

Dukeries Healthcare Limited

Berwood Court Care Home

Inspection report

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Website: www.dukerieshealthcare.co.uk

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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: Berwood Court is a registered care home providing residential and nursing care for up to older people, some of whom are living with dementia. The home is registered to provide nursing and residential care for 74 older people, including people who have dementia.

People's experience of using this service:

People were not consistently safeguarded from abuse. We found the provider had not notified CQC of all safeguarding allegations. This meant that CQC did not have oversight of all safeguarding allegations to make sure that appropriate action had been taken. We also found the provider had not taken action to protect people from harm.

People were supported by staff that were caring, compassionate and treated with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People told us the atmosphere at the home was relaxed and homely.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below.

Rating at last inspection: Good. (Report Published 11 July 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating of Good at the last inspection. The service rating remained as an overall rating of Good.

Enforcement:

Please see the end of the report for any enforcement action.

Follow up: We are currently deciding what action to take and we will report on any action once it is complete.

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 consistently 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 consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

Berwood 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 consisted of one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Service and service type: Berwood Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 71 people lived at the service when we visited.

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. We visited the location on the 13 May 2019.

What we did: We reviewed the records held about the service. This included notifications received from the provider. Notifications are specific events that the Provider is required to tell us about by law. We sought feedback from the local authority and other professionals who work with the service. We reviewed the Provider Information Return (PIR) submitted by the registered manager. This told us what the service had achieved and what they intend to develop in the future, we require the provider to submit this information annually. We used all this information to plan our inspection.

During the inspection we reviewed recruitment and supervision files, six care records and records relating to health and safety, quality assurance, safeguarding, accidents and incidents and other aspects of the service.

We spoke with eight people living at the service and four relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with two nurses, four care staff, two senior care staff, kitchen staff member, two activity coordinators, deputy, registered manager and operations manager. We also received feedback from 3 health and social care professionals about their experience of the service.

Is the service safe?

Our findings

Safe- this means that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and people were not always protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people, staff had regular safeguarding training and knew about the different types of abuse. Staff felt confident any concerns reported would be listened and responded to however we found that staff were not always taking appropriate action to safeguard people. One staff member told us, "There are many different forms of abuse such as financial, physical and emotional. If I witnessed or discovered that abuse was taking place I would report it to the management".
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "If I felt that the management team were not taking the appropriate action, I would contact the local authority and the care quality commission". Another staff member told us, "We have safeguarding training however it would be nice to have face to face training on challenging behaviour". We raised this with the registered manager, they confirmed they would provide specialist face to face training for staff members. The registered manager told us, "We have been considering introducing a wider range of training courses for our staff members. Specialist face to face training such as challenging behaviour will be made available in the future, this will enhance staff members ability to safeguard people".
- People and their relatives explained to us how the staff maintained their safety. One person said, "I feel safe" another person said, "They [staff] always keep me safe". One relative said, "[Name] kept having falls before she came here, since being here she's not had a fall. The staff know how to keep her safe". Another relative said, "There is always enough staff to support [Name] so that she is safe".
- During the inspection period we found that there had been a number of incidents where people's personal items had gone missing over a period of time and action had not been taken in a timely way to reduce the risk of reoccurrence.

This was a breach of regulation 13 of the Care Quality Commission Registration Regulations 2009.

Safeguarding service users from abuse and improper treatment. This is being followed up and we will report on any action once it is complete.

Assessing risk, safety monitoring and management

- The environment and equipment was well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire.
- Personalised risk assessments included measures to reduce risks as much as possible. Staff understood where people required support to reduce the risk of avoidable harm.
- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. For example, a resident's care plan had a mobility risk

assessment, it detailed the sling type, size and type of hoist to be used and the number of carers required to mobilise the resident. It also contained instructions for staff to follow if the resident became agitated when mobilising to minimise the resident's distress. Another person had a detailed skin integrity assessment, it included the preventative creams used with a body map. In addition, it contained a risk assessment for percutaneous endoscopic gastrostomy (PEG) care needs with emergency advice numbers should they be required along with early recognition of alerts. We found that staff had recorded care and treatment in line with the care plan.

- Where people experienced periods of distress or anxiety staff knew how to respond effectively. One staff member said "[Name] can at times get very anxious and verbally abusive. During an episode we take [Name] away so they are on their own, we then talk to [Name] to reassure them". A relative told us, "When [Name] is anxious, the staff know how to calm the situation, they will talk with [Name] and use distraction techniques".

