

# Hadrian Healthcare (Hull) Limited

## Berkeley House

### Inspection report

Berkeley House  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 and 12 December 2014. During the inspection we found the registered provider was in breach of Regulations 9, 10, 11, 13, 18, 22 and 23 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which relate to Regulations 9, 17, 13, 12, 11 and 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

After the comprehensive inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to each breach.

We undertook a focused inspection on 17 April and 14 and 15 May 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive

inspection, by selecting the 'all reports' link for Berkeley House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Berkeley House is registered to provide care and accommodation for a maximum of 94 people. This number includes 84 older people who may be living with dementia and 10 people who have a learning disability.

# Summary of findings

Accommodation is provided separately for people who have a learning disability in small residential bungalows adjacent to the main home. 77 people were living in the service at the time of the inspection.

This service does not have a registered manager in place, as the person undertaking this role at the last inspection has left. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager has been in place since March 2015. We have called them the acting manager throughout this report.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to the care and welfare of people who use services. During our focused inspection we saw that the registered provider had developed care plans encompassing all of the assessed needs of the people who used the service and were delivering care that met people's needs.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to assessing and monitoring the quality of service provision. During our focused inspection we found that an audit schedule had been developed which was supported by regular compliance visits carried out by head office staff.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to safeguarding service users from abuse.

During our focused inspection we saw systems had been developed to ensure people who used the service were safe. When accidents or incidents took place, de-briefing meetings were held and action was taken to prevent future re-occurrence when possible.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to the management of medicines. During our focused inspection we saw that the registered provider had developed medication protocols to ensure medication was administered safely. Recording and storage of medication had also improved.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to consent to care and treatment. During our focused inspection we observed staff gaining people's consent before care and treatment was provided. Care plans had been signed by people who used the service or their appointed representative.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining to staffing levels. During our focused inspection we saw evidence to confirm new staff had been recruited and suitable numbers of staff were deployed to meet the assessed needs of the people who used the service.

Following our comprehensive inspection, the registered provider was found to be non-compliant with regulations pertaining supporting workers. During our focused inspection staff told us they received support during one to one meetings and had completed training to enable them to carry out their role effectively. We saw evidence to confirm this.

# Summary of findings

## 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. We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and subsistent improvement over time. We will check this during our next planned comprehensive inspection.

People who used the service were protected from abuse and avoidable harm. When accidents and incidents took place action was taken to prevent future reoccurrence.

People's assessed needs were met by appropriate numbers of staff.

People received their medication as prescribed; PRN [as required] protocols were in place for staff to refer to.

**Requires improvement**



### Is the service effective?

The service was not always effective. We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'effective' because to do so requires consistent and subsistent improvement over time. We will check this during our next planned comprehensive inspection.

Staff gained people's consent before care and treatment was provided.

Staff had completed relevant training which enabled them to carry out their role effectively and were supported during one to one and team meetings.

**Requires improvement**



### Is the service responsive?

The service was not always responsive. We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'responsive' because to do so requires consistent and subsistent improvement over time. We will check this during our next planned comprehensive inspection.

People's assessed needs were planned for and met. People's care was reviewed on an on-going basis to ensure they received the most appropriate care to meet their needs.

**Requires improvement**



### Is the service well-led?

The service was not always well-led. We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this

**Requires improvement**



## Summary of findings

key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and subsistent improvement over time. We will check this during our next planned comprehensive inspection.

A registered manager was not in place at the time of this focused inspection.

A quality assurance system had been implemented to ensure care and treatment was delivered in accordance with best practice. We saw evidence that action was taken when shortfalls were highlighted.

# Berkeley House

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Berkeley House on 17 April and 14 and 15 May 2015. This inspection was done to check that the improvements to meet legal requirements planned by the registered provider after our comprehensive inspection on 11 and 12 December 2015 had been made. We inspected the service against four of the five questions we ask about services: is the service safe; is the service effective, is the service responsive and is the service well-led. This is because the service was not meeting some legal requirements.

The first and second day of the inspection was carried out by an adult social care inspector; the

second day was carried out by two adult social care inspectors.

Before our focused inspection we reviewed the information we held about the service. This included the registered

provider's action plan in which they set out the action they would take to meet legal requirements. We spoke with the local authority safeguarding team and the local authority commissioning team to gain their views on the service.

During our inspection we spoke with ten people who used the service, six visiting relatives, 12 members of staff, a GP and the acting manager.

We also used the Short Observational Framework for Inspection [SOFI] on three occasions to observe the care and support provided to people. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documentation pertaining to the management and running of the service. This included a range of audits, staff rotas, staff meeting minutes, staff training records, medication protocols, maintenance audits and emergency plans. We also looked at eight people's care, support and management plans.

