

HC-One Oval Limited

Berewecke Court Care Home

Inspection report

Berewecke Road
Winchester
Hampshire
SO22 6AN

Tel: 01962878999

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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

Berewecke Court is a care home which provides nursing dementia care and residential dementia care. The service can accommodate up to 50 people. The home is located in a residential area close to community facilities. At the time of the inspection there were 21 people living at Berewecke Court.

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

Improvements had been made which ensured that risks relating to people's care and support had been adequately assessed or planned for. There were now sufficient numbers of experienced staff deployed at all times to ensure people's safety. Medicines were managed safely. There were systems in place to learn from incidents and accidents. Infection control procedures were robust and the service was visibly clean, and no malodours were noted. Staff had a positive attitude to reporting concerns and not tolerating poor care.

Improvements had been made which ensured that staff undertook training relevant to their role and which kept their skills and knowledge up to date. Improvements were being made to ensure that care plans contained adequate information to guide staff. This remained a work in progress. We have made a recommendation that the audit systems in place be reviewed to support this. The mealtime experience had improved. We observed that it was a more person-centred and positive experience for people. People were supported to have maximum choice and control of their lives and staff and the systems in the service supported this approach. Legal frameworks regarding the use of consent were being followed. People had access to a range of health care professionals.

People told us that staff were kind and caring and treated them with respect. We observed that staff supported people to express their views and choices wherever possible. Staff engaged with people in a friendly and compassionate manner.

Improvements had been made to the culture within the service which meant that there was now a focus on the importance of delivering person centred care at all times. This was driven by the registered manager who had a clear value base which placed the person at the centre of their care. Improvements had been made which ensured that people were provided with access to activities which they enjoyed, and which were in keeping with their interests. This was a work in progress and further improvements were planned. People and their relatives continued to express confidence that they could raise any issues or concerns with any member of staff or the registered manager and that these would be addressed. People were supported to have a comfortable and pain free death when they were at the end of their lives.

Improvements had been made to the governance arrangements. Tools used to assess the quality and safety of the service were used effectively to help identify areas where quality of care was being compromised and to drive improvements. Feedback about the registered manager was very positive. Staff and relatives told us his appointment had had a positive impact throughout the service in terms of quality, culture and leadership. The registered manager was clearly driven to look at how the home might continue to improve

in all areas.

Rating at last inspection

The last rating for this service was 'Requires improvement' (November 2019). We found four breaches of the Regulations. The provider completed an action plan 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, comprehensive, inspection based on the previous rating and to check they had followed their action plan and to confirm they now met legal requirements

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Berewecke Court Care Home

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. 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

The inspection team on the first day consisted of one inspector and one specialist nurse advisor. On the second day there were two inspectors. An expert by experience also made calls to relatives.

Service and service type

Berewecke Court is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

The inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. We sought feedback from health and social care professionals. We used all of this information to plan our inspection.

The provider had not been asked to complete a 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.

During the inspection

Some people were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We were able to speak with three people in a little more detail and with 11 relatives. We spoke with the registered manager, deputy manager / clinical lead, two registered nurses, and five care workers. We also spoke with two members of the housekeeping team, the maintenance person and chef. We reviewed the care records of four people in detail, but also looked at aspects of a further three people records. We looked at the records for four staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

