

HC-One Limited

# Berry Hill Care Home

## Inspection report

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Date of inspection visit:  
07 September 2017

Date of publication:  
18 January 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We inspected Berry Hill Care Home on 7 September 2017. The inspection was unannounced. Berry Hill Care Home is situated in Mansfield in Nottinghamshire and is operated by HC-One Limited. The service is registered to provide accommodation for a maximum of 66 older people who require personal care. There were 38 people living at the home on the days of our inspection visit. The service is split across two floors, each with communal living areas.

At our previous inspection, on 22 and 23 May 2017, the service was rated as requires improvement and multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. Following our last inspection we took action against the provider and issued a Warning Notice to ensure that improvements were made in relation to the governance of the home. The provider was required to be compliant with this notice by 1 August 2017. In this inspection we found that the provider had not made the required improvements in this area and remained in breach of this legal regulation. During this inspection we also found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment and person centred care. You can see what action we told the provider to take at the back of the full version of the report.

The service had a registered manager in place at the time of our inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was relatively new to the service and had been in post for a period of four months at the time of our inspection visit.

During this inspection we found that the systems in place to reduce risks associated with people's care and support were still not always effective and this exposed people to the risk of harm. Although we found that people received their medicines as prescribed, medicines were not stored safely at all times. Safe recruitment practices were followed to ensure that staff were suitable to work with people who used the service.

People's day to day health needs were met, however, there was a risk that people may not receive appropriate support with specific health conditions due to a lack of information in their care plans. Systems in place to ensure people had enough to drink were not always effective and this placed people at risk of dehydration. People were supported to have enough to eat and were given choices and assistance as needed.

People were enabled to make decisions. Where a person lacked capacity to make a certain decision they were protected under the Mental Capacity Act 2005. There were enough staff available to keep people safe and meet their needs. People were supported by staff who received training, supervision and support.

People were not treated with dignity and respect at all times and their right to privacy was not always respected. People could not always be assured that they would receive support that was based upon their individual needs and preferences as care plans did not consistently reflect people's current needs. Improvements were underway to ensure that people were provided with compassionate, dignified care at the end of their lives.

The majority of staff were kind and caring in their approach. People felt involved in day to day decisions about their care and were offered the opportunity to get involved in planning their support. Staff understood how people who used the service communicated and supported them to maintain their independence. People had access to advocacy services if they required this to express their views. There were systems in place to respond to and investigate complaints. People were provided with opportunity for social activity.

Although during this inspection we found that people supported to maintain relationships with family and friends we were also aware of a complaint regarding visiting rights which had been upheld by the Local Government Ombudsman. The provider was in the process of making changes and improvements based upon this at the time of our inspection.

The service was not well led. The service has a history of non-compliance with the fundamental standards – the standards below which services should never fall. Although improvements were found in some areas at this inspection, we also identified a number of areas where the provider had failed to make the required improvements. There were not sufficient management systems in place to ensure the safe and effective running of the service and this had a negative impact on the quality of service people received. Systems in place to monitor and improve the quality and safety of the service were not effective and timely action was not taken in response to known issues. Feedback from people who used the service and their families was not always used to drive improvement.

The provider was responsive to our feedback and following our inspection informed us of a number of changes, in progress and planned, intended to ensure the safe and effective running of the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were still not always adequately protected from risks associated with their care and support.

People received their medicines as prescribed but medicines were not always stored safely.

There were systems and processes in place to minimise the risk of abuse.

There were enough staff to provide care and support to people when they needed it.

Safe recruitment practices were followed.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People were supported to have enough to eat. However, systems in place to ensure people had enough to drink were not always effective and this placed people at risk of dehydration.

People's day to day health needs were met. However, further improvements were required to ensure people received appropriate support with specific health conditions.

People were enabled to make decisions. Where a person lacked capacity to make a certain decision they were protected under the Mental Capacity Act 2005.

People were supported by staff who received training, supervision and support.

### Is the service caring?

**Requires Improvement** ●

The service was still not consistently caring.

People could not be assured that they would be treated with dignity and respect at all times and people's right to privacy was

not always respected.

People were involved in making choices relating to their care and were supported to maintain their independence. People had access to advocacy services if they required this.

People were provided with the opportunity to discuss and plan for the end of their life and improvements were underway to ensure people's needs were met.

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

The service was still not consistently responsive.

People could not be assured that they would receive the support they required as care plans did not all contain accurate, up to date information about the support people needed.

People were provided with opportunities for social activity and were supported to maintain relationships with family and friends.

People were supported give feedback about the service, raise issues and concerns and there were systems in place to respond to complaints.

**Requires Improvement** ●

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

The service was not well led.

