

Alliance Care (Dales Homes) Limited

# The Berkshire Care Home

## 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:

The Berkshire Care Home is a care home with nursing that provides a service for up to 58 older people, some of whom may be living with dementia. The accommodation is arranged over two floors. At the time of our inspection there were 45 people living at the service. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service:

People felt safe living at the service. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. There were appropriate recruitment processes in place. Relatives felt their family members were kept safe. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were available when they needed them and staff knew how they liked things done most of the time. The registered manager reviewed and improved staffing numbers to ensure enough qualified and knowledgeable staff were available to meet people's needs at all times.

People and their families told us they were happy with their care and had seen a lot of improvements. People confirmed staff respected their privacy and dignity. The registered manager was working with the staff team to ensure caring and kind support was consistent.

We reviewed information held regarding Deprivation of Liberty Safeguards to ensure people's liberty was not restricted in an unlawful way and people's rights and freedom were protected. The management team told us they reviewed people to ensure no one was deprived of their liberty unlawfully. The deputy manager took appropriate action to ensure appropriate applications were made where necessary.

We observed people were treated with care and kindness. People and their families were involved in the planning of their care. The service carried out risk assessments and had drawn up care plans to ensure people's safety and wellbeing. Staff recognised and responded to changes in risks to people who use the service. These changes were reported to the senior person to ensure a timely response and appropriate action was taken.

There were contingency plans in place to respond to emergencies. The premises and equipment were cleaned and well maintained. The dedicated staff team followed procedures and practice to control the spread of infection and keep the service clean.

People had sufficient to eat and drink to meet their nutrition and hydration needs. Hot and cold drinks and

snacks were available between meals. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. The service worked well with other health and social care professionals to provide effective care for people. People received their prescribed medicine safely and on time. Storage and handling of medicine was managed appropriately.

Staff training records indicated which training was considered mandatory by the provider. The registered manager had planned and booked training to ensure staff had appropriate knowledge to support people. Staff said they felt supported to do their job and could ask for help when needed.

The registered manager held residents and relatives' meetings followed by staff meetings to ensure consistency in action to be taken. The staff team had handovers and flash meetings to discuss matters with the team.

People were able to engage in meaningful activities, spend time with their visitors or, if they chose, be by themselves. Their choices were always respected. We observed people were offered different activities and were encouraged to join in.

We have made a recommendation about seeking guidance from a reputable source to ensure principles of the Accessible Information Standard are met.

Staff felt the management was open with them and communicated what was happening at the service and with the people living there. People felt the service was managed well and that they could approach management and staff with any concerns.

The management team had reviewed, assessed and monitored the quality of care with the help of staff and other members of the company. They encouraged feedback from people and families, which they used to make improvements to the service. The provider was taking steps proactively to ensure people were protected against the risks of receiving unsafe and inappropriate care and treatment.

Further information is in the detailed findings in the full report.

Rating at last inspection:

At the last inspection which took place on 27, 28 and 29 November 2017 the service was rated Good in the domains of caring and responsive. The service was rated Requires Improvement in the domains of safe, effective and well-led. Overall the service was rated Requires Improvement.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will follow up on issues that we identified by asking the registered manager to send us evidence of how and when the issues will be resolved. We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next inspection is scheduled accordingly.

## 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 safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Caring findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-led findings below.

**Good** ●

# The Berkshire Care Home

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Over the two days, the inspection team consisted of the lead inspector, another inspector, a specialist advisor 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:

The Berkshire Care Home is a care home with nursing that provides a service for up to 58 older people, some of whom may be living with dementia. The accommodation is arranged over two floors. 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 Care Quality Commission. 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 took place on 21 and 22 January 2019 and was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke to nine people who use the service and two relatives. We observed interactions between people and staff. We looked at six care plans, daily notes and other documentation relating to people who use the service. In addition, we looked at the records related to the running of the service. These included medicine management, health and safety records, quality assurance audits, staff and training records. We spoke with the registered manger, area manager, three registered nurses and 10 staff members. We requested information from eight external health and social care professionals and received two responses.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection on 27, 28 and 29 November 2017, this key question was rated "requires improvement". We found the staff did not always store equipment and other items properly. Not all maintenance checks records were in place. Guidance for staff on specific people's care needs was not always sufficiently detailed. At this inspection, we found the service had taken steps to improve the practice and ensure appropriate records were in place. Therefore, the rating for this key question has improved to "good".