Our last inspection had highlighted concerns regarding the management of risks, relating to people's care and to the environment, and how these risks were being mitigated. This placed people at risk of harm and was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- People told us they felt safe. Relatives also felt their family members were safe. Comments included, "Yes she is [safe], she is not losing weight now and is assisted to feed, the home have taken steps to reduce falls", "I saw two staff hoist him before Christmas, they knew how to do it safely" and "[Person] is very active and falls... The home have taken precautions... she has pressure pads and an alarm mat near her bed".
- One person living with complex insulin dependent diabetes had a clear care plan in place that provided a specific treatment escalation plan to determine how staff should respond in the event of their blood glucose levels becoming too high or too low. Without this there is a risk that the person might not get the specific care they require. The person also had related care plans such as one for foot care and the risks of retinopathy.
- Some people required air filled, pressure relieving mattresses, to help prevent skin damage when in bed. Our last inspection had found that a number of these had not been set correctly. Measures had been put in place to address this and these were checked daily by either the registered manager or clinical lead. Those we checked were set correctly.
- The systems in place to monitor and respond to weight loss were more robust and there was evidence that the registered manager and clinical lead had oversight of this as part of their clinical and quality governance processes. Food and fluid charts showed that people at risk of malnutrition were being offered regular drinks and snacks.
- Sufficient improvements had been made with regards to preventing and managing the risk of choking. We did not observe anyone being fed in an unsafe position. One person at risk of choking was noted to have a choking care plan which identified the risk of choking and contained good strategies for responded to any episodes of choking. We also noted that there were 'Lifevacs' available in a number of areas. These are a suction device developed for clearing an upper airway in the event of a person choking.
- Our last inspection had found that there had been a failure to provide a timely response to actions resulting from a fire risk assessment of the premises in October 2018. This inspection found that actions arising from a fire risk assessment in November 2019 had been completed within appropriate time scales. Our concerns about the fire risks in an unused area of the first floor had also been addressed. Fire exits were

observed to be free from obstructions.

- Improvements had been made to ensure that personal emergency evacuation plans (PEEPs) reflected the needs of the people within the service and noted for example if they were temporarily absent from the service.
- A range of health and safety checks were taking place to ensure that the building and the equipment within it were safe to use and had been serviced and maintained regularly. We noted that some of the water safety checks had highlighted some readings that were out of recommended ranges to prevent the growth of legionella. It was not clear that this risk had been identified or what action was being taken in response. The registered manager arranged for a full review of this by a water safety specialist which found no concerns. They are taking further action to improve the way in which the temperatures are measured moving forward.
- Other risks continued to be assessed and planned for, such as bed rails and falls.

Staffing and recruitment

Our last inspection had highlighted that there were insufficient numbers of staff deployed at all times to meet people's needs safely. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

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

- Our observations indicated that there were sufficient staff deployed to ensure that the communal areas of the home were constantly supervised. We heard staff communicating more effectively with each other about how this was to be maintained.
- Throughout the inspection, care appeared to be delivered in a caring and unhurried manner and rotas showed that planned staffing levels were being met.
- Neither people nor their relatives raised any significant concerns about the staffing levels. One relative said, "I have always seen loads of staff" and another said, "I have visited a couple of times in the last few weeks and I saw a lot of staff there, the staff get the work done".
- Staff were more positive about the staffing arrangements. One staff member said, "Yes we can complete all the tasks on time, there are no issues with staffing, we have a good team". Another staff member said, "Sometimes, we can be a bit short because of sickness, but we work as one unit". They told us that the management team and registered nurses all helped out.
- Agency use had significantly reduced and the home had recruited more registered nurses which provided better continuity of care.
- The registered manager monitored the response time of staff to call bells and alarm mats to ensure that these were being responded to promptly.
- Staff had overall been recruited safely and required checks had mostly been completed. We did note that two staff did not have a full employment history recorded. We brought this to the attention of the registered manager who took action to ensure this information was obtained.

Using medicines safely

- Medicines were managed safely. One relative told us, "[Person's] medicines are managed very well".
- Each person's medicines administration record (MAR) contained all the information needed to support the safe administration of their medicines. These were fully completed, with no gaps, and therefore provided assurances that people received their oral medicines as prescribed.
- We observed people receiving their medicines. This was managed in a person-centred manner. We did note that although the registered nurse was wearing a 'do not disturb' tabard, a member of staff tried to

hand them the phone and then gave them a non-urgent message despite the fact they were administering medicines. Interruptions in a medicines round can increase the risk of medicines errors being made.