There were not sufficient management systems in place to ensure the safe and effective running of the service.

Systems in place to monitor and improve the quality and safety of the service were not effective and timely action was not taken in response to known issues.

Feedback from people who used the service and their families was not always used to drive improvement.

**Inadequate** ●

# Berry Hill Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 22 and 23 May 2017 inspection had been made, to look at the overall quality of the service, to explore concerns we received about the service and to provide a rating for the service under the Care Act 2014.

We inspected the service on 7 September 2017. The inspection was unannounced. The inspection team consisted of two inspectors, a specialist nursing 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.

Prior to our inspection we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events which the provider is required to send us by law, such as allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

During our inspection visit we spoke with eight people who used the service and the friends and relatives of two people. We spoke with four members of care staff, a nurse, the wellbeing coordinator, a member of the catering team, the registered manager and the provider's area director. Following our inspection we spoke with the nominated individual. The nominated individual is a person who is nominated by the provider to represent the organisation.

To help us assess how people's care needs were being met we reviewed all or part of seven people's care records and other information, for example their risk assessments. We also looked people's medicines records, staff recruitment files, training records and a range of records relating to the running of the service, for example, audits and complaints.

We carried out general observations of care and support also looked at the interactions between staff and people. In addition to this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way

of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

During our previous inspections in October 2016 and May 2017 we found concerns about how risks associated with people's care and support were managed. At our inspection in May 2017 this resulted in a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that although some improvements had been made, further improvements were required to ensure that people were supported safely and in line with the regulations.

People were not protected from the risk of developing pressure ulcers as records did not consistently evidence the care people required or were provided with. We found people who were at high risk of developing pressure ulcers did not always have up to date tissue viability care plans in place and records showed that people were not consistently assisted to change position regularly. One person's care plan stated they should be assisted to re-position every two hours, but their re-positioning chart indicated staff attended to them irregularly and on frequent occasions their position was not changed. For example, on one day they were identified as lying on their back for a continuous period of 19 hours although they were checked six times in this period. This failure to reposition the person as required placed them at risk of skin damage. Another person had been assessed as being at high risk of developing pressure ulcers, however we found that their tissue viability care plan did not reflect their current need and this put them at risk of receiving inconsistent support. This meant that we could not be assured that all reasonable steps had been taken to protect people from the risk of skin damage. We spoke with the nominated individual about this who acknowledged that issues with record keeping meant they were not always able to evidence that care was delivered as required. They highlighted that the incidence of actual pressure ulcers in the home was low and provided evidence to support this. They informed us that action was underway to improve recording and to reduce the risks to people living at the home.

There was a system in place for investigating injuries sustained by people. This was not consistently effective in ensuring unexplained injuries were investigated. Although we were provided with evidence to demonstrate that some injuries were recorded and investigated appropriately we found other occasions where injuries had not been investigated. For instance, one recent record stated, 'bruising to both legs, small bruise to left knee.' We did not see any evidence that these injuries had been followed up to ascertain how they had been sustained. This meant we could not be assured that all injuries would be fully investigated to ensure people were protected from the risk of harm. Following our inspection we spoke with the nominated individual who assured us action would be taken to ensure unexplained injuries were appropriately reported and investigated.

Medicines were not always stored safely. During our inspection visit we observed that the medicines trolley was left unlocked and unsupervised in a communal area on one occasion and a measure of liquid medicine was left on top of the trolley. This meant there was a risk that someone who used the service or a visitor could access people's medicines unobserved by staff, and a further risk they could take these. The registered manager addressed this immediately with the nurse.

The above information was an ongoing breach of regulation 12 of the Health and Social Care Act 2008



We found that in other areas, risks associated with people's care and support needs were managed effectively. People who used the service told us they felt that risks were managed safely. One person told us, "I had a past history of falls, but none here. There's bedside rails and they are soft enough." The relative of another person told us, "A risk assessment was done, my [relation] and I were involved with the care plan. There is a bedside alarm mat to reduce the risk of falling at night. [Relation] has a zimmer frame but tends to forget it and is reminded by me and the staff."

Plans were in place which detailed risks relating to people's care and support and how these risks should be managed. For example, one person had a number of recent falls. A falls risk assessment had been completed and there was evidence of action taken to reduce the risk of falls, such as referral to a physiotherapist, a review of their medicines and the use of a sensor mat when the person was in bed. Another person had been assessed as being at risk of choking. There was a risk assessment in place to inform staff how to minimise this risk and we observed staff followed this in practice. Risk assessments had also been completed for the use of equipment such as hoist and bedrails. Staff told us they had sufficient equipment to meet people's needs and there were processes in place to ensure equipment was properly maintained.