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe living in the service and they knew who to ask for help if they felt unsafe. Staff knew how to deal with any issues relating to people's safety.
- When there had been safeguarding concerns raised, the registered manager dealt with them appropriately.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their health and the care they received. The service assessed the risks and took action to mitigate them. There were guidelines to ensure staff supported people appropriately including with personal care, emotional and behavioural support and consent. Risks were kept under review and staff reported any changes promptly.
- When people had pressure ulcers or sores, the care plans were written clearly and indicated exactly how to care for their skin condition. The registered nurses had a good understanding of pressure sore prevention and made timely referrals to appropriate professionals.
- Emergency plans were in place to ensure people were supported in the event of a fire and equipment was available to help staff.
- The environment and equipment was safe and well maintained. Staff monitored other general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. The registered manager had action plans in place working through it to ensure safety in the service such as fire and legionella.

Staffing and recruitment:

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. We found some discrepancies with employment histories and evidence of conduct. We pointed this out to the management team. We have since been provided with evidence that the discrepancies have been rectified.

- Overall, there were enough staff to support people's needs and the registered manager regularly reviewed the numbers needed. However, we received feedback that staff absences affected the quality time staff were able to spend with people who use the service. We noted this to the registered manager who took our comments on board.

- We observed care staff answered call bells promptly on the day of our visit. People felt staff were available when they needed them. We saw staff responded to people's request for support during the day.

#### Using medicines safely:

- The service had changed the management system where each person had their medicine in their rooms. The new system had significantly reduced the risk of medicine errors being made.

- People were supported to have their medicines at the right times. Staff told people what their medicines were for and supported them to take their medicines as prescribed.

- Only trained senior staff who had been assessed as competent supported people with their medicines.

- Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People were offered PRN medicines when they needed them.

- Medicines were stored securely and regularly audited by the registered manager or a senior care worker to ensure they were being managed safely.

- We found the sharps bins were waiting for collection in a locked cupboard. The deputy manager explained they had been chasing the contractor to collect them. None of the sharps containers had been signed and dated to show when they had been opened or closed. Destroyed medicine was locked away however not collected for a long-time period. We noted this to the registered manager who was in contact with the contractor to remove these items.

#### Preventing and controlling infection:

- Appropriate measures were in place regarding infection control. We saw dedicated staff ensured the service was kept clean, tidy and odour free.

- Staff were trained in infection control and followed the provider's policies and procedures on this when keeping the home clean and working in the laundry.

- The registered manager carried out regular audits to ensure standards of cleanliness were good.

#### Learning lessons when things go wrong:

- When people had accidents, incidents or near misses these were recorded on the service's electronic

system. These were discussed with staff to ensure people were provided with the correct and timely support and to look at ways to prevent recurrences. The registered manager and regional manager accessed the reports to ensure all the actions were taken to address any concerns and to support people to stay safe.

- The registered manager took on board the queries or issues we raised during our inspection, and addressed them promptly. They also provided information that action had been taken already for some of the queries we had.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection on 27, 28 and 29 November 2017, this key question was rated "requires improvement". We found not all staff were up to date with their training, support and supervision records needed improvement and staff's knowledge of care and support varied. Premises and adaptations needed to be reviewed to ensure it was in line with guidance for dementia. At this inspection, we found the service had taken steps to improve on the practice and ensure people were supported appropriately. Therefore, the rating for this key question has improved to "good".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- People's care plans clearly described how they wished to be supported with physical and emotional needs, as well as, personal likes and preferences, and their social interests. People received care and support they needed which supported their cultural identities and preferences at the time specified in the care plan.
- People received effective care and support from staff who knew how they liked things done. People and relatives felt the staff knew them well and provided good care and support. They said, "I think the staff are wonderful", "They are well trained - no complaints" and "[Staff] are caring, helpful and understanding - yes competent".