- Medicines, including controlled medicines, were stored and disposed of safely. All of the liquid medicines had a date of opening recorded and were within their expiry date.
- There was a clear procedure and records for the administration of homely remedies and the site where insulin was administered was now being recorded in line with best practice guidance.
- Pain assessment tools continued to be used regularly to help staff identify untreated or unmanaged pain in people who were not able to express this.
- The use of covert medicines was taking place in line with legal frameworks.
- One person was noted to have had a review of their antipsychotic medicines in line with best practice guidance and they also had a care plan regarding this.
- Topical medicines administration records (TMARs) still did not consistently contain sufficient information regarding the frequency with which, and location, topical medicines needed to be applied. However, the registered manager has sought advice from a local community health care professional regarding best practice in this area and is implementing new procedures to ensure that staff have clear directions for application of these creams if this is not supplied by the prescriber.
- Records showed that registered nurses administering medicines had undergone an assessment of their competency to do this safely.
- The deputy manager undertook daily random checks of the medicines to ensure they had been administered as prescribed along with monthly audits.
- Where medicines errors had occurred, these had been investigated and learning noted, and new measures implemented to prevent the error from happening again.

Learning lessons when things go wrong

- There continued to be appropriate systems in place to learn from safety events.
- Daily 'Flash meetings' were held during which all heads of department came together to reflect on current issues such as any new incidents or accidents that might have occurred, staffing changes or new admissions to the service. These meetings were effective and included discussions about any concerns such as unexplained bruising or new wounds but were also an opportunity for the registered manager to share new guidance with staff and remind them of expectations around infection control.
- We did note that ABC charts were not yet being used effectively as an observational tool to help staff understand what certain behaviours might be communicating so that remedial measures might be taken. We discussed this with the registered manager who acknowledged this and told us they were planning a piece of work with the staff team to increase their skills with this.
- A system was in place to report accidents and incidents and the registered manager reviewed and collated information from these in order to ensure that mitigating actions were being taken and that any themes or recurring risks were identified allowing further remedial actions to be taken. We did note that one fall did not appear to have been appropriately captured and investigated. We brought this to the attention of the registered manager who took action to address this.
- Root cause analyses had taken place for more significant incidents. Remedial actions had included a clinical governance review, additional training and competency checks of the staff involved.

Preventing and controlling infection

- As part of CQC's response to the coronavirus pandemic we conducted a review of infection prevention and control (IPC) measures in the home.
- Visitors were screened for symptoms such as a raised temperature before being allowed to enter the home and there was prominent signage and instructions to explain what visitors should do to ensure safety.
- The provider had recently revised its visiting arrangements in line with Government guidance and there

were now systems in place to enable indoor visiting by a 'single named visitor' for each person.

- Prior to this families had been supported to keep in touch with their loved ones in a variety of ways including window or indoor, but socially distanced, visits and video calls. We did note that the room used for indoor visiting did not include a plastic or glass barrier which at the time (Prior to March 2021) was recommended best practice for indoor visiting to support segregation and to avoid transmission. The registered manager told us this was company policy and he had worked hard to ensure that families had been kept informed about changes in guidance and to understand their responsibilities when visiting the home.
- People in isolation were clearly identified and all staff were aware of this. Suitable cohorting arrangements were implemented when required.
- Where it was either impractical or unkind to isolate a person in their room due to poor cognition, the person was placed temporarily on one to one care so that the staff could guide or redirect them away from communal areas and also sanitise items they had touched.
- There was laminated, prominent, signage on donning/doffing PPE and handwashing in all required areas, including for visitors and there were hand sanitiser stations around the home.
- People were assessed twice daily for the development of a high temperature and other softer signs of COVID. Staff were also subject a regular testing programme.
- The home was visibly clean throughout and there were no malodours.
- The registered manager had increased the number of housekeeping staff on duty to help ensure that they were able to complete all of the required cleaning tasks, including deep cleans of rooms and hourly cleaning of areas which might be a hot spot for harbouring viruses such as COVID 19. Often there were almost as many cleaning staff on duty as there were care staff and this demonstrated the priority given by the registered manager to keeping the home clean and hygienic. Throughout the inspection, these staff were observed to be working hard to keep the home clean. One staff member told us, "The housekeeping staff are fabulous... you could sit on the floor and eat your dinner off it, it is so clean".
- All staff in high risk groups such as black and minority ethnic groups (BAME) had been risk assessed, and adjustments made where necessary.
- Detailed IPC audits are undertaken by the IPC lead who was knowledgeable about their role and responsibilities. They displayed an understanding of the importance of not overusing PPE and of which cleaning products to use.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.
- Staff had a positive attitude to reporting concerns and not tolerating poor care.
- The registered manager visited people each day to check they were happy and felt safe and he

encouraged them to raise any concerns they might have.