People were protected from risks associated with the environment. We saw there were systems in place to assess and ensure the safety of the service in areas such as fire and legionella and control measures were in place to reduce these risks. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency such as a fire.

People could be assured that safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We found that one staff file we reviewed did not contain all the necessary information. We were provided with this information following our inspection visit. In other staff files we saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider.

People and their relatives told us they felt that they or their relations were safe at Berry Hill Care Home. One person told us, "I'm safe here. I don't feel frightened. I've never seen staff being abusive," another person said, "Yeah I do (feel safe). The rooms are patrolled at night and we are checked. There is good security here." The relative of one person commented, "It is a safe place."

There were systems and processes in place to minimise the risk of abuse and staff had received training in protecting people from abuse and avoidable harm. Staff we spoke with understood how to recognise and report allegations of abuse and knew how to escalate concerns to external agencies if needed. Staff were confident that any concerns about people's safety were dealt with appropriately by the management team. Records showed that the registered manager had taken action to escalate safeguarding concerns to the local authority when required. This meant there were systems and processes in place to safeguard people from harm and abuse.

During our May 2017 inspection we found that staff were not always deployed effectively to keep people safe. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made to ensure staff were deployed effectively to meet people's needs and keep them safe. We received mixed feedback about staffing

levels. Whilst some people told us that they felt there were enough staff, other people told us there were times such as mealtimes and bed time where more staff would be useful. One person who used the service told us, "There is pretty much enough staff. Sometimes it can be very busy, especially in the mornings when getting people up," another person commented, "I don't think there are enough staff. They are all rushing around." A third person said, "Staff can be scarce but enough to get on with." Despite this feedback, everyone agreed that staff normally responded quickly to their requests for support.

The registered manager told us that staffing levels were determined by the provider using information from the staff and management team. The process not only took into account people's clinical needs but also their wellbeing to ensure there were enough staff available. The registered manager also told us they could request additional staff if needed. We reviewed the rota and found that shifts were staffed to the levels determined by the provider. There were some vacancies in the nursing team and these were covered using temporary agency staff. The majority of staff told us there were enough staff, one member of staff commented that they were busy but managed to "get the jobs done." They said staff were allocated to different zones within the home but helped each other out and crossed over when needed. Throughout our inspection visit we observed that staff were available to respond to people's needs and maintained a presence in the main lounge to enable them to monitor people and keep them safe.

People and their relatives told us that they or their relations got their medicines as needed. One person told us, "I get my medicines and know what they are for. The nurse brings them and I take them. I have seen the nurse record after I take them." Another person said, "They (staff) bring them to you. I take them. The routine has never had any problems." We found that medicines were well organised and the majority of medicines records were completed accurately to demonstrate that people had been given their medicines as prescribed. However, the administration of nutritional supplements was not always recorded on the medicines records as required. We also found that liquid medicines were not always labelled with the date of opening. This is necessary to ensure they are used within the recommended time limits. We shared these concerns with the registered manager who informed us they would take action to address this.

## Is the service effective?

### Our findings

People's fluid intake was not always appropriately monitored where there was a risk of poor hydration. One person needed to have their fluid intake monitored due to a health condition. However, action was not taken when records showed fluid intake was significantly under recommended levels. We saw that on one day staff had recorded the person had only 500ml of fluid to drink. There was no record of any action taken to ensure this was a sufficient amount for the person. Records showed that another person regularly did not meet their daily recommended fluid amount and staff did not record the total amount of how much the person had consumed. There was also no action recorded as being taken when they fell well below their target. This meant that people were not protected from the risk of dehydration. We discussed this with the registered manager who acknowledged that further improvements were required and informed us that action would be taken to address this.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that when people had specific health conditions, care plans did not consistently contain adequate detail in order for staff to provide effective support. For example one person had diabetes; however, there was only very limited information about this in the person's care plan. This lack of information placed people at risk of not receiving the required support and this was exacerbated by the use of temporary agency nurses. We shared our concerns with the registered manager who informed us that action would be taken to address this. In spite of the above, during our inspection visit we found that staff had a good knowledge of people's health conditions and took action when their needs changed. For example, we observed a person who had a health condition who appeared to be unwell. We advised the nurse of our concerns and they told us that they had already identified this and had completed the required health checks.

