

Finbrook Limited

Berrycroft Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Berrycroft Manor is a residential care home providing personal care and accommodation to up to 78 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 75 people using the service. The home is purpose built and accommodates people within six units across three floors.

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

People's medicines were not always managed and administered safely. We were not assured people received their medicines safely and appropriately. People's care plans and associated risk assessments were not always current, accurate and did not always provide staff with the correct information they required to safely meet people's needs. Where people had specific, assessed care needs such as regular repositioning of people, staff did not always keep a clear record of the support they had provided. All environmental safety checks were in order.

People were supported to have maximum choice and control of their lives and 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 files were person centred and reflected people's preferences for their care and support.

We have made a recommendation around activity staff provision and meaningful activities for people who are cared for in their room.

Systems and processes to ensure oversight of the service were not always effective. Audits completed had not always identified the concerns we found on inspection. The management team were helpful and quick to investigate when we fed back our findings during the inspection. Feedback from people, relatives and staff was that the management team were supportive and approachable.

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

Rating at last inspection

The last rating for this service was good (published 12 January 2019). At this inspection we found the service requires improvement.

Why we inspected

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

The inspection was prompted in part due to concerns received about medicine safety, people's needs not being met such as food, fluids and repositioning, staff behaviour and low staffing levels. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements in some of the areas reviewed. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

During the inspection the management team were transparent, responsive and took steps to mitigate the risks.

Enforcement and Recommendations

We have identified breaches in relation to medicines administration, the management of people's individual risks and management oversight.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Berrycroft Manor

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, one pharmacist inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Berrycroft Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Berrycroft Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on day one.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy managers, kitchen, maintenance, activity and laundry staff, care workers and senior staff.

We reviewed a range of records. This included seven people's care records and nine medication records and related medicines documentation. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. Due to our concerns regarding medicines administration we requested further medicines documentation for us to review.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Using medicines safely

- Medicines were not always managed and administered safely.
- Staff did not record where a medicine patch had been applied previously so we could not be sure they had been applied safely, which may increase the risk of side effects.
- There was no robust system in place in the event of an internet failure. On three days in June 2022 there were no records of administration for any medicines. We could not be sure whether these medicines had been missed or not signed for.
- Medicines to be given 'when required' to relieve anxiety did not always have a detailed care plan to guide staff on how they should be used safely. We found one person had been given a higher dose than what the doctor had prescribed on five occasions in June and July 2022.
- We found time specific medicines were not always given as they should be, which may reduce their effectiveness.
- Our concerns regarding the safety and appropriateness of medicines administration meant we raised a safeguarding alert with the local authority.

People had been placed at the risk of harm from unsafe administration and management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns during the inspection and these were acknowledged by the management team. They told us they had now put measures in place to minimise any future risks regarding medicines. We will review the effectiveness of these measures at our next inspection.

Assessing risk, safety monitoring and management

- The management of individual risks was not always managed safely as documentation was not always up to date and staff were not always aware of people's immediate care needs.
- We found two people's care plans and risk assessments had not been updated after they had returned from hospital with new and increased risks around their eating and drinking. This meant there was a risk they could receive food and drink that was not safe for them.
- People's monitoring charts were not always fully completed or accurate. For example, one person's care plans stated the person was to be repositioned every three hours. However, information recorded from district nurse visits stated the person should be repositioned every two hours. The person's repositioning chart was incomplete. This meant we were not assured the person was provided with the required level of

care in line with their assessed needs.

People had been placed at the risk of harm from inaccurate or incomplete risk management plans. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns during the inspection and these were acknowledged by the management team. They told us they had now put measures in place to minimise any future risks and provided us with evidence of new safety checks after the site visit. We will review the effectiveness of these measures at our next inspection.

- Emergency evacuation plans were in place which included the level of support each person needed in the event of fire.
- Health and safety checks of the home were regularly carried out by maintenance staff on the building, environment and equipment.

Staffing and recruitment

- Sufficient numbers of suitable staff were employed to meet people's care needs. However, sometimes activity staff had to cover care staff; see the responsive section of this report.
- The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included DBS checks and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they felt safe and there was enough staff around to care for them. One person told us, "The staff are absolutely wonderful and there is always someone about if I need any help. I only have to ask, and they will do their best to do something for me." Another person told us, "I only use the buzzer sometimes at night but if I do, they come quite quickly."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to monitor any allegations of abuse to ensure these were reported to the local authority.
- People told us they felt safe at Berrycroft Manor. One person told us, "They [staff] are very friendly and I do feel safe and secure here." Relatives also felt their loved ones were safe. One relative told us, "She is safe and secure and well looked after. She's not had any accidents or falls."
- Staff had received safeguarding training. Staff told us they would report any safeguarding concerns to management and were confident they would be acted upon.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We reported to the registered manager that not all staff wore their masks appropriately. The registered manager told us they would address this immediately.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We noted hand sanitiser was not always available throughout the home. We also noted sluice rooms were not always locked. We reported this to the registered manager who addressed this immediately.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We found concerns regarding restrictions that were still in place on visiting when the home is not in outbreak. Visitors had to make an appointment to be able to see their loved one. We spoke with the registered manager regarding current guidance on visiting and they told us they would remove the visiting appointment system.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- The home employed two activity co-ordinators. An activity programme was in place for the whole home. We were told of trips out and visitors to the home, for example, a representative from Stockport County brought in their trophy to show to people. Another time a spring lamb was brought to visit people.
- We found there were no activities provided by the activity co-ordinator on duty during our visit. Activity staff were taken off activity duties to provide cover when care staff were absent to ensure there were sufficient numbers of staff to provide care. We found the activity co-ordinator had worked more providing care than activities during our site visit due to care staff absence.
- Some people told us they enjoy group activities, such as choir and bingo. One person told us, "[Names] do the activities and they are very keen. I asked if we could have an outing to a pub and [Name] organised it."
- We found there was no programme in place for individualised activities or for those people cared for in bed or those people who chose to stay in their room. One person told us, "I don't know much about the activities or who does it. I might sometimes go into the lounge for a chat." One relative told us, "I know they do activities, but mum is a bit restricted in what she can do being in bed. They have been in to see her at times to tell her what is on, but I would appreciate a bit more 1 to 1 time from them if she is willing to do things regards activities."