# Is the service safe?

## Our findings

At our comprehensive inspection of Berkeley House on 11 and 12 December 2014, we found that people who used the service were not always protected from abuse and avoidable harm. This was a breach of Regulation 11 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which relates to Regulation 13 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The level of concern around this breach led us to issue a formal warning.

At our focused inspection on 17 April and 14 and 15 May 2015 we found that the registered provider had taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 13 described above.

Following the comprehensive inspection, we told the registered provider to take action with regards to how accidents and incidents were recorded and investigated. The acting manager confirmed the local authority safeguarding team's incident reporting matrix was utilised within the service. They told us, "We have worked with the safeguarding team when incidents have occurred and completed investigations when they have requested" and went on to say, "Whenever anything happens we try and learn from it so we can prevent it happening again." The local authority safeguarding team confirmed they were informed of incidents that had taken place within the service. Specialist equipment had been provided after the service had contacted other relevant health care professionals after incidents or accidents had occurred such as shin guards, pressure mats and falls mats. This helped to ensure people were supported as their needs changed or developed.

Appropriate action had been taken after incidents occurred; we saw that accidents and incidents were recorded, investigated and analysed to ensure any patterns or trends were identified. The acting manager told us, "The staff actually record more incidents than they ever have. They have the ability now to recognise small signs which stops people's behaviours escalating and now they record them we can look for precursors and develop ways to stop things before they are unmanageable." Risk assessments and support plans were reviewed and updated after incidents occurred which provided assurance that the registered provider learned from incidents and developed the way support was provided as required.

A member of staff told us, "We have had quite a lot of training since your last inspection so we all feel so much more prepared and know what action to take which has been great for us and the clients, we don't have the big incidents like we used to." We saw evidence to confirm staff had completed a recognised non-aggressive psychological and physical intervention training course to enable them to feel confident when people displayed behaviours which challenged the service and others, as they knew what action to take. We saw that debriefing sessions were completed following incidents which ensured the incident was learned from and developed staffs skills and knowledge.

At our comprehensive inspection on 11 and 12 December 2014, we had concerns with the storage, administration and recording of medication. This was a breach of Regulation 13 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which relates to Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

During this focused inspection on 17 April and 14 and 15 May 2015 we found that the registered provider had taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 12 described above.

Following the comprehensive inspection, we asked the registered provider to take action in relation to the management of medicines within the service. We had specific concerns regarding the lack of protocols in place for PRN [or as required] medicines. During this focused inspection we found that protocols had been developed which provided information to staff about when PRN medication was required and the gaps between administrations to ensure the safety of people who used the service. Ambiguous statements had been removed to ensure clear guidance was available to staff which could not be misinterpreted. The acting manager told us, "We have clear instructions for staff to follow which include marked thresholds so staff know when they need to administer PRNs" and "Like I said before, the staff have done training and are more confident about what they need to be doing; so they see things before they escalate and can administer if its required. Staff locking themselves in the office is definitely a thing of the past."

We observed two medicine rounds and saw that medication was administered safely. Medication Administration Records [MARs] and a Monitored Dosage

## Is the service safe?

System [MDS] were used to reduce the possibility of medication errors. MDS's contain all of the medication a person requires for the day and is packaged by the supplying pharmacy. We checked the services Controlled Drug [CD] books against the medication held within the service and found them to be accurate; the CD books had been completed accurately without omissions. A person who used the service told us, "I get my tablets every day; I get them in the morning and at night without fail."

A GP we spoke with said, "I have a very good relationship with the service now. We manage prescriptions on line so I can see if there are any errors and work with the staff to rectify them before they are sent out" and "We have looked at future planning for people, we do regular reviews and have put preferred place of care and DNARs [Do Not Attempt Resuscitation] forms in place as well."

At our comprehensive inspection on 11 and 12 December 2014, we observed people waiting prolonged periods of time to receive care and support and the saw that people's health and social care needs were not met by sufficient numbers of staff. This was a breach of Regulation 22 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which relates to Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

During this focused inspection on 17 April and 14 and 15 May 2015 we found that the registered provider had taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 18 described above.

The acting manager told us that they were developing a new system with the registered provider to ensure that each person's needs were assessed on a periodic basis and staffing levels were planned accordingly. They said, "We are recording the times people require support and how long it takes the staff to complete specific tasks so which will dictate the staffing levels." A visiting relative told us, "I was disappointed when I read your report but I must say things have improved a lot since then, staffing levels are better now which we are really happy about." Another relative told us, "There is a new manager and she seems to know her stuff, I see the same faces [of staff] now and I didn't used to, they were always chopping and changing."

