

## Bupa Care Homes (HH Hull) Limited

# Berkeley House

### 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

### About the service

Berkeley House is a residential care home which can support up to 84 older people in the main building. It can also accommodate up to 10 people with a learning disability or autism in three separate bungalows 'Berkeley Square' within the complex. At the time of the inspection, there were 66 people living in Berkeley House; one of the areas on the first floor was for people living with dementia.

There were seven people living in two of the bungalows in Berkeley Square; the third bungalow was vacant. This part of the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People who used the service lived in a safe and clean environment. Risk assessments were completed to help guide staff in how to minimise incidents without being overly restrictive. Any accidents and incidents were checked so lessons could be learned. Staff knew how to protect people from the risk of abuse and how to raise any concerns.

Staff were recruited safely and there were enough staff on duty. People told us staff were caring and looked after them well. They said staff responded quickly when they called for assistance.

People were involved in their assessments and care plans. These gave staff guidance in how to support people in ways they preferred.

People's health and nutritional needs were met, and health professionals were contacted in a timely way when required. Medicines were obtained and stored safely, and people received them as prescribed. Staff were honest when any medicines errors occurred, so action could be taken quickly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible

for them to gain new skills and become more independent.

The quality of the service provided to people was monitored through audits, surveys and meetings. This made sure people's views were obtained and any shortfalls in service could be addressed. The complaints process also helped to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Berkeley House

## 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 Care Act 2014.

#### Inspection team

On day one, the inspection team consisted of two inspectors and an Expert by Experience. Day two consisted of two inspectors, an assistant inspector and an Expert by Experience. 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

Berkeley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day. We told the registered manager we would return on the second day.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 spoke with 14 people who used the service and seven relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, head of care, senior care workers, care workers, catering staff, a laundry worker and the activity coordinator. 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 reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We requested additional information on training records, which was supplied. We received information from two night care workers and three health and social care professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider had failed to ensure behaviour management plans were in place for people who had anxious or distressed behaviours. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff assessed risk and developed plans of care for people who had anxious or distressed behaviour. The care plans guided staff in how to support people in a consistent way, were kept under review and updated when required.
- Staff knew how to support people to reduce the risk of incidents occurring. Risk assessments were completed in a range of areas such as falls and moving and handling.
- The registered manager monitored accidents and incidents, so lessons could be learned, and staff practice adjusted.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of harm and abuse. People told us they felt safe living at the service. Comments included, "I feel safe here as there are plenty of people about and you can always talk to them" and "It's very nice here and very safe." A relative said, "They are definitely safe here because the staff are so good. They tell me how [Name] is and how they are getting on; I've no worries about safety."
- Staff had received safeguarding training and knew how to recognise abuse and how to respond to concerns.

Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- People told us they were not rushed during personal care tasks and staff responded to call bells quickly. Comments included, "There is always plenty of staff around; you only have to shout and someone comes quickly." A relative said, "There always seems to be plenty of staff around and you can speak to them anytime."
- The provider had a safe staff recruitment system. Employment checks were completed before staff started work in the service.

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training. If any medicines errors occurred, appropriate action was taken.
- People told us they received their medicines on time.

#### Preventing and controlling infection

- Berkeley House and the bungalows were clean and tidy. Housekeeping and support staff had cleaning schedules in place, these included timeframes for work to be completed. Improvements had been made to floor covering in corridors and some bedrooms.
- All staff had access to personal protective equipment, which helped prevent the spread of infection.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, the provider had not consistently acted in accordance with the Mental Capacity Act 2005 (MCA) when people were unable to give consent because they lacked capacity. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The 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.

- Appropriate DoLS applications were in place and staff demonstrated a good understanding of the legislation. Best interest documentation was completed to show who had been consulted when people lacked capacity and decisions were made on their behalf.
- People were asked for their consent before staff provided care. Staff respected people's choices and decisions. Comments included, "Staff always ask; you don't do anything you don't want to" and "It's all very easy going here. They talk to me, ask what I want to do, and help me shower or go to the toilet."