- Staff were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety.

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.

Staff support: induction, training, skills and experience

- Our last inspection found that staff had not received all of the required training, professional development supervisions and appraisals needed to enable them to carry out their role. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.
- Staff told us there was now more of an emphasis on education and training and that this helped to ensure they were able to understand and fulfil their role and responsibilities.
- Staff undertook a range of training relevant to their role and completion rates of this training were much improved. The training included areas such as minimising the risk of choking, falls awareness and promoting healthy skin. Staff had undertaken the provider's training programme in caring for people living with dementia.
- People and relatives felt staff understood how to provide care effectively. One relative told us, "They [Care staff] change her position every two hours to prevent sores. ... It's always two staff and she never gets stressed by it. The carers know how to move her".
- Staff were provided with the opportunity to undertake additional training and attend forums which enabled them to become 'champions' in certain areas such as safeguarding and infection control. This additional knowledge was then shared with the wider staff team.
- The registered nurses had completed a range of clinical training via the Royal College of Nursing i-learning platform and through clinical skills development days.
- Staff were now having regular supervision. This process is important to help develop and motivate staff, review their practice and ensure they understand their responsibilities. One staff member told us, "It [Supervision] is useful as you can talk about what is good and what is not".
- Other approaches such as the introduction of night shift seniors and a mentorship programme were being implemented by the registered manager to support and develop staff and ensure staff were able to deliver effective care.

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

- Assessments were completed to establish people's needs and to ensure these could be fully met. These were used to develop a range of care plans. These were, overall, improved since our last inspection. They covered areas including, personal care, continence care, nutrition, skin care, sleeping, activities and

communication.

- People living with conditions such as diabetes or epilepsy had suitable care plans to guide staff on how to manage these health care needs.
- Short-term care plans had been put in place to guide staff on managing health issues such as eye infections.
- There were some areas where the care plans and associated documents could be further improved. For example, one person's care plan and the handover sheet gave conflicting advice about their dietary needs. For another person, whilst concerns had been appropriately escalated to healthcare professionals and a softer diet implemented, risk assessments and care plans had not been updated when they had started to experience swallowing problems the week prior to our inspection. We brought this to the attention of the registered manager who took action to address this.
- We noted that some care plans would benefit from being more detailed, such as end of life care plans. One person's nutrition care plan did not include information about the person being on supplements and needing high calorie snacks. This information was included in the handover and the staff we spoke with were aware of this person's needs and told us how they encouraged snacks such as a banana.
- Some care plans could more clearly incorporate best practice guidance and nationally recognised standards. This was discussed with the registered manager who has assured us that improvements would be implemented.
- The care plans continued to be handwritten and we still found examples where these or supplementary charts were difficult to read. The organisation of records meant that some information was not always readily available or was not where you might reasonably expect this to be and this is an area that could be improved.
- We recommend that the systems in place for auditing the quality and completeness of records is reviewed to ensure this is robust and ensures that records relating to people's care are produced and maintained in line with best practice standards.

