

Ultima Care Centres (No 1) Limited

Berwick Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Berwick Care Home provides accommodation, nursing and residential care for up to 60 people, some of whom have a dementia related condition. There were 34 people living at the home at the time of the inspection.

People's experience of using this service: People and relatives were positive about the caring nature of staff. One relative said, "I wouldn't hesitate to recommend it to anyone. I would be quite happy to live here myself."

People were treated kindly and with compassion. Staff spoke positively about the people they supported. They said they would be happy for their relatives to live at the home because of the standard of care provided.

Effective systems were in place to ensure people's safety. There were no ongoing safeguarding investigations. Risks were assessed and monitored, sufficient staff were deployed and safe recruitment procedures were followed.

A range of activities were organised to help ensure people's social needs were met.

People, relatives and staff were complimentary about the changes the registered manager continued to make at the service. The service was going through a period of change. Another care company oversaw the management and day to day running of the service. They had regular meetings with the provider to feedback the results of their audits and checks.

Rating at last inspection: Requires improvement (previous report published 28 February 2018).

Why we inspected: This was a planned inspection in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Berwick 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 was carried out by one inspector 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 [older people and those who have a dementia related condition].

Service and service type: Berwick Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Our inspection was informed by evidence we already held about the service. We also used feedback received from the local authority.

The registered manager completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we checked the following records: Three people's care plans, one staff recruitment file, information relating to staff training, audits and quality assurance reports.

We spoke with 10 people and nine relatives. We also spoke with the nominated individual, the registered

manager, the peripatetic manager from the management company, the clinical lead, the deputy manager, six care staff, one senior care worker, two housekeeping staff and the administrator. We also spoke with two members of staff on night duty to find out how care was delivered at night. We contacted the community matron for nursing homes to find out their opinion of the service.

Is the service safe?

Our findings

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

At our previous inspection we rated this key question as requires improvement. The decor in certain areas of the home was worn and some of the paintwork was damaged. This damage meant it was difficult to keep these areas clean. At this inspection we found that action had been taken to improve.

People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection

- Safe infection control procedures were in place.
- The home was clean. There was an ongoing refurbishment programme in place, many of the areas had been redecorated.
- Staff used gloves and aprons to help minimise the risk of infection.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- People told us they felt safe. This was confirmed by relatives. Staff were knowledgeable about what action they would take if abuse were suspected. There were no ongoing safeguarding investigations.

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

- Risks were assessed and monitored to help ensure people's safety.
- Checks were carried out on the building and equipment which showed they were safe.
- Accidents and incidents were recorded and analysed to highlight if there were any themes or trends so action could be taken to reduce the risk of any reoccurrence.

Staffing and recruitment

- Safe recruitment procedures continued to be followed.
- There were sufficient staff deployed. One relative said, "There's definitely enough staff. They are in every hour to give dad a drink." Some people and relatives said that more staff would be appreciated.
- Agency staff were still used at the service. The registered manager ensured the same agency staff were requested for consistency.
- Staff carried out their duties in a calm unhurried manner.
- Several staff considered that more domestic staff would be appreciated to provide cover for annual leave and any sickness. We passed this feedback to the registered manager.

Using medicines safely

- There was a safe system in place to receive, store, administer and dispose of medicines. We identified minor recording shortfalls which the registered manager told us would be addressed.

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 our previous inspection we rated this key question as requires improvement. Evidence of the clinical skills and competencies of staff were not always available. Not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. At this inspection, we found that action had been taken to improve.

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

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

- The design and décor of the building met people's needs.
- Improvements had been made to make the environment better suited for people with a dementia related condition. Several rooms were being turned into smaller dining and lounge areas to give people more choice about where they wanted to spend their time. People enjoyed spending time in the accessible gardens. A refurbishment programme was in place to continue to improve the home.

Staff support: induction, training, skills and experience

- People were cared for and supported by staff who were suitably skilled, trained and supported.
- There was a training programme in place. Two clinical leads had been appointed; one on days and one on nights. Night staff told us the clinical lead provided training overnight. Clinical training and support was also provided by the community matron for nursing homes.
- A supervision and appraisal system was in place. Staff told us they felt supported in carrying out their duties. One new member of staff told us, "I'm actually blown away by how kind everyone is and I feel at home here – it's like a family."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Consent to care and treatment was sought in line with relevant legislation and guidance.
- The manager had submitted DoLS applications in line with legal requirements.
- People's rights were upheld. Staff sought consent before carrying out any care and treatment.
- People made their own choices whenever possible. Where there were concerns about people's capacity, assessments had been carried out in line with the MCA.