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff received consistent training, supervision and appraisal. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received induction, training, supervision and appraisal to ensure they had the right skills and competencies for their role. Comments from staff included, "We asked for dementia training and got it quickly. If I felt I needed a refresher they would sort it out" and "There is always someone with first aid on the rota; we have a list of first aiders." The head of care said, "Training has improved especially first aid and we have two dates this year for end of life training."
- People who used the service said, "All staff seem well-trained" and "I'm quite happy with the level of training, the girls seem to know what they are doing." One relative told us they had seen different approaches used by staff when interacting with people living with dementia. Some approaches were described as very good and others required more practice. The registered manager told us they would monitor staff approaches and address with specific staff as required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People had assessments of their needs completed and care plans were developed, which guided staff in how to meet people's needs in a safe and timely way.
- The registered manager was aware of good practice guidelines and used them to support the delivery of care.
- Parts of the environment had been adjusted to support people living with dementia, for example, lighting and signage, pictorial menus and bright, colourful notice boards. Corridors had hand rails to assist people and there was a range of moving and handling equipment to help people move about the service.
- The bungalows were well-equipped and maintained.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Menus provided choices and alternatives at each meal and snacks were served in-between meals. There were trays of finger foods and snacks in the lounges in the dementia care unit, so people could help themselves.
- People told us they liked the food prepared for them. People in the bungalows supported staff to shop and prepare meals of their choosing. Comments included, "Personally, I think the food is good. Plenty of choice and they ask me all the time what I'd like to eat" and "They show us a menu, so we can choose and there's plenty of drinks around."

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

- Records showed people had access to a range of health care professionals when required.
- People who used the service said, "They call a doctor if anyone feels unwell" and "The care manager gets a doctor out if I'm poorly and my daughter sorts me out if I need to see a dentist." Relatives confirmed staff acted in a timely way when there were concerns about health care needs.
- A healthcare professional said, "There are very few pressure care issues or urinary tract infections. Staff appear very proactive in dealing should these arise and ensuring these issues do not arise."

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; respecting equality and diversity

- Staff had a caring, friendly and positive approach when supporting people. For example, at lunchtime staff supported people to cut up their food so they could manage independently. When required they assisted people to eat their meal at a good pace, which enabled them to enjoy it. Staff were attentive to people during the day.
- People told us staff treated them well. They said, "Staff are kind and seem to listen to me. Ask them anything and they'll do it for you" and "They are all very kind and caring and they talk to us."
- People's diversity had been respected and promoted. For example, regarding religious needs and learning disability.

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

- People who used the service had reviews of their care which involved relatives. There was a 'resident of the day' system, which involved the person being asked for their views on the care provided.
- Staff described how they assisted people to make decisions. They said, "If a person has dementia, we ask them all the time, use pictures to help them choose food, hold up clothes for them to see and ensure they sit where they want."
- People who lived in the bungalows described how they were involved in decisions about their care and support. Comments included, "I am doing my care plan at the minute. The care plan is what I want to be written", "Bedrooms are how we want them decorated" and "I make own decisions about what to do with my day and what time to get up or go to bed."
- A health care professional said, "A person I reviewed does not eat at set meal times. Staff are happy to provide them with meals and snacks at times that suit them."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy, dignity and independence, and respected their choices. Staff described how they supported people to promote these values. Examples included closing doors and curtains during personal care, giving explanations to people, ensuring preferred gender of care worker and encouraging people to do as much as possible for themselves.
- People confirmed staff respected their privacy and dignity. Comments included, "Yes, they are very respectful, brilliant like that" and "The staff are very good and never rush me when I'm having a shower." A relative said, "They are very respectful and protect my parent's dignity when providing personal care."
- People in the bungalows said, "I have a key if I want to lock the door; staff knock before they come in."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- There had been improvement in the quality of care plans and information contained in them. This made sure staff had guidance in how to support people in ways they preferred. Staff knew people well.
- People told us staff responded to their requests and knew their preferences for care. Comments included, "Yes, staff know what I like and don't like" and "I tell them how I like things done, I would soon let them know if I wasn't happy."
- Healthcare professionals said, "Staff seem to have a good relationship with clients and have a good understanding of their individual needs" and "I found the care plans were up to date and reflective of the patients' needs."