Despite the above, people told us they received effective support in relation to their health. One person told us, "My own G.P comes to see me if I need him. The district nurse comes to do my bandages. I am going to the hospital next Monday for a check-up. I know the chiropodist and opticians visit here." A relative commented, "I asked for a doctor for [relation] and he came the next day. [Relation] is a diabetic so has eye screening and sees the chiropodist as well." People were given support to attend regular appointments and to get their health checked. Staff sought advice from external professionals when people's health and support needs changed. Records showed that referrals were made to external physical and mental health specialist teams when advice and support was needed and there was evidence of external professionals such as GPs, nutritionists and speech and language therapists being involved in people's care and support. We saw the advice received from specialist professionals was included in people's support plans and acted on.

New staff were provided with an induction period when starting work at the service. The registered manager told us that staff induction included training and shadowing of more experienced staff and this was confirmed in our discussions with recently recruited staff. New staff were also in the process of completing

the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff told us they had enough training to carry out their role effectively. Records showed that the majority of staff had completed the training identified as compulsory by the provider, such as, safeguarding people, moving and handling and health and safety. Some staff also had training relating to the specific needs of people using the service such as nutrition and specific health conditions. Some staff told us they had not completed training in end of life care for a number of years. We spoke with the registered manager about this who told us that they had recently requested additional end of life training for staff.

Nurses employed by the service had training which was specific to their role. Temporary agency nurses were also able to access training from the provider. The registered manager told us that they checked the training of temporary agency staff prior to them working at the service and we saw records to demonstrate that the registered manager addressed areas of concern with their employers. Care staff and nurses were knowledgeable about systems and processes in the service and about aspects of safe care delivery. Records showed that supervisions were planned for staff to receive feedback on their work and for any issues to be discussed. Staff told us they felt these were useful and that they had the opportunity to discuss any issues they had. This showed people were supported by staff who were suitably skilled to undertake their role.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA. We found that both staff and managers had a good working knowledge about their duties under the MCA and how to support people with decision making. People's care plans contained clear information about whether people had the capacity to make their own decisions. Assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications for DoLS where appropriate and some of these had been granted. The registered manager told us that there were no conditions stated on any of the DoLS that had been granted and we found this to be the case in the DoLS we reviewed.

Where people had capacity, their decisions were respected by staff. For example, one person required bedrails to ensure their safety, however they chose not to have them in place. Consequently the staff team explored, discussed and agreed alternative measures with the person and the risk was mitigated without the use of the bedrails. This demonstrated that staff recognised the importance of gaining consent from the person and balancing risk with independence. There were consent forms included in people's care plans in relation to issues such as the use of a person's photograph on their individual records. These had been signed by the person, if they had the capacity to do so.

People who used the service and their relatives were positive about the food served at Berry Hill Care Home

and told us they were offered a choice and had enough to eat and drink. One person told us, "The food is very good. We get two types of meals for dinner. We get plenty to eat and drink. There is always something to drink in my room." A relative commented, "[Relation] definitely gets enough to eat and drink. They were very low in weight and have put a stone on here. They encourage them to drink more and drinks have thickener." During our inspection visit we observed a meal time and saw that people appeared to enjoy their food and were provided with timely assistance when needed. Staff were responsive to people's needs. For example, we observed one person who was struggling with their cutlery and staff noticed this straight away and prompted the person which resulted in them continuing to eat their meal independently. We heard staff ensure people had choices such as, "Would you like some sauce on your dinner?" and "Would you like salt and pepper?" We observed a staff member assisting another person to eat and they chatted with them throughout, this kept the person interested in their meal and they consumed a good amount of food. People were offered a choice of freshly cooked food and there were cold and hot drinks available throughout the day. People who chose to eat in their bedrooms were offered timely assistance. This showed us that people had enough to eat and drink and were provided with choices and assistance as needed.

We spoke with a member of the catering team who was knowledgeable about people's dietary needs and preferences and had systems in place to ensure these were catered for. They told us that if a person was unwell or did not have an appetite, they would make up a snack box of all the person's favourite things to eat, to encourage them to maintain their nutrition. We saw an example of this during our visit. Risk assessments were completed and care plans were in place which provided information on people's dietary support needs. When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed. We found some discrepancies in weight records and the registered manager informed us that this had already been identified and was due to a recording issue, and they were working to address this. One person had been identified as being at risk of weight loss, there was a care plan in place relating to this and records showed that specialist advice had been sought and recommendations made had been put into practice. The registered manager had recently introduced regular nutrition meetings in which people's weights were reviewed and concerns discussed with the care team and records confirmed this to be the case.

## Is the service caring?

### Our findings

During our May 2017 inspection we found that people could not always be assured that they would be treated with dignity and respect. During this inspection we found that although the provider had taken steps to address this, further improvements were still need to ensure people were treated with dignity and respect at all times.