We recommend the provider reviews current staffing levels to ensure activity co-ordinators are able to provide activities and also the provider refers to current guidance to prioritise meaningful, individualised interaction for people cared for in their own room.

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

- Care files were person centred and reflected people's preferences for their care and support. However, risks were not always managed safely, please see the safe section of this report.
- Observations demonstrated staff knew people well and their individual likes and dislikes.
- People told us they received person-centred care. One person told us, "They [staff] do what I want and what I need but they know my routine and get on with it. They know me quite well. The staff know what is needed and are very friendly when dealing with me" Another person told us, "I please myself whether I stay in my room or go in the lounge. It's up to me."
- People and their loved ones had been involved in developing their care and support plans. People's life history had been recorded to inform staff of the person's background.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans. Any additional support people needed to communicate was recorded.
- The manager told us they were able to provide people with information in different formats if needed. For example, picture books and braille.

End of life care and support

- The home had an end of life care policy in place.
- The management team told us they work closely with the home's GP and district nurse teams to provide end of life care and anticipatory medicines. They told us staff know to report to the management team if someone starts to show signs of deterioration.
- The management team told us they had commenced a nationally recognised end of life programme prior to the pandemic but this had been postponed. They told us they intended to recommence the programme. We noted care staff had not received training in end of life care since 2018.

Improving care quality in response to complaints or concerns

- The management team ensured people were aware of how to complain or comment on the service. Information on how to make an official complaint was displayed in the home's reception area. People were also informed of the complaint procedure in their service user welcome pack given to them and their families when they came to live at the home.
- We reviewed the home's complaints and saw that complaints were responded to appropriately.
- People and their relatives told us they were happy at the home. One person told us, "I've no complaints after being here for six years but if I had I would go to the carers or speak to the manager." One relative told us, "We are all happy how she is looked after and no complaints."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- The provider had not always ensured safe and effective governance of the service.
- The home had a management structure in place; the registered manager and two deputy managers were in post. Policies and procedures were in place. A suite of audits was regularly carried out; however, they had not identified and actioned immediately the concerns found during this inspection.
- The provider had not ensured oversight of the safe and effective management and administration of medicines because people had not always given their medicines safely. The provider had not always ensured accurate, complete and contemporaneous records were kept for service users because people's care records were not always complete and monitoring records, such as repositioning charts were not always completed. Incomplete or inaccurate care and monitoring records placed people at the risk of harm.

The provider had not always ensured full oversight of the operations of the home, leading to the breaches identified in this inspection. This placed people at the risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we fed back our findings and the management team were helpful throughout the process and reacted quickly to any concerns raised. After the inspection we received assurances and evidence of improvements made. We will review and evaluate the effectiveness of these improvements at the next inspection.

- The management team were aware of their regulatory requirements and notifications had been submitted as per registration requirements.

Continuous learning and improving care; 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

- The management team demonstrated their awareness of their responsibility to act on safeguardings, accidents, incidents and complaints. We saw evidence that these had been responded to appropriately. Information about learning from incidents was shared with staff.
- Accidents and incidents were electronically recorded, and the registered manager reviewed, investigated and analysed each incident.
- The registered manager told us they inform family if someone was unwell or had an accident.

Working in partnership with others

- During the Covid-19 pandemic the management team had worked very closely with the local authority, health care organisations and public health departments to ensure Government and local guidance on safety was adhered to.
- Staff and management had close working relationships with the local GP service, district nurse teams and other medical professionals to ensure people received prompt and appropriate medical input when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team told us they were involved in a series of daily, weekly and monthly meetings and they completed daily walkarounds on the floor.
- Staff were kept updated through handovers, emails, team meetings, communication books and electronic messaging systems.
- We received positive feedback from people, relatives and staff was that the management team were supportive and approachable. One person told us, "[Name] and [Name] are in charge. They are very approachable and helpful."
- People and their relatives were involved in their care and the home. We saw that feedback was gathered regularly from people, relatives and visiting professionals.
- Everyone we spoke with was happy and felt cared for at the home. One person told us, "I can't think of any improvements. The staff are friendly and will do anything for me. They are so kind I cannot fault them." Another person told us, "I would recommend the place to anyone else I am quite happy here."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always administered and managed safely.</p> <p>People's risk management plans were not always up to date and followed by staff.</p> <p>Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve the quality and safety of the service and mitigate risk had not identified the concerns found on this inspection.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>