End of life care and support

- The registered manager told us people could remain at Berkeley House for end of life care if this was their wish. Staff completed 'last days of my life' documents with people and their relatives when they were ready to discuss preferences for end of life care.
- Health professionals said, "It's very good, I have no concerns. The care staff treat residents who are end of life with respect and dignity at all times and liaise with nursing staff when required."

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.

- Care plan documentation included people's communication needs. For example, one person's care file highlighted how they preferred their glasses and hearing aids close to hand and they were independent with managing them. There was a list of instructions for additional staff support, for example, ensuring the call bell was in reach, glasses cleaned, batteries were good and appointments arranged with audiology and optometry.
- There was appropriate signage around the home to assist people living with dementia such as pictorial menus.

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 maintain links with family and friends. Relatives confirmed there were no

restrictions on visiting.

- There was a range of activities for people to participate in. People told us they enjoyed the activities available and said they would like to have more visiting entertainers. This was mentioned to the registered manager. Comments included, "As long as there's a game of bingo, I'm happy" and "We had a choir in the other week, they were good." One person told us there had been a suggestion to get people involved in gardening. They said, "We visited a community farm, looked at all the animals and brought some plants back."
- Staff supported people to access local amenities such as shops and garden centres. People who lived in the bungalows were supported to access social clubs and college. Comments included, "Three days a week, we go to different clubs; they [staff] would support us to do something different if we wanted" and "I do a lot and go out every day, and there are games in the house."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure displayed in the service. This gave information to people on how to raise complaints and who to speak to.
- People and their relative told us they felt confident about raising concerns. Comments included, "If I wasn't happy, I would say so" and "Any complaints I would just speak to staff. I've never had to make a complaint."

# 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 the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to 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; Continuous learning and improving care

At our last inspection, the provider had failed to ensure accurate records and an effective system to monitor quality. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider's quality monitoring system had improved.
- There were daily checks and meetings between managers and senior staff to discuss concerns such as any person who had sustained a fall, safeguarding incidents or those people requiring antibiotics for infections.
- The audit system consisted of daily, weekly, monthly and quarterly quality checks. These identified shortfalls so corrective action could take place, for example care records, safety issues and medicines management. Senior managers within the company completed visits to the service and a monthly 'home review', which included talking to people and staff. Action plans were formulated for the registered manager with agreed timescales for completion.
- Accidents and incidents were analysed when they occurred. These identified lessons learned, and any action required and taken to prevent a reoccurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Working in partnership with others

- The registered manager described the culture and values of the organisation and how these were to be included in day to day work at Berkeley House. These included putting people first, celebrating diversity and working to high professional standards.
- Staff told us the registered manager and head of care were approachable and they could raise issues with them as required. Comments included, "We have handovers and the sheets are kept; it's effective as if you are off for a few days you can check up to see what has been happening."
- The registered manager notified agencies such as the local safeguarding team and the Care Quality Commission when incidents occurred which affected the safety and wellbeing of people who used the

service.

- The registered manager had developed good working relationships with visiting professionals. A healthcare professional said, "Care staff will contact community nursing if they have any concerns regarding patients under our care." There was an information sheet available for medical and nursing staff when people were admitted to hospital.
- The registered manager is Chair of the Hull Registered Manager Network, which works to ensure the sharing of good practice.

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

- Meetings and surveys took place for staff, people who used the service and their relatives to ensure their views could be recorded and addressed. There were posters in large, bold print of 'you said, we did' results following meetings. These showed people were involved in making suggestions and would be listened to. There was a suggestions box in reception.
- The service had a 'Friends of Berkeley' committee. The committee had been involved in choosing what to spend a specific amount of money on. Comments included, "They asked us how some extra money could be spent. We said a large television for the lounge and a bigger wheelchair turning area in the garden. Both have been done; there's extra paving in the garden now." Children from local schools and a nursery visited the service.
- There were newsletters with information about events, dates of meetings, staff changes, 'employee of the month' and they included items such as puzzles. These could be made brighter and more colourful and include pictorial information. This was mentioned to the registered manager to address.