During this inspection we observed instances where people were not treated with dignity and respect by the staff team. We observed occasions where staff talked amongst themselves rather than to the people they were assisting. For example, we observed staff talking about a person who used the service whilst they were stood next to them. The person repeatedly attempted to join the conversation saying, "My name is [person's name]!" The staff members did not acknowledge the person or involve them in the conversation. This issue had also been identified in a recent quality audit conducted by the provider which stated that staff on occasion used 'poorly considered language in public areas.'

People's right to privacy was not always respected. Throughout our inspection we heard multiple occasions where staff discussed issues of a personal nature in communal areas in front of people who used the service. For example, we heard staff openly discussing one person's continence needs in a busy lounge area, this conversation was loud enough to be overheard by others in the lounge. This meant that people could not be assured that their sensitive personal information would be treated confidentially. Despite this, people who used the service told us that staff took practical steps to protect their right to privacy. One person told us, "These things are fine. I am helped with bathing, showering and dressing. The curtains are closed and the door. The staff help me to the toilet and then stand outside. They always knock on the door before coming in."

People told us staff treated them with kindness. One person said, "Staff are friendly and interested in me. They are kind and loving to me. I have no bother on that front." Another person commented, "The staff here can't be faulted and this home is the best in this area." This was also reflected in comments from people's relatives. One relative said, "The staff are both kind and caring." We also saw records of recent compliments left by people who used the service, one read 'I was treated with great respect. Care and support is excellent. I would not hesitate to come again.' Throughout our inspection visit we observed many positive interactions between staff and people living at the home. For example, when a person was confused and reluctant to drink, a member of staff returned to them on a number of occasions taking a different approach each time. They had clearly developed a good rapport with the person and this resulted in the person having a drink.

During our May 2017 inspection we found that people could not be assured that they would receive person centred support that was based upon their individual interests and preferences. Since our last inspection visit improvements had been made to ensure that staff had access to information about what was important to people. One person who lived at the home told us, "They know me as a person. Older staff know me and new staff take a while to get to know me, I like talking to them. They know I like knitting and crayoning books." Another person commented, "They know me well and everyone else here." A relative told us, "They largely know my [relation's] story. They know their likes and dislikes." People's care plans

contained information about the person's history, important relationships and their individual preferences. There was also a new life history profile which gave staff information on what each person had achieved in their life. Our observations confirmed that staff knew people well and had a good knowledge of people's individual support needs and their likes and dislikes. One member of staff described the positive relationships they had built with people who used the service saying, "I treat them as I would my own family would want. (People who use the service) have character and they are all different." They went on to tell us they felt proud to work in the service and had worked there for many years. When we asked what made them proud they said, "It is a nice home and the people here are nice."

Staff showed care and concern for people's wellbeing. Throughout our inspection visit we observed that staff responded sympathetically to people's anxiety and distress. For example, we observed that one person became anxious and disorientated. A member of staff responded with compassion and told the person, "You can speak with me if you like. We are here to look after you. You are at Berry Hill, your bedroom number is [number]. You don't need to worry about anything and [relative] visits you and will be in later." The person was visibly reassured and said, "Thank you so much for your help, I don't need to worry as much now."

People told us they felt listened to and had the freedom to make choices. One person told us, "I have a lot of choice on how I spend my day." Another person said, "They (staff) take my suggestions, they listen and follow things up." People's care plans contained detailed information about their communication needs. Staff had a good understanding of each person's individual needs and tailored their communication to involve people in day to day decisions about their care and support. The registered manager told us that people had access to an advocate if they wished to use one and there was information about advocacy displayed in the service. Advocates are trained professionals who support, enable and empower people to speak up. No one was using an advocate at the time of our inspection but the registered manager explained they would make a referral for advocacy should the need arise.

People and their relatives told us that staff promoted and encouraged their independence. One person told us, "I consider myself independent minded. I walk up and down the corridor. I dress myself and make my own bed. I stay in my room for lunch and prefer that," Another person told us "I try to dress myself. I feed myself and can pour water for myself. The water is left where I can reach it. I do my hobbies by myself." There was information in people's care plans about what people were able to do for themselves and areas in which they needed prompting or assistance and we observed that staff had a good knowledge of this.

During our last inspection we found that people were not always provided with the opportunity to discuss and plan for the end of their life. During this inspection we found that some improvements had been made and further improvements were underway to ensure that people consistently received high quality care at the end of their lives. The registered manager told us that new end of life care plans had been implemented to ensure that staff had access to individualised information about people's needs and preferences. We saw that some people had in depth plans which clearly detailed their needs and preferences for end of life care. Prior to our inspection we received some concerning information about the quality of care provided to people who were coming towards the end of their life. Although this information was still under investigation at the time of our inspection visit, the registered manager told us that they had identified further areas for improvement which they were in the process of implementing, such as increased training and improved ways of communicating information to care staff.