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

- People's needs were assessed in line with best practice guidelines.
- Preadmission assessments were carried out to ensure that people's needs could be met before they moved into the home.

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

- People's nutritional and hydration needs were met.
- Staff made meal times a sociable experience. We had lunch with people and saw staff supported and chatted with people.
- The cook was knowledgeable about people's dietary requirements, including those who required a fortified diet. She told us, "We fortify everything. If I can get extra in – I get extra in."

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

- Staff supported people to access healthcare services and receive ongoing healthcare support.
- There had been some communication issues with certain health and social care professionals which the registered manager was addressing.

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

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

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

- People were treated with kindness, compassion and dignity.
- People and relatives spoke positively about the care that was provided. One relative said, "They know my mam gets very upset and they give her a hug and talk to her and she cheers up."
- Staff understood the needs of people with dementia, and responded warmly and positively with good results. One person with a dementia related condition told the cook they were going home. The cook said, "Oh, do you not want to stop for a lovely cup of tea? I've got some lovely homemade buns." The person decided that this would be a good idea.
- There was a relaxed and cheerful atmosphere in the home. We spent time in the ground floor lounge which was a hub of activity. A number of relatives were visiting, some of whom had pets which people enjoyed seeing. Staff understood the importance of pets on people's wellbeing.
- People enjoyed a joke with staff. One staff member told a person that he was the youngest in his family. The person replied with a wink, "You look it!"
- Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Staff told us that they would be happy for a friend or relative to live at the home because of the standard of care provided. One staff member said, "It passes the mum's test otherwise I wouldn't be here."
- Staff supported people's independence. One person said, "Yes they give you independence at all times but are there to help when you need it."

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

- Staff supported people to express their views and be actively involved in making decisions about their care.
- Care plans documented where they had been written with people and where appropriate, their relatives.
- A 'resident of the day' system was in place. A staff member told us, "We evaluate the whole care plan with the resident. The whole home is involved including the cook and their families and next of kin are also involved. It's for the resident to have that special day – like a birthday every month to find out whether we are meeting their needs and if we're not, it's time to flag that."

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was responsive to their needs.
- People and relatives said that staff provided responsive care. One person said, "The staff a wonderful it is like a 5 star hotel."
- Care plans were in place which documented people's life histories, likes and dislikes and how they liked their care to be provided.
- People's social needs were met. There was an activities programme in place. A new activities coordinator had just commenced work at the time of our inspection.
- Information was available in a variety of formats to meet people's individual needs. The service was complying with the requirements identified in the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints.
- No formal complaints had been received

End of life care and support

- People were supported at their end of life. A multi-disciplinary approach was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.
- We spoke with one relative whose family member had recently died. They told us, "I have absolutely no concerns about his care – I think they all looked upon him as their grandad... They were his family, it was like that right to the end." Another relative said, "They have some lovely staff. I specifically wanted them to come back here for their end of 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 our previous inspection we rated this key question as requires improvement. The manager was not yet registered with CQC; the systems and changes which had been introduced were still in the process of being embedded and improvements were still required with regards to the environment, staff training and evidencing staff competencies. At this inspection we found that action had been taken to improve.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager had become registered with CQC in line with legal requirements.
- There was more management time to support staff and run the home. The management structure had been strengthened since our last inspection. There were two clinical leads; one on days and one on nights. A new deputy manager had been appointed and more senior care workers were in place.
- People, relatives and staff spoke positively about the changes the registered manager continued to make.
- The service was going through a period of change. Another care company oversaw the management and day to day running of the service on behalf of the provider. They had regular meetings with the provider to feedback the results of their audits and checks.
- All regulatory requirements were met.

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

- An effective system was in place to plan and promote person centred care.
- The registered manager stated in their provider information return, "I monitor the service provided by firstly putting the residents at the heart of the service...As a registered manager, nurse and person I am dedicated to delivering a better quality life with an open honest vision for the future care needs of all my residents and recognising the skills and abilities in which my staff team hold."
- The registered manager carried out audits and checks to monitor the quality of the service.. Action was taken if any shortfalls were identified.
- The changes which had been introduced at our previous inspection had become embedded into practice. Improvements had been made to the environment and staff training.
- Lessons were learnt and action taken following accidents and safeguarding incidents.

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

- A system was in place to ensure people, relatives and staff were engaged and involved in the service.

- Meetings and surveys were carried out for people, relatives and staff to obtain their feedback.

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals to make sure people received joined up care.