- The registered manager checked all accident and incident records to make sure any action was effective. A report is produced to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Staffing levels

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "There is always enough staff, people are always supported".
- Each person's staffing needs were calculated based on individual needs assessments, which were reviewed and updated regularly as people's individual needs changed.
- People and their relatives told us they received care in a timely way.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers. One staff member who had recently joined the service told us, "I had to provide two references and my DBS had to come through before I started working".

Using medicines safely

- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- People told us they were happy with the support they received to take their medicines. Each person's prescribed medicines were reviewed by their GP regularly.
- Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.
- People's medicines were safely received, stored and administered. Storage temperatures were monitored to make sure that medicines would be safe and effective. Medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff recorded when medicines were administered to people on Medicines Administration Records (MARs).

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures.
- People were protected from cross infection. The service was clean and odour free. One relative told us, "The home is clean, and staff were protective clothing."
- A Food Agency inspection in January 2019 awarded the service the highest rating of five out of five.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager took action following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, following an incident when one person had fallen the person's falls risk assessment had been updated. A best interest meeting had been organised to discuss how to support the person and bed rails and other fall preventative equipment were provided.

Is the service effective?

Our findings

Effective- this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The premises provided people with choices about where they spent their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
- Corridors were wide and free from clutter.

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessments of people's needs were comprehensive, expected outcomes were identified and their individual care and support needs were regularly reviewed.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One relative said, "They keep us updated if there are any changes in [Name's] health. [Name] uses a wheelchair when they have to however staff encourage him to walk with a frame if he is able to do so, which helps with his independence".

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction. On staff member told us, "My induction was comprehensive, it included training, shadowing and reading care plans so I could get to know about the people I care for and any risks".

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported by staff to maintain good nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented and people told us they enjoyed it. Their comments included, "The food is very good", "Good selection to choose from", "You just ask them what you want".
- People and their relatives feedback about food was sought regularly by staff asking people and making

observations during lunch and dinner times. In addition, people and their relatives completed feedback questionnaires.

- Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the persons food and fluid intake and liaising with other professionals. One relative said, "They monitor [Name's] food and fluids intake, [Name] has lost weight since being here and appears to be healthier".

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and professionals according to their needs. These included their GP, district nurse, dietician and a speech and language therapist (SALT). People could access optician and dental visits.

Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative said, "The staff will ring and let us know if [Name] has been unsteady or has had a fall. They will also let us know if they have gotten others involved such as the GP or physios.

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 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. The application procedures for this in care homes and hospitals 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.
- Mental capacity assessments were completed appropriately and DoLS applications had been submitted when people were assessed as not having capacity to consent to their care and treatment. The majority of DoLS applications had been authorised however the service was still waiting for some authorisations to be completed by the DoLS local authority team.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible. Where possible friends and relatives who knew the person well were involved in the process. The service recorded when people had power of attorney arrangements in place.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported

- People received care from staff who developed positive, caring and compassionate relationships with them. Each person had their individual preferences recorded and some information about their life histories. The registered manager confirmed that the service was currently in the processes of transferring all care records to a computerised system and as a result there would be a new life history page to be completed for all residents.
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "The staff are marvellous, I have everything that I need", "It's lovely here. I'm very happy, the staff are very caring", "The staff are marvellous; they are very patient". A relative said, "We couldn't have picked a better place for [Name], The staff are lovely, nothing is too much trouble for them".
- Staff were kind and understanding towards people. One relative told us, "The staff are very kind, I've observed them being compassionate towards [Name] giving her a hug and spending time with her".

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making. Some care records contained completed reviews however relatives were not present during the meetings. The registered manager confirmed this was an area for improvement and had plans to improve this. The registered manager told us, "We have been auditing care plans and although the majority of residents have been here for some time we need to improve the participation of relatives in care planning".
- People and relatives told us they felt listened to.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids.
- The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.

- Staff showed genuine concern for people and ensured people's rights were upheld.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.
- People's personal beliefs were known and respected. If required people could be supported to attend a place of worship or a religious leader visiting the home.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One relative said, "They know [Name] needs and her likes and dislikes"
- People were empowered to have as much control and independence as possible, including developing care and support plans.
- Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.
- People were supported to take part in activities within the home or access the community. During our inspection two activity coordinators were present, we observed them engaging with residents. The home also had a designated activity room, residents were able to participate in a wide range of activities such as Bingo, board games, Karaoke and exercises. An activities board displayed the planned activities for the week. Residents that were able to do so had the opportunity of accessing the community. A relative said, "[Name] likes to do the activities arranged by the home. He enjoys the reminiscence activities and has a good rapport with the activity coordinators". During our inspection a group of nursery school children visited the home to engage in activities with residents. We spoke to one of the nursery managers who told us, "We visit the home every two weeks, the children love it. The children interact with the residents, they play games with them such as play doh, drawing activities, board games and making daisy chains". A resident told us, "I love when the children visit and play with us" and a relative told us "Its lovely to see the children, brings a smile to my face". Another resident told us "We play games, I like bingo and sewing".