## Is the service responsive?

### Our findings

During our last inspection we found that care plans did not contain sufficiently detailed guidance to make sure that people got the support they required. During this inspection we found the quality and content of people's care plans was still variable. Whilst some care plans were adequate and contained up to date information, other care plans lacked detail and contained contradictory information. For example, one person sometimes behaved in a way that put them and others at risk. However we found that there was no guidance for staff on how to avoid triggers of behaviour or how to respond if the person became distressed. We spoke with a member of staff who described that conversations with the person about their family calmed the person, however this was not detailed in a behaviour care plan to ensure consistency in staff approach. Another person's care plan contained contradictory information. For instance, their care plan stated the person 'is able to keep themselves safe and communicate to staff if [they] feel unsafe.' In contrast, a later entry in a care plan evaluation stated that '[Person] depends upon staff to ensure they are in a safe environment.' Staff confirmed that the person relied upon them to ensure their safety, however their care plan did not provide any detailed guidance to inform staff support in this area. Although we found that the staff we spoke with had an understanding of people support needs this lack of accurate and up to date information about people's needs and put people at risk of receiving inconsistent care and support, in particular from new and temporary members of staff.

During our May 2017 inspection we found that the service was not always responsive to people's needs. During this inspection we found that this continued to be the case and people's needs were not always responded to in a timely manner. For example, records from two months prior to our inspection visit showed that one person had discussed their love of reading with staff and the fact they were no longer able to do this. Staff had recorded that they were in the process of sourcing audios books for the person. However on the day we visited, some seven weeks later, this had not been implemented. This meant that this person could not be assured that their needs and preferences would be responded to in a timely manner. We discussed this with the registered manager who took immediate action to address this, however this did not provide assurances that systems were in place to ensure that other people's requests would be responded to swiftly.

We recommend that the provider reviews all care plans to ensure information recorded within them is up to date and reflects people current needs.

We received mixed feedback about whether people were involved in the planning and review of their care. One person living at the home told us, "I have not seen it (care plan). If I wanted to it would be in the office. Staff do talk to me about what I need and they see to you." Another person said, "Not aware of a care plan. Don't get a lot of talk about my care." In contrast a relative told us, "I am more than aware of [relation's] care plan. I am involved in my [relation's] care review." The registered manager told us that they were trying to offer people opportunities to get more involved in their care plans. We saw a letter had been sent to family members to invite them to a meeting to discuss care plans and people who used the service were given the opportunity to book time to discuss their care plan with a member of staff. The registered manager told us uptake had been slow.



People were provided with opportunity for social activity. The service had a designated wellbeing coordinator who took responsibility for ensuring people had meaningful ways to spend their time. Since our last inspection improvements had been made to ensure that the wellbeing coordinator was able to focus on their role without being interrupted by the need to provide personal care to people. We received mixed feedback about the opportunities available to people. One person told us, "I have lot of hobbies. I did a six week crafts course here that I enjoyed. I've been out shopping and been to a film show. The new (wellbeing) co-ordinator brought me a leaflet of events being organised. [Wellbeing Coordinator] came in and asked me what I was interested in." Another person commented, "I join in singsongs and anything that's going." In contrast other people told us that they were not aware of any activities and one person commented that they had not been asked about what they liked to do.

Records showed that there were a range of activities available to people such as quizzes, exercise groups and trips to local areas of interests. During our inspection visit we observed a number of people taking part in a religious service run by the local church. Some people who used the service spent all day in their bedrooms, the wellbeing coordinator told us they tried to spend between 10 and 20 minutes with these people each day. There was limited evidence to demonstrate how people's individual preferences and interests were used to inform the opportunities and activities on offer and we also observed that the opportunities available to people could be further improved by ensuring that consideration had been given to people's diverse needs such as those associated with dementia or sensory loss. We discussed this with the registered manager who acknowledged these areas for improvement and shared some plans they had to address this, such as additional specialist training for the wellbeing coordinator.

People were supported to maintain relationships with friends and family. Throughout our inspection visit we saw that people's relatives and friends were welcomed into the home. At the time of our inspection there were visiting restrictions in place for a relative of someone living at the home but after our inspection visit we were informed by the provider that these restrictions had been lifted. We were aware that a complaint about visiting rights had been made to the Local Government Ombudsman (an independent organisation that looks into how complaints about adult social care services have been handled). A consequent report identified faults in the way the provider had managed the situation. At the time of our inspection improvements were underway to learn from the complaint and to put procedures in place to prevent repeat events. This included revisions to the visiting policy and improvements to risk assessments and recording. The majority of people's relatives were positive about the atmosphere of the service and communication from the staff team. People living at the home had developed friendships with each other and staff supported and encouraged this. For example, we heard a member of staff say to one person, "I will help you to go to the lounge, you like to sit with [name of another person who used the service] don't you." We later saw these two people sitting together in the lounge and they were chatting and laughing together.

