

Pathways Care Group Limited

Berrywood Lodge

Inspection report

27-33 Berrywood Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Berrywood Lodge is registered to accommodate 30 people with mental health conditions and learning disabilities. At the time of our inspection there were 24 people living in the home.

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

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 30 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service was still requiring extensive refurbishment. A scheduled plan of works was in place and some work had been completed. However, the timelines for main refurbishment had been delayed. Repairs and maintenance were not always undertaken in a timely manner.

People mostly enjoyed living at the home and told us they were treated well by kind and helpful staff. Staff supported people with patience and understanding.

People received safe care, and staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored safely, and records showed that they were administered correctly.

Staffing support matched the level of assessed needs within the service and staff were trained to support people effectively.

People were supported to have their nutritional needs met. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives. Staff treated people with kindness, dignity and respect and spent time getting to know them. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans reflected peoples' likes, dislikes and preferences. An activities programme was in place, and people were supported to pursue holidays and activities they enjoyed with staff support.

A complaints system was in place and used effectively. The manager was keen to ensure people received good care and support and listened to feedback when provided.

Investigations took place into accidents, incidents and any events that could be learnt from. Learning was shared with the team and improvements were made when required.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update.

The last rating for this service was Requires Improvement (published 7 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made/sustained and the provider was still in breach of a regulation.

Enforcement

We have identified a breach in relation to failure to improve the quality of the service in a timely manner.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Berrywood Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Berrywood Lodge 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We asked Healthwatch if they had any information to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with four members of care staff, the manager and the regional estates manager. We observed the care people

received and reviewed a range of records. This included five people's care plan records and multiple medication records. We viewed a variety of records relating to the management of the service, including minutes to meetings, action plans and documentation relating to the planned refurbishment.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection the provider had failed to adequately maintain and clean the environment and equipment, and ensure they were secure. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Premises and equipment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15

- The provider took immediate action after the last inspection and addressed the health and safety concerns in relation to the environment. For example, window restrictors were installed and a new kitchen was fitted.
- The service still required extensive refurbishment. The programme of scheduled works was due to commence the week after the inspection.
- Environmental risks had not always been identified. Flooring in a person's bedroom was deemed unsafe by a visiting health professional. The provider replaced the flooring immediately but had not identified this through their own audits.
- People's risks were assessed at regular intervals or as their needs changed. We saw that risk management plans covered a range of known risks such as use of equipment, mobility, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care that reduced known risks.
- People and their relatives were happy with how risks were managed whilst enabling people to maintain independence as far as possible.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I feel safe here, the staff are brilliant, and I could tell anyone if I didn't feel safe."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. One person said, "Always plenty of staff, we can go out or we help cook." Another person told us, "The night staff are great, if I can't sleep I can

chat to them in the night."

- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People continued to receive their medicines safely. They told us they had their medicines on time. We saw one person being given their medication. The staff member was friendly and didn't rush them.
- People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.
- Staff had undertaken training so that they could give people their prescribed medicines safely.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Infection control systems had improved since the last inspection and the service had received a deep clean.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- Staff told us, and records confirmed they received infection control training and there was an infection control policy in place.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to ensure staff understood people's needs and preferences and all staff were kept up to date with changes.
- Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff to fully understand people's individual needs and effectively provide the care they needed.
- Staff used evidence-based tools to assess people's risks and needs, for example, nutritional needs assessments.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely.
- Staff had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Staff also had opportunities for continued development. They spoke of having achieved qualifications relevant to their role. A member of staff told us they could ask for further training in they felt they needed it and were confident it would be provided.
- Staff received regular supervision and guidance to support them in their roles.

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

- People's nutritional and dietary needs were assessed and understood by the service. Staff were knowledgeable about people's cultural, religious and other dietary needs. One person told us how their individual dietary needs were met, and they received guidance from staff to manage their health condition.
- People were able to choose where they ate their meals. When people needed support to eat, staff did this sensitively and discreetly. People told us that when they preferred to eat alone, staff supported this.

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

- Staff engaged with people, their families (where appropriate), and with other agencies to meet the health and care needs of people. Staff had contact with a range of community healthcare professionals about people's needs. They worked with them to ensure people received responsive and effective care.
- There was detailed information in people's care files to inform staff about people's health, behaviour and wellbeing. Personalised guidance was in place for staff to recognise when there was deterioration in those needs and to provide people with the support they needed.