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

- Our last inspection had found that the lunch time meal needed to be improved to make it a more person-centred and positive experience for people. This inspection found that improvements had been made.
- The meal service was efficient and was supported by the chef and kitchen staff.
- People were offered a choice of meal which looked well-presented and accompaniments such as gravy or a side salad were available.
- Aids to help people eat and drink independently were used such as plate guards and adapted drinking cups.
- Lunch was not hurried, and staff supported people to eat and drink in a person-centred manner and readily engaged with them throughout, talking to them about the meal and offering an alternative if the person did not appear to be eating well.
- A number of people chose to eat in their rooms. Where this was the case, observations showed this was managed in a safe and person-centred manner.
- A snack bar was available, and, in the afternoon, we saw people being offered a range of fresh fruit, crisps and other snacks.
- The chef told us they were kept informed about changes to people's dietary needs and these were accessible in the kitchen. The chef also told us they were given continual feedback by staff about people's likes and dislikes regarding food.
- Staff were informed about which people were losing weight and were able to tell us how they encouraged particular people to drink little and often.
- Staff were also well informed about how to prepare drinks for people who needed these to be thickened for safety.

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

- Berewecke Court is a purpose-built nursing home arranged over two floors.
- Rooms varied in size, some were ensuite and were furnished with people's personal items to help create a homely feel.
- Each floor was split into two wings. On the ground floor there was a main lounge / dining area and a smaller quiet lounge. There was a second lounge and smaller dining area on the first floor, although at the time of the inspection, this floor was not in use.
- Bathing and shower facilities were available on both floors. An assessable and secure garden was available and allowed people living with dementia to continue to safely enjoy outdoor spaces.
- It was evident that since our last visit, some redecoration had taken place to freshen up the environment. The registered manager also advised that substantial investment had been agreed to continue to develop the environment and to make it more supportive of people living with dementia.

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.

- Mental capacity assessments had been undertaken to ascertain whether people could consent to aspects of their care such as medicines management or consent to photographs.
- The registered manager told us about a person who could make unwise decisions that had a negative impact on their health. They told us, "[Person] had capacity [to make the unwise decision] so we have put a care plan in place to show how we have consulted, considered their choices and put measures in place to reduce the risk".
- Where people had appointed a third party as their legal representative for health and welfare matters or for financial matters, the registered manager was taking action to ensure that they had obtained copies of documents and was liaising with the Office of the Public Guardian to achieve this. This helped to ensure that they were able to consult with relevant persons when planning and delivering people's care.
- People had a DoLS care plan which described why they were subject to restrictions such as continuous supervision and described what risks the restrictions mitigated.
- There was a clear tracking system in place to monitor the dates DoLS had been authorised or needed to be reapplied for.

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

- People told us they received effective care and whilst relatives had not been able to spend any significant time in the home over the last 12 months, most were confident that their family member's care was delivered in a timely and effective manner. Comments included, "She always looks clean and well fed" and

"[Family member] is turned every two hours...she has had no urinary tract infections... and has no bed sores". Another relative said, "I think [Person] is very safe, on visits and on [video calls] I have only seen good done to her". This relative told us about a health issue their family developed. They told us, "The home acted straight away".

- People continued to have access to a range of health care professionals such as tissue viability nurses, speech and language therapists and the community mental health team.
- We observed staff working collaboratively to review and respond to an acute decline in one person's health. Staff acted quickly to involve the GP, and this resulted in an ambulance being called. We observed that staff provided a very effective handover of care which included sharing relevant paperwork.
- We saw examples where people were experiencing positive outcomes regarding their health, for example, people who were known to be nutritionally at risk were gaining weight which was positive. Staff had been able to bring about some stabilisation to one person's diabetes. Their family member told us, "I am thrilled with their blood sugars, the staff are brilliant... he looks so wonderful... they have made my life and his life better".

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.