People were provided with a range of ways to provide feedback on their experience of the service including regular surveys and online feedback websites. People could be assured that any concerns they raised would be listened to and acted on. People we spoke with told us they did not currently have any complaints but said they would feel comfortable telling the staff or management team if they did. One relative told us, "I would go to the manager (with complaint). She introduced herself and gave me her card with a phone number and said I could phone her if I wanted to."

There was a complaints procedure on display in the service informing people how they could make a complaint. Staff we spoke with were aware of the complaints procedure and their role in recording any concerns received and communicating these to the management team. We reviewed records of recent complaints and saw that the provider was currently in the process of investigating two complaints. There were records in place which demonstrated that in depth investigations of concerns were undertaken and we saw evidence that changes were made to the service as the result of complaints. For example, one complainant had raised concerns about staff competency in a specific area and the registered manager told us that they had booked additional staff training in response to this feedback. This meant that people could be assured that any concerns and complaints would be handled appropriately.

## Is the service well-led?

### Our findings

During our May 2017 inspection we found that governance systems in place were not effective in ensuring that Berry Hill Care Home met the fundamental standards. This resulted in us finding risks to the health and safety of people using the service. Following our last inspection we took enforcement action against the provider and issued a Warning Notice to ensure that improvements were made in this area. During this inspection we found that the requirements of the warning notice had not been fully met and we had ongoing concerns about the leadership and governance of the service. Although some areas had been identified as still requiring improvement by the manager they had not always been supported by the provider to enable them to address this.

There had been a failure to fully address the concerns resulting from our last inspection. Actions planned to address concerns raised as a result of our May 2017 inspection had not all been completed. The provider had an action plan in place to address the concerns we identified during our last inspection. This stated that all actions planned to improve the quality and safety of the service would be completed by the end of July 2017. During our inspection we found that whilst some improvements had been made, there were still areas that remained of concern. For example, the plan stated that 'information in care plans and risk assessments needs to be consistently accurate'. During our inspection we found that action taken to address this had not been fully effective and there were still a number of care plans that did not accurately reflect people's needs. A report from the provider's quality and compliance team on 1 August 2017 acknowledged that further improvements were needed to the service and stated '(We) found that governance and oversight systems are not yet sufficiently informing safe and effective care practices in a robust way.' Despite this, the record of a 'home visit report' conducted by the area director on 8 August 2017 stated 'home manager has met all the requirements out-lined in the CQC inspection warning notice' and consequently they downgraded the priority level of the service as a result. This did not assure us that the provider had sufficiently robust systems in place to ensure the required improvements were made.

The provider had not ensured that there was adequate management cover in place at Berry Hill Care Home and this had a negative impact on the quality of the service. The registered manager told us that the deputy manager post was vacant and there were also significant vacancies in the nursing team which were being filled with temporary agency staff. This reduction in management cover had led to some management tasks not being completed effectively and had an impact on the pace of improvements within the service. Although the registered manager was aware of many issues identified during inspection, such as deficiencies in care plans, they told us they had not had the capacity to take action on all the areas for improvement and had prioritised high risk areas such as medicines management, staff deployment and managing risk. This lack of management cover at the home had a negative impact on the quality of the service. We saw records of two complaints both of which related to a period where the registered manager had not been present at the service. Both complainants felt that a lack of manager had contributed to the concerns they had raised. One complainant stated, 'things fall apart when the manager is not here.' In addition to this, records of a recent meeting attended by relatives documented that concerns were raised about the behaviour and deployment of staff at the weekend when the manager was not on duty. This meant there were not sufficient management systems in place to ensure the safe and effective running of

the service at all times.

Systems in place to monitor and improve the quality of the service were still not effective. In our May 2017 inspection we identified that care plan audits were not consistently effective in identifying and addressing deficiencies, during this inspection we found that this remained the case. For example, we identified that one person's care plan lacked detailed information about how best to support the person when they became anxious or distressed. A recent audit of this care plan had not identified the issues we found. Other care plan audits we viewed were incomplete and where issues had been identified there was no evidence that action had been taken to address them. This failure to implement an effective system for auditing care plans resulted in care plans which did not accurately reflect some people's current needs and this placed some people at risk of inconsistent care. We spoke with the registered manager about this who told us that they felt that the lack of management staff contributed to the insufficiencies in care planning and the effectiveness of the audits.