- People were supported to receive good care when they had to transfer between services. For example, each person had a detailed 'hospital passport' to take with them should they ever need to go there. This contained vital information including their health conditions, medicines and communication needs.

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

- The home had many shared areas where people could choose to spend their time and included a pleasant garden for people to spend time in.
- People's rooms were decorated according to their choices and kept as they liked them. People had many personal items such as photographs and ornaments on display.
- People whose bedrooms were part of the refurbishment had been involved in choosing colour schemes and furnishings.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care. One person told us, "I normally ask if I want support, but I can choose to do what I want."
- Staff completed mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care which included the wishes of the person.
- We saw that applications for DoLS had been completed and submitted appropriately.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew their needs and cared for them in a respectful way. One person told us, "They help me in any way they can; they know some days I don't wish to mix with people and they respect that."
- The interactions we saw were positive, staff and people engaged well with each other. We saw staff talking to people about a range of subjects including their family, activities they wanted to do and general 'how are you today' conversations.

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

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. People had signed their care plans and told us they were reviewed with them. Staff showed patience, giving people time to answer questions about the support they wanted.
- The provider ensured people and their families could feedback regarding the service in several ways to gather people's views on the service provided.

Respecting and promoting people's privacy, dignity and independence

- We observed support being provided throughout our visit. We saw staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.
- Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves, whilst at the same time recognised that people had good and bad days.
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for carers to follow. Feedback from people confirmed that dignity and respect was promoted.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and, where appropriate, their relatives had been involved in creating and updating their care plans.
- Care plans were detailed and personalised. They were regularly reviewed, and changes made as appropriate. They included information for staff on how best to support people with personal care, eating and drinking, medicines, managing emotions, behaviour and other day to day activities. They also included information about their health needs and the care people required to manage their long-term health conditions.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people that were important to them. Family and friends were able to visit people at their home and spend time together as they wished.
- People were able to pursue activities they enjoyed. People told us they enjoyed cinema, art and crafts, music, watching local sports teams competing and eating out. One person told us, "We have arranged to go to a Christmas market soon, I am looking forward to that."
- People were actively involved in volunteer roles in the local community and they told us this was helping with building their confidence and learning new skills.

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and we looked at complaints records. We saw that complaints were appropriately recorded and dealt with, and that learning was shared with staff to reduce the likelihood of

recurrence.

- People knew how to raise concerns and were confident they would be dealt with properly. One person said, "I've never had cause to complain but if I did, I know I could talk to any staff and they would take care of it."

End of life care and support

- Systems and processes were in place to support people at the end of their life.
- People were given the opportunity to record what was important to them at the end of their life.

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 stayed the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to implement a robust system of quality assurance or to identify and address the shortfalls in the cleanliness and suitability of the premises. This was a breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The service still required extensive refurbishment. Some planned works had been completed, however there were delays to the bulk of the refurbishment which had been on-going since the previous inspection.
- Immediate environment risks had not been identified by the provider. For example, a visiting health professional raised a safeguarding adults alert due to the unsafe condition of the floor covering in a person's room. The provider replaced the flooring but had not identified the risk themselves.
- Service agreements with repairs and maintenance services require reviewing to ensure timely action to repair unsafe equipment.

We found no evidence that people had been harmed however, the provider had failed to assess, monitor and improve the quality and safety of the service in a timely manner. This was a continuing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was required to have a registered manager. A registered manager was not in post and an application had not been received by the Care Quality Commission.
- Other quality assurance systems were effective. We saw examples where the manager had identified where improvements were required and the actions were taken in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked with people, relatives and health professionals to ensure the service people received was person centred.

- Changes and improvements were being made and people told us that the provider and manager was approachable.
- Systems in place to manage staff performance were effective, they were reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.

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

- People living at the service were given opportunities to give their views on all aspects of their care and support. They are regularly consulted with and their views were taken into consideration although timely action had not been taken in relation to people's views about the environment.
- The manager told us that they had fully engaged with people regarding changes and improvements to the service.

Working in partnership with others

- The service worked in partnership with other professionals to provide holistic, timely support. For example, The community mental health team and social workers.
- People had been referred to specialist health teams in a timely way when their needs had increased, or health had deteriorated.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- The manager worked in an open and transparent way. They understood their responsibilities in line with the duty of candour and submitted timely notifications were sent to the Care Quality Commission (CQC). They were aware of their responsibility to display the rating on the publication of the inspection report.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure adequate systems were in place to improve the quality and safety of the service.