Staff skills, knowledge and experience:

- Staff received training that equipped them with the knowledge they needed to support people. The provider had a system for monitoring staff training to ensure training was up to date. We saw there was a planner in place for training booked.
- Staff were supported through the provider's performance and appraisal system. They received feedback about their performance and discussed training needs during one to one supervisions. Staff felt the training and support they received equipped them to carry out their role.
- When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them.

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

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking. Staff made sure foods were available to meet people's diverse and cultural needs and preferences.
- People liked the cooked food most of the time. They agreed choices were offered to them. They said snacks and drinks were available at any time.
- People were supported to have their meals and they ate at their own pace. Some people chose to eat their meals in their bedrooms and they were served promptly.
- The staff and the kitchen staff were aware of people's dietary needs and preferences. Staff regularly monitored food and drink intake to ensure people received enough nutrients during the day.

Staff working with other agencies including healthcare services; Supporting people to live healthier lives, providing consistent, effective, timely care:

- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. The registered manager told us all people had medicine reviews carried out by the GP last year to ensure they were on the right and effective prescribed treatment.
- People were referred to various health professionals in good time to address any health or changing needs issues. The staff were knowledgeable and well informed about people's health and wellbeing.
- When people needed professional help and support, the staff team took action promptly and referrals were made to other health and well-being professionals. We saw the care for people's health and wellbeing was proactive and organised well.
- On the two days of our inspection, some people were not feeling well and the staff called the Rapid Response and Treatment Team to attend them. We were informed they had started treatment to help them manage a health ailment.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had a good understanding of the principles of MCA. At the time of inspection, two

people using the service were subject to authorisation under DoLS. The management team regularly reviewed people and applications submitted while awaiting authorisation.

- Staff were trained in the MCA and understood the importance of seeking consent before supporting people and helping them make decisions. People agreed staff always asked them before providing any care or support. We observed staff were polite and respectful towards people and their decisions.

- People had a separate section in the care plans regarding their decision making. It gave a description of how to support people to make their own choices and to what degree.

Adapting service, design, decoration to meet people's needs:

- During last inspection we made a recommendation to explore relevant guidance on how to make environments used by people with dementia more dementia friendly.

- The registered manager told us about the changes they have made to help people maintain their independence as much as possible. Such as signage on the doors, different colour toilet seats and book reading area.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and relatives agreed staff were caring and kind. They said, "[Staff] are always kind and caring", "Very kind and caring", "All very kind and helpful" and "They are very good".

- People agreed staff knew how they liked things done when supporting them.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, a 'Resident of the day scheme', residents and relatives' meetings, and annual surveys.

- People's records included information about their personal circumstances and how they wished to be supported. Staff used this information to learn about people and engage with them in decisions about their care and support.

- Staff respected people's choices about how and where they wanted to spend their time.

- People's bedrooms were personalised and decorated to their taste including pictures of friends and family, paintings and other items important to the person. We observed people and their appearance. They looked well cared for with clean clothes and appropriate footwear.

Respecting and promoting people's privacy, dignity and independence:

- People agreed staff showed them respect and said they were "very caring" and "very respectful".

- Staff respected people's privacy. We saw that staff knocked on people's doors before entering their room. People agreed staff protected their dignity and privacy. They said, "Very considerate and very caring – they treat you like a person and listen to what you have to say" and "Always ask what they can do - when I use the call bell they are fairly quick".

- People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible.

- People's right to confidentiality was protected. All personal records were kept locked away and were not left in public areas of the service. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had care, support and treatment plans in place that were detailed and described routines specific to each person. Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals. The daily records of care provided were clear and up to date.
- The staff used shift handovers to inform all about any tasks to complete or what was going on in the service. The registered manager also held regular flash meetings during the day to discuss anything else of importance and to ensure appropriate action was taken to address any issues.
- We observed people getting involved in the activities like exercises and crafts. Some people went out to the local pub for lunch or garden centre and shopping trips. People said they had a choice to participate in the activities they wished. There was also a programme ongoing called 'Magic Moments' and 'Wishing Well' where people's special wishes were granted monthly with staff and relatives' help. Where possible the service provides access to local events to enhance social activities for all residents to access and get involved with taking into account their individual interests and links with different communities.
- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room. One relative said, "What a lovely home it is. You can feel the warmth. We've got a lovely rapport with staff".
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. There was some guidance in communicating with people in a manner they could understand. We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of AIS.