Swift action was not always taken in response to known issues. We reviewed records of an internal 'inspection' completed by the provider's quality and compliance team on 1 August 2017. This had identified a number of 'areas for development'. It was clear that the registered manager had taken action to address some issues but they told us they had not had the capacity to address all issues. Consequently during our inspection we found that a number of these areas still remained of concern. Many of these issues had also been identified as a result of our May 2017 inspection such as, care plans which did not always reflect people's current needs, negative language used by some staff towards some people who used the service and a lack of health information in care plans. It was unclear what action had been taken by the provider to support the registered manager to improve in these areas. This demonstrated that the provider's processes to support and encourage improvement were not effective.

People's feedback was sought, however this was not always being used to drive improvement. For example, a survey was undertaken to gain the views of people using the service and of relatives in June 2017. Whilst people who used the service had generally been complimentary about the service they received there was some poor feedback from people's relatives. For example, 17% of respondents stated that the response to complaints was very poor, 13% felt activities and staff response to people's needs were very poor. There were also negative comments related to the quality of care and support. At the time of our visit, there was no action plan in place to address the concerns raised. There had also been a relatives' meeting held in July 2017 and some relatives had made positive comments about the service but others had raised concerns. For example, concerns had been raised about there not being enough staff at all times, although during this inspection we found that there were enough staff, action had not been taken at the time of feedback to investigate these concerns. The registered manager told us that no action had been taken yet as they had not had the opportunity to prioritise this work. This meant that people could not be assured that their feedback would be used to improve their experience of the service. Following our inspection visit the registered manager told us that they had developed an action plan based upon survey results.

In addition to the above we found that the provider's policies were not always in line with good practice guidance and this posed a risk to people who used the service. The provider's medicines policy stated that staff competency to administer medicines would be assessed every three years. However, national good practice guidance states that 'care home providers should ensure that all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines.' This failure to base policies on national good practice guidance meant the opportunities to identify deficiencies in staff competency may be missed and placed people at risk of unsafe support.

The above information was an ongoing breach of regulation 17 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Following our inspection visit, the nominated individual informed us of a number of changes, in progress and planned, intended to ensure the safe and effective running of Berry Hill Care Home. Changes were underway to the local senior management team to provide more effective leadership and recruitment was in progress to a new Area Quality Director post that would offer guidance, training and quality support to the registered manager. In addition, following our inspection, the nominated individual informed us that a Deputy Home Manager, Clinical Lead, a nurse qualified night manager had been recruited to Berry Hill Care Home. We will check the impact of these changes at our next inspection.

Despite the above people and their relatives were positive about Berry Hill Care Home. One person told us, "The home sets a good standard. I think it's a good home. I have nothing against this place," another person commented, "On the whole I am happy with them (manager and staff). I think the place is well run and they check that everything works well."

There was a registered manager in post at the time of our inspection. People who used the service and their relatives told us the manager was approachable and friendly. The relative of one person told us, "I think the manager has made some changes. She has made a concerted effort with updating care plans. I have been involved and she is making a difference. She has implemented change with staff." Staff were also positive about the registered manager and told us that she was working to bring about improvements in the service, they described improvements to record keeping and activities. Staff said the manager was 'hands on' and regularly helped out supporting people who used the service. Records showed the registered manager visited the service out of hours to do a 'spot check' and we saw records of these which were either undertaken during the night or in the early hours of the morning. The spot checks included a walk around the service, observations of practice, care records and infection control practice.

Staff told us they felt supported by the registered manager and had confidence that she would address any concerns that were raised in an appropriate manner. One member of staff told us, "If the manager sees someone doing something wrong, she will talk to them and explain how they should do it." There were regular staff meetings in place to share information with staff and 'Flash meetings' for the heads of departments also took place on a daily basis, to ensure that issues could be discussed and to keep key staff members informed of changes and development. Prior to our inspection we received concerns that systems in place to inform staff about the changing needs of people living at the home were not effective. We discussed this with the registered manager during our inspection and she informed us that improvements were underway to ensure that staff were fully informed of people's current support needs. This included making improvements to staff handovers.

We checked our records which showed that the registered manager had notified us of events in the service. A notification is information about important events which the provider is required to send us by law such as serious injuries and allegations of abuse. This helps us monitor the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected from risks associated with their care and support.

### The enforcement action we took:

We imposed a condition on the registration of the service to ensure adequate management oversight of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were not sufficient management systems in place to ensure the safe and effective running of the service.

### The enforcement action we took:

We imposed a condition on the registration of the location to ensure adequate management oversight of the service.