We spent time observing the lunchtime experience on the dementia unit and two other areas over the three days of our inspection. People were supported by suitable numbers of staff and received the support they required in a timely way. Throughout the inspection we noted that call bells were answered quickly which provided assurance that people were not waiting for support for a sustained period.

The acting manager told us, "We have recruited staff and interviews are still on-going which has taken the pressure of the staff; no one works double shifts or is asked to work ridiculous hours anymore." The principal senior told us, "Staffing levels are much better and the staff have done lots of training so are so much happier and confident. I have confidence in our team and our systems now."



# Is the service effective?

## Our findings

At our comprehensive inspection on 11 and 12 December 2014, we found that restrictions were imposed on people's movements with appropriate authorisation and consent was not always gained before care and treatment was provided. This was a breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which relates to Regulation 11 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

During this focused inspection on 17 April and 14 and 15 May 2015 we found that the registered provider had taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 11 described above.

The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw that numerous Deprivation of Liberty Safeguards [DoLS] applications had been submitted to the supervisory body. The acting manager told us, "We created a list of all of the people who required a DoLS and then started to look at who's was the most urgent and have begun to submit applications on that basis; it has been a huge undertaking because we needed to be sure we had a care plan in place that was the least restrictive." The services training matrix provided evidence that staff had completed training in relation to the Mental Capacity Act [2005] and the DoLS.

The care plans we saw had been signed by the person who used the service or the appointed representative to show they have read the plan and were in agreement with its content. One person who used the service told us, "Yes I have read my care plan; I signed it to grant permission for a couple of things; looking after me and holding my tablets [medication] I think."

Throughout the inspection we witnessed staff gaining consent before care and treatment was provided to people who used the service. Staff we spoke with described how they would gain people's consent before they supported them. One member of staff said, "It's not rocket science, you just ask people if they want you to help them and help them if they want you to." Another member of staff said,

"We sometimes need to have best interest meetings when people can't make certain decisions; their family and other professionals are involved and a decision is made that is in their best interest."

At our comprehensive on 11 and 12 December 2014, we found that staff were not supported effectively. This was a breach of Regulation 23 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which relates to Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The level of concern around this breach led us to issue a formal warning.

At our focused inspection on 17 April and 14 and 15 May 2015 we found that the registered provider had taken appropriate action to meet the shortfalls in relation to the requirements of Regulation 18 described above.

Following the comprehensive inspection, we asked the registered provider to take action to ensure staff were supported and received the relevant training to support the needs of the people who used the service. A member of staff we spoke with told us, "We have done lots of training and I am so much happier now; I have confidence to deal with anything that happens because I have more skills." The service's quality assurance manager explained that training was provided in a number of formats including, face to face, work books and distance learning; they said, "We have 12 mandatory e-learning courses that staff had to complete; we can support them when they need it which means we know where they need to improve and can arrange ways to do that." We saw evidence to confirm staff had undertaken a range of training including non-aggressive psychological and physical intervention, learning disabilities, equality and diversity, The Mental Capacity Act [2005], DoLS, safe administration of medication, health and safety, nutrition and infection control.

Senior staff had completed supervision training and had carried out one to one meetings with staff. The meetings were used to discuss training requirements, changes to best practice and any concerns staff had at the time. A member of staff told us, "It's a different place now, we are all supported and can discuss any issues we have and challenge anything we don't agree with which we couldn't do before."





## Is the service effective?

Staff meetings were held on a monthly basis.  
Interdepartmental meetings ensured staff were involved

and engaged in meetings that focused on their specific job roles and looked at ways of improving the level of service. We saw the meetings were used to discuss, concerns, staff deployment, training, recruitment and best practice.

# Is the service responsive?

## Our findings

At our comprehensive on 11 and 12 December 2014, we found that people's care needs were not reviewed periodically and care plans were not updated when people's needs changed. This was a breach Regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which relates to Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The level of concern around this breach led us to issue a formal warning.

At our focused inspection on 17 April and 14 and 15 May 2015 we found that the registered provider had taken appropriate action to meet the shortfalls in relation to the requirements of

Regulation 18 described above.

Following the comprehensive inspection, we told the registered provider to ensure people's care and support plans reflected their current care needs and were updated as required. At our comprehensive inspection we looked at people's pre-admission assessments. Pre-admission assessments record the care and support needs of people and are used to ensure the service can meet a person's needs before they move into the service. When we cross referenced people's pre admission assessments and information provided to the service from healthcare organisations who had supported them before moving into the service; with their care plans it was evident that not all of the needs were planned for. People's specific behavioural and communication needs had not been transferred into a care plan which meant staff were unsure of how to support people effectively. During our focused inspection we looked at nine care plans of people who lived in Berkeley House and the Berkeley Bungalows; each care plan had been recently reviewed and contained relevant information.