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

- Staff were observed to devote more time to engaging with people and there was less of a focus on the completion of tasks. It was clearly evident at lunchtime where staff were observed to readily chat with people and seek their views throughout the meal. Staff recognised if a person was not eating well and were gently encouraging.
- Staff were attentive to people and asked their consent before delivering care. We saw staff communicating clearly and positively with a person they were assisting to transfer from their wheelchair.
- People felt their views were listened to and respected and this was also confirmed by the relatives we spoke with. One relative said, "I have seen staff offer [Person] a choice of food and during the day they ask him what he wants". Another relative said, "When I see [person] I notice staff are interacting with her. They are polite and ask and tell her of what they wish to do". Both of these relatives had noted this to be an improvement.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us that staff were kind and caring and treated them with respect. This view was also shared by the relatives we spoke with. Comments included, "Staff are attentive" and "Staff always knock on her door and are always nice and kind".
- The service had received a number of compliments on the helpful and caring approach of the staff team. Comments included, 'I am very impressed by the friendly staff and welcoming atmosphere' and 'Bereweke Court is a happy, friendly environment giving excellent care with dignity'.
- We saw examples of staff communicating with people in a compassionate and empathic manner. For example, staff were caring for one person who was nearing the end of their life. We observed that staff were attentive to this person and spent time with her, providing assurances and holding her hand.
- We also observed staff interacting with a person who was distressed and displaying some behaviours which were challenging including verbal abuse toward the staff members. The staff responded sensitively and kindly to the person and asked how they might help the person and did not react to any of the abuse being shown toward them.
- One person was admitted to hospital during the inspection. We were very impressed by the compassionate care and reassurance given to the person at all times.
- The registered manager spoke passionately about the importance of treating people with kindness and compassion at all times. He understood the importance of using supervision and observation to reinforce expectations around this. He told us he had confidence in his senior team to monitor this when he was not

there. He said, "I want staff to know the residents are human beings and someone's family member, would I want staff to be speaking [language] over me, no, I feel the staff here now share my values".

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.

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

Our last inspection found insufficient action had been taken to address the need for meaningful activities and to protect people from the risk of loneliness or social isolation. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- There was sufficient evidence that people were being supported to carry out person centred activities and to maintain their hobbies or interests.
- There was now a wellbeing coordinator in place who was beginning to deliver a range of activities for 40 hours each week.
- Whilst there was no formal, structured programme of activities currently in place, it was evident that there was a focus on providing informal small group activities and one to one interaction. For example, we saw staff supporting one person to paint a cup and another to do some artwork. One person asked if they could take a walk in the garden, this request was immediately responded to and the person was assisted to the garden when they and the staff member picked daffodils. Later people were supported to watch a virtual tour of the British Museum on a tablet. People were also supported to read the newspaper and maintain an awareness of current affairs.
- Activity records now provided more assurances that people cared for in their rooms were having access to person centred activities. For example, we saw evidence that these people were being regularly supported to look at family photographs, read magazines together, chat about their earlier lives and the things that were important to them. 'Remembering together' documents had been developed for each person which provided a personalised record of the life history of the person and the things that were important to them.
- Each day, at three o'clock all staff in all roles stopped what they were doing to go and spend some time with a person. This was known as 'Stop the Clock'. We observed the registered manager, chef, maintenance and housekeeping staff all taking part in this which was clearly valued by people but also by staff one of whom told us, "I love working here, they encourage me to spend time with the residents, that is what I doing now at the 'Stop the Clock'... I am making some drinks and spending time with some of them in the lounge".
- The registered manager and staff were aware of the impact on people of not being able to have their usual visits from their family members and friends. They told us about one person who had been very affected by the lockdown becoming more distressed and less coherent, we noticed that staff readily engaged with this

person and were actively trying to reduce the amount of time she spent alone.

- Once the lock down was eased there were plans to once again develop a more structured programme of activities including external entertainment and the re-establishment of links with local community groups. A 'steering group' to include residents and relatives was planned to inform this.
- Relatives were only able to provide us with limited feedback about the activities being provided, but one was able to tell us how their relative loved gardening and had been able to do some weeding with the gardener which they had enjoyed.

