatives of incidents, offered an apology and explained the next steps.

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

- Leaders and managers demonstrated a commitment to improving the quality of care. Improvements were being made to safety, people's experience of using the service and their outcomes.
- Staff told us they now felt listened to and that the manager was competent and approachable. Staff understood the improvements that were needed in the service and the current issues faced and were keen to improve the service.
- Work was on-going with the environment and structure of activities to improve on the outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There had been limited meetings and feedback sought from people, their families and staff. However, meetings, questionnaires and supervisions had been reintroduced which people spoke positively about.
- Relatives told us they were kept up to date with on their loved ones care. One relative said, "They are cheerful in their own space. Occasionally I get notified about things, they keep you involved. They let me know what is happening."
- The provider was working closely with the local authority to address issues identified and improve the quality of the service.
- A music therapist worked at the service as a way of providing a therapeutic outlet for people living with dementia.
- The service had a regular chaplain service for people to access and was working on building links with the community and local school.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess and mitigate the health and safety risk to people. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems and processes were established and operated effectively. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure there were sufficient, experienced staff deployed to meet the needs of people. This is a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>