Behavioural management plans had been developed which provided guidance to staff and enabled them to manage behaviours that challenged the service consistently. A member of staff told us, "The new [behavioural management] plans are great, we now know what to do and that we are all doing the same thing which means there is no confusion about what is acceptable and it's always the same for them [the people who used the service]." Another member of staff told us, "It's great that we have a step by step plan to follow, we all used to deal with it [people's behaviours] differently." We saw evidence to confirm when incidents of behaviour that challenged the service occurred, staff were de briefed and the incident was used to further develop behaviour management plans. This helped to ensure the service improved how care and support was provided after each incident.

Communication support plans had been developed to aid more effective communication between staff and the people using the service who had a learning disability. A member of staff told us, "We have got support from the Speech and Language Team [SaLT] to develop our communication skills and care plans" and went on to say, "We are trying new things like picture cards and are starting to work out what works best for different people."

A G.P we spoke with told us they were in regular contact with the service and they found that when concerns or issues regarding people's health needs developed they were contacted without delay. The said, "I have always been contacted quickly; if people start to deteriorate or were there is an issue with their medication they ring me straight away."

One person who used the service told us, "They get the doctor for me if I am un-well; there are no problems with that sort of thing." A visiting relative we spoke with confirmed, "The new manager is on the ball if there is anything we need to know she tells us."

# Is the service well-led?

## Our findings

At our comprehensive on 11 and 12 December 2014, we found that the service did not have an effective system in place to monitor the level of service provision. This was a breach Regulation 10 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010 which relates to Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The level of concern around this breach led us to issue a formal warning.

At our focused inspection on 17 April and 14 and 15 May 2015 we found that the registered provider had taken appropriate action to meet the shortfalls in relation to the requirements of

Regulation 17 described above.

During the comprehensive inspection an effective system to ensure care plans were reviewed and updated after incidents occurred was not in place. The service failed to learn from incidents that took place which contributed to their re-occurrence. At our focused inspection we saw that the acting manager had introduced a system to ensure that after an incident took place, an incident form was completed, a debrief took place, lessons were learned whenever possible and care and support plans were updated to improve the level of service provided. The acting manager told us, “We discuss every incident, what we can learn from it, what we could have done better and how we will react if the situation arises again. It is empowering for the staff and seems to be working” and “The management plans include information about recognising early warning signs so the staff have the skills and information to stop incidents occurring; we would not have that knowledge without the debriefs and input of the staff.”

At the time of our focused inspection there was no registered manager in place; this was because the registered manager had left the service after our comprehensive inspection took place. The acting manager confirmed their intention to apply for the registered manager position with the Commission during our focused inspection. A service that does not have a registered manager in place cannot receive a higher rating the ‘requires improvement’ in the Well Led domain.

A programme of supervision had been introduced to ensure staff were supported in their role. We saw that a supervision planner was stored on the registered provider’s intranet system so it could be accessed at the head office. The service’s quality assurance manager showed us the training matrix and explained that it alerted them when staff training was due for renewal. This helped to ensure staff had the skills and knowledge to meet people’s needs. A member of staff told us, “We are supported now and have had the training we need so things are so much better. The new manager is approachable and listens to what you have to say.”

The registered provider conducted regular compliance visits to ensure the service achieved internally set targets with regards to nutrition, DoLS, accidents and incidents including staff accidents, tissue damage and complaints. A programme of audits covering amongst other things medication; administration and storage, care planning, weight monitoring, falls, laundry and infection control was carried out periodically. We saw evidence to confirm that when shortfalls were highlighted action was taken to improve the service as required.

The acting manager confirmed that water temperature checks, legionella testing and fire equipment including, alarm system, emergency lighting, fire doors and extinguishers were completed monthly. We saw evidence to confirm this and action was taken when required.

Throughout the focused inspection we noted that people who used the service approached the acting manager and spent time discussing their daily health and social care needs. One person who used the service told us, “She (the acting manager) is great, I really like her.” We heard another person tell the acting manager, “I can talk to you about anything.” The acting manager explained that a key part of their role was to be available for the people who used the service whenever they required support.

Staff we spoke with described the style of the acting manager; comments included, “So supportive, she has made a real difference, all the staff are happy now”, “She is approachable, caring and she always has her door open so if I need her she is there” and “She is fair and respectful, she doesn’t shout and intimidate us like the old manager.” Staff also told us, “She is a great manager she knows her stuff and we are all benefiting from that” and “Honestly, I would not be here now if it wasn’t for her.”