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

- Overall people's care plans were person-centred and provided staff with guidance on how their needs should be met.
- When people first came to live at the home, they and their families were involved in completing a moving in assessment. This gathered information about the person that was important to them, their personal history and any cultural, gender or religious needs so that these could be planned for. The 'moving in' assessment also gathered people's views about how they wanted their room to be laid out and what specific items they might value being able to see from their bed if they required to be cared for in bed. We saw this happened in practice.
- Daily care records gave greater assurances that people's preferences were being met. For example, we saw that people were being offered regular baths or showers. One person was asked if they wanted to go to bed, their records noted that the person refused saying, 'I am feeling much better sitting here, so not now please'. This was respected and instead the carer commented on the person's happy mood.
- Daily notes made constant references to gaining people's consent and to providing reassurance if they were anxious or upset and also commented on people's enjoyment of their meals. This was a significant improvement and helped to provide an insight into people's emotional wellbeing and mood.
- A 'Resident of the day' system was in place and allowed all aspects of a person's care and support to be reviewed and updated on a monthly basis. Improvements were being embedded to help ensure that this process captured people's views. Care reviews had been completed virtually with family members.

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.

- There was some evidence that the service was meeting the AIS. People had a communication plan. This described whether the person had any sensory support needs and whether they were able to understand choices and how they might express their views.
- The registered manager advised us people were given a weekly bulletin in a format appropriate for their communication needs.

Improving care quality in response to complaints or concerns

- People and their relatives expressed confidence that they could raise any issues or concerns with the registered manager and that these would be addressed.
- A complaints log was kept and provided assurances that complaints had been responded to appropriately.

End of life care and support

- There was some evidence that people were being supported to make decisions about their preferences for how their end of life care should be provided and basic end of life care plans were in place. There continued to be scope to develop these further.
- Where appropriate records included a 'Do not attempt cardiopulmonary resuscitation' (DNACPRs).
- We observed, and staff told us, that end of life care was provided in a compassionate and attentive manner. Staff spoke of the importance of being with people, holding their hand and maintaining their personal care with dignity. One staff member said, "We spend as much time with them as possible, making sure they are comfortable, giving them mouth care, talking to them, holding their hand, we do it well".
- The registered nursing team worked with local health care professionals to ensure that people had a comfortable and pain free death.

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

Our last inspection found that there had been a failure to effectively and consistently implement a governance system to ensure the quality and safety of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

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

- The registered manager was effectively using the governance tools available to assess the safety and quality of the service.
- A range of audits were undertaken to provide assurances about the safety and quality of the service. These included audits of dignity in dining, medicines audits, health and safety and infection control audits. A 'safer people handling' audit checked that staff were all in date with their training and that hoist and slings were safe to use. This also had an observational aspect which provided assurance to the auditor that staff were able to put their training into practice. The clinical lead completed an audit of a sample of care plans and daily records each week. We did note that this would benefit from a further assessment of the quality of information in addition to the completeness of the plan.
- Clinical indicator reports were reviewed at clinical governance meetings on a monthly basis to review the number of clinical risks within the home such as the prevalence of pressure ulcers, infections, hospital admissions, weight loss and whether any external referrals were required for the most clinically frail people.
- The providers quality assurance systems allowed them to have a good level of oversight of quality and risks within the service. A comprehensive internal inspection had been completed in October 2020 and regular reviews took place of key clinical risks. Current objectives resulting from this included an aim to reduce the number of bed rails in use and upskill the senior care staff to be able to administer medicines.
- The actions from audits or other quality assurance processes fed into a home improvement plan which the registered manager used to track progress with achieving objectives and improvements.
- The registered manager had been in post since June 2020. He was not a registered nurse but held level five and seven diplomas in health and social care management. He was supported by a clinical lead who was a registered nurse. Together they formed a partnership that worked effectively to identify and manage risks to the quality of the care people received. The registered manager felt well supported by the provider who he was said was open to supporting his continued learning in the sector.
- The registered manager told us he tried to motivate his staff team by leading by example. He explained that covid did make some staff anxious, so he said, "I went and did it myself". He also explained that some

staff were anxious about attending to people after their death. He told us, "This is an important part of the person's journey, we have to get it right, so I did it with them".