- Staff were aware of different ways of communicating with people, for example, pictures, objects of reference or signing.

Improving care quality in response to complaints or concerns:

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been three complaints since our last inspection and these had been addressed.
- We saw the provider responded to complainants in writing informing them about the action taken. The registered manager said each floor continued to use a form to record any concerns. It helped identify trends and capture even the smallest issues without leaving people feeling their concern was ignored.
- We saw the service received a number of compliments regarding the care and support provided to people. The registered manager always thanked the staff and appreciated their work.
- The people and relatives felt they could approach the registered manager or one of the nurses in the team if they had any issues to report. The staff felt they could approach the management team with any concerns should they needed to.

End of life care and support:

- At the time of our inspection there was no one receiving end of life care. Care plans had information about people's wishes and preferences about how they wanted to be cared for at the end of their lives. The registered manager said they held a couple of wakes for people who passed away, as families felt the service was a continuation of the support to the person.

## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 27, 28 and 29 November 2017, this key question was rated "requires improvement". We found the service had another change in the management team and notifications were not submitted to CQC as incidents or events happened. We identified some gaps in the records and inconsistent practice. At this inspection, we found the service had taken steps to improve the governance of people's care to ensure quality outcomes. The registered manager has established leadership and quality assurance systems to monitor the delivery of care and support. Therefore, the rating for this key question has improved to "good".

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There was a clear commitment from the registered manager who encouraged staff to provide people with care and support they wanted. The variety of activities which took place demonstrated the staff were making a positive impact on people's lives.
- The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety, and security. There was a 'whole team approach' and culture in the service had continued to develop and grow. People and relatives agreed the service was managed well.
- Staff felt listened to and the registered manager and provider were approachable. Staff spoke positively about them and felt they were supportive. Staff said, "[We provide] person centred care, making sure the home feels like a home", "I especially appreciate our managers...making staff, family and residents feel welcomed and confident in raising any concerns" and "We work as a team and we work hard".
- The registered manager and area manager praised the staff team saying, "I feel very proud of our team. They are amazing, dedicated staff and help each other. They listen when we give feedback and it is about supporting the staff. They are a credit to the home – so friendly and caring".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the safety and quality of care provided.
- There was a clear management structure in place, which gave clear lines of responsibility and authority for

decision making about the management. The registered manager provided clear direction for the staff to ensure they provided an effective and safe service. The registered manager had an open-door policy and welcomed any feedback of how to maintain good service. There was a good, open, and inclusive atmosphere within the service.

- The registered manager had quality assurance systems in place. These included audits of care plans, staff files, complaints and safeguarding concerns, reviews of incidents and accidents and quality satisfaction surveys.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. They actively sought feedback including conducting quality assurance surveys to gain the views of people, relatives, staff and professionals. The registered manager and the staff team were very motivated to provide care and support to people as their needs and health was changing.

- The registered manager held relatives' and residents' meetings to listen and gather any views or concerns they had. The registered manager would hold staff team meetings to ensure any items arising from relatives and residents' meetings were shared with the staff team. This was to ensure all staff team members were aware of any issues, actions to take and pass on positive feedback. The staff team also discussed topics such as any changes in people's needs or care, best practice and other important information related to the service.

Working in partnership with others:

- The registered manager worked hard to establish partnership working in the service and with outside organisations. There were examples provided where external health and social care professionals had been consulted or kept up to date with developments.

- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the service to provide entertainment.

- The registered manager encouraged feedback and acted on it to continuously improve the service. Records showed the service had positive relationships and regular contact with professionals including GP's, mental health teams and the local authority.