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. People's comments included, "I have raised a complaint and it was resolved in a timely manner", "In the past we have had some minor concerns but it's always resolved by the manager".
- People said staff listened to them and resolved any day to day concerns. The provider had a complaints policy and procedure that was on display. People were asked to raise any concerns at household meetings, so minor disputes were resolved in a way that respected each person's rights.

- People and their families knew how to make complaints and felt confident that these would be listened to and acted upon in an open. We reviewed a complaint made by a resident in relation to people walking into their room. The complaint was investigated and resolved, the person was given a key to enable them to lock their bedroom door, in addition staff members also had a key to ensure they could check on the resident as required.

End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was not consistently managed and well led. We found a lack of oversight in relation to safeguarding allegations.

Planning and promoting person-centred, high-quality care and support, and understands and acts on duty of candour responsibility.

- We found that the registered manager was not consistently acting in line with the duty of candour, as incidents that should have been legally notified to us had not been, so we were unaware of significant events that had occurred within the home.

This was a breach of regulation 18 of the Care Quality Commission Registration Regulations 2009. Notification of other incidents. This is being followed up and we will report on any action once it is complete.

The registered manager and deputy manager spoke with us about individuals living at the service and demonstrated a good understanding of people's needs, likes and preferences.

- People, relatives and staff expressed confidence in the management team. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. One staff member told us, "If I wasn't happy with an outcome I would speak to the manager and if still not happy I would speak the operations manager".
- People, relatives and staff expressed confidence in the registered manager. The ethos of the service was to be open, transparent and honest. The registered manager worked alongside the deputy and led by example.
- People and relatives expressed that the management team were very approachable, one relative said, "The managers are very pleasant". Another relative said, "It's a lovely atmosphere, you can speak to anyone".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- People spoke highly of the service and the management.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager, deputy and staff. There were clear lines of responsibility across the staff team.
- Staff felt respected, valued and supported and that they were fairly treated.
- The management team carried out audits to monitor the quality of the service. However, these audits were not consistently effective as they had failed to identify that legally required notifications should have been made in a timely way.
- A training matrix monitored that staff were up to date with training and planned future training needs.

- Staff were required to read policies and procedures, we saw recorded evidence that this had occurred.
- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The provider completed the provider information return (PIR) within the deadlines requested. This pre-inspection questionnaire was sent to the provider in order for us to determine which areas we would focus on during the inspection site visit. The information provided was adequate and provided us with relevant information on how the service was managed and areas they had identified that they were going to make improvements. For example, the PIR stated that the provider was planning on introducing new care plan and risk management systems, during the inspection we saw evidence of this taking place.

Engaging and involving people using the service, the public and staff.

- People and their relatives were asked for their views of the service generally through questionnaires and meetings. Responses showed they were happy with the standard of care.
- People and staff were encouraged to air their views and concerns. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Relatives were positive about resident and relative meetings. They found it was a good opportunity to meet others and share their views.
- Staff reported positively about working for the service and did not identify any areas for improvement. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. A staff member said, "Communication with the management team is very good, we have many opportunities to voice our opinions".

Continuous learning and improving care.

- The management team completed regular in-house audits of all aspects of the service.
- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
- The registered manager had implemented an resident of the day this ensured that everything to do with the resident was quality assured. The registered manager told us, "The resident of the day is a good system to check everything about the resident to ensure standard of care is of a high standard. Any required improvements can be identified and then implemented". The registered manager also had plans to improve the service to be more dementia friendly and obtaining dementia accreditation. The registered manager told us, "We plan to introduce more dementia training and have dementia champions. My plan is also to obtain dementia accreditation".

Working in partnership with others

- People benefitted from the partnership working with other professionals, for example GPs, specialist nurses and a range of therapists.

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 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 - Notifications of other incidents
Treatment of disease, disorder or injury	
	The registered manager had not notified CQC of all safeguarding allegations.

The enforcement action we took:

Fixed penalty notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 - Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	
	The registered manager had not taken adequate action to protect people from potential financial abuse.

The enforcement action we took:

Warning notice.