- Feedback about the registered manager was very positive. One staff member said, "[Registered manager] is the best manager, he listens, he helps with problems...he runs the home really well". Another staff member said, "He looks after us... he says if you need training tell me what you want... every day he is doing a great job". A third staff member said, "Everything has improved".
- Feedback from relatives also indicated that the registered manager had been instrumental in bringing about improvements in the service. For example, recent feedback given to the provider from a relative read, 'The home now looks and feels so much better. My [family members] care feels so much better. I now have confidence that I can leave my mum in trustworthy, caring hands. This has only happened because the lead person has made it happen'.
- Comments from relatives to us about the registered manager included, "I think very highly of the manager", "The home is very much better organised than before" and "Truth to say, I was very unhappy, the management have changed all this". One relative told us how their family member was now calling Bereweke Court their 'home'. The relative said, this is down to [Registered manager].

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

- Our last inspection had found that the systems in place had not been effective at ensuring that people received a service that was person centred and focussed on their individual needs. To address this, the registered manager, or clinical lead, undertook twice daily walkarounds to observe the care being provided and maintained a strong presence within the home. Staff confirmed this saying the registered manager would often be found walking around the corridors, chatting with people and checking paperwork.
- Staff told us the registered manager was clear about his expectations and the standards they were required to meet and that this helped them to do their job to the best of their ability. One staff member said, "[Registered manager] is strict, but the home needs that". Another staff member said, "[Registered manager] really knows his job and supports the team...he is a strong manager, he is fair".
- Our observations and feedback from staff indicated that the registered manager and clinical lead were committed to their role. Staff told us they often put in long hours staying after the end of the shift when needed.
- The registered manager was aware of their responsibility to act in an honest and transparent way when things went wrong. A number of relatives commented on the transparency and openness of the registered manager.

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

- We reviewed notes of 'resident's meetings' and saw a wide range of topics were discussed and peoples' views recorded and acted on. For example, in response to requests from people a bath had been installed and the positioning of the television was changed. One person had asked for an armchair that it was easy to read at and so one was purchased with an integral light to enable this.
- Over the last year there had been fewer opportunities for relatives to have face-to-face meetings due to the pandemic and visiting being very limited. The registered manager had ensured that information was sent to relatives to keep them informed about people, the activities that were taking place and changes to government guidance.
- Relatives were mostly satisfied with the way in which the registered manager and staff promoted their involvement in their family members care. One relative told us, "The home always phones me up". Another relative said, "They are very good at [keep me informed] and let me know if anything has happened. The activity coordinator sent me pictures".

- A residents and relatives survey had taken place in November 2020 and indicated an improving service. For example, in the last survey in August 2019, 50% of the respondents had rated the activities as average, this time 100% had rated these as either good or excellent.
- There was a 'Have your say' feedback station in reception where people, their relatives or professionals could share their experience.
- The leadership team positively engaged with staff and promoted an inclusive culture. One staff member told us how they felt able to say to the leadership team, 'I do not understand' without there being any negative response. They said that instead, they offered to help. "They always come if I ask them, they never say no". Another staff member said, "Management are constantly asking what can we do to help"?
- The registered manager promoted a whole team approach to meeting people's needs. This was evident through interventions such as 'Stop the clock' and through all staff, after being suitable trained, supporting at mealtimes.
- Monthly staff meetings were now taking place and staff told us these were constructive, and that the leadership team genuinely welcomed their feedback and acted on their feedback. For example, staff had been struggling to undertake the training both at work and at home and so now, one day a week was set aside for staff to complete their training.
- Staff felt more valued and they told us that morale and teamwork had improved. One staff member said, "We work as a team, not individuals which is a big change" and another said, "I love working here, it's all good now, no issues".

Working in partnership with others

- The registered manager and the staff team worked with a range of health and social care professionals to meet people's needs. This included local surgeries, hospitals, and specialist services such as the community mental health team and diabetic liaison service.
- One health care professional said, "When I do contact the home [Registered manager] is receptive to my calls". A social care professional told us the registered manager had been very 'knowledgeable about my client's needs'.
- The registered manager responded in an open and transparent way to requests for information to support this inspection and responded promptly to address areas where the inspection team identified minor concerns or omissions.