Care Quality Commission

Hestia Care Limited

Berehill House Care Home

Inspection report

Jobson Close
Newbury Road
Whitchurch
Hampshire
RG28 7DX

Website: www.hestiacare.co.uk

Date of inspection visit:
10 January 2017

Date of publication:
24 February 2017

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

Berehill House Care Home provides accommodation and personal care for up to 35 people, some of whom are living with dementia. The accommodation is over three floors and is comprised of the original building and a newer part which was built in 2016.

The inspection took place on the 10 January 2017 and was unannounced.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. People were protected from avoidable harm and risk assessments were in place. The provider sought references and completed checks before new staff started working at the home. People's needs were met by adequate staffing levels. People received their medicines as prescribed.

People were supported by staff who had received relevant training to enable them to support people they worked with. New staff (including agency staff) completed an induction to the home and were supported with a variety of training, supervision and appraisal. Staff had training in and followed legislation designed to protect people's rights and ensured they offered people choices and sought consent. People enjoyed their meals and had access to healthcare professionals when necessary.

Staff developed caring relationships with people using the service. Staff were patient with people, spending time with them if they were confused or upset to reassure them. Staff respected people's privacy and dignity.

People's needs were assessed before they moved to the service to ensure staff could meet their needs. Each person had a care plan which included sufficient information for staff to support people's health and wellbeing and included information about people's routines, preferences and medical history. People enjoyed a range of activities and the environment was designed to be stimulating for people living with dementia.

The registered manager and provider promoted a positive culture that was open and inclusive. The ethos of the home was one of a relaxed, calm environment. The registered manager had systems in place to monitor the quality of the service provided, which included undertaking a range of regular audits.

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.

Staff had completed training with regard to safeguarding people and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had training in and followed legislation designed to protect people's rights.

People were supported by staff who were trained and knowledgeable about people living at the service.

People were supported to eat and drink in ways which met their needs.

People had access to healthcare services when necessary.

Is the service caring?

Good

The service was caring.

Positive caring relationships were developed with people using the service.

People made decisions about how they spent their time and what support they needed.

People's dignity was respected by staff when supporting them with personal care.

Is the service responsive?

Good

The service was responsive.

People received care and support which met their needs and they enjoyed a range of activities.

The provider had a complaints procedure in place and sought peoples' views.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a positive culture which was person-centred, open, inclusive and empowering.

There were clear management systems in place.

The registered manager had systems to monitor the quality of the service provided.

Care Quality Commission

Berehill House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 January 2017 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people living in the home, one relative, seven staff, the deputy manager, registered manager and service development manager. We observed care and support being delivered in communal areas of the home and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a range of records including seven care plans, staff recruitment files and training records.

Good

Is the service safe?

Our findings

People felt safe living at Berehill House Care Home. Comments from people included, "I have been here a long time and can tell you with confidence that the care here is first class", "I think it's safe here, I feel safe" and "It got to the stage where it was not safe for me at home, so I'm glad I am here now."

The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. One staff member told us, "If I see there is any problem or I am worried about someone, I will report it immediately to my team leader, or deputy manager or manager. The directors are often here too so I could talk to them if I had any concerns". Another said "Everyone [staff] has a responsibility to keep people safe". The registered manager knew how and when it was appropriate to make a safeguarding referral to the local authority.

People were protected from avoidable harm through the use of equipment, such as walking sticks. One person was at risk of falls but they wanted to continue to walk independently. The risk assessment gave the staff guidance in reducing the risk of the person falling, for example, reminding the person to carry the stick and encouraging appropriate footwear. If a person fell, staff monitored and recorded their observations for the following 72 hours. Staff looked for any bruising, changes in behaviour and unsteadiness on their feet. Health care professionals were contacted when necessary.

Risk assessments identified when people were at risk, for example, of pressure injuries or not eating and drinking enough. One person's risk assessment stated they needed a pressure relieving cushion when seated and we saw staff supporting them to use the cushion when they sat in different areas of the home. Risk assessments and emergency procedures were in place should an evacuation be necessary, for example, through fire or flood and staff were trained in fire safety and first aid. Personal evacuation plans were stored where staff could access them quickly in an emergency.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The provider had increased the number of bedrooms at the home which meant more staff had been needed as the rooms became occupied. Although recruitment had been ongoing, agency staff were utilised to fill gaps in the rota. The relevant information was provided by the agency so the registered manager could be assured that agency staff had the correct level of checks and training. The registered manager asked for the same staff to be provided from the agency to help provide continuity of care to people and ensured they received an induction when they came to the home

People's needs were met by suitable numbers of staff. The registered manager achieved this by looking at people's needs and calculating the staffing ratio accordingly. This process was reviewed monthly or sooner

if there were changes. People were supported by care staff, kitchen and housekeeping staff. The registered manager told us they always tried to get extra staff to cover when people needed to attend a hospital appointment, for example, or to cover staff training.

People received their medicines as prescribed. A Medication Administration Record was completed to record that people had received their medicines. Medicines were stored safely and appropriately and were given by staff who were trained to do so. The registered manager also monitored the competency level of staff giving medicines and took action to remedy if issues of concern were identified. Care plans were in place for all but one person's medicines which were prescribed 'when needed' and the registered manager rectified this when it was brought to their attention. Further, staff knew when the medicine was needed and explained the symptoms which would indicate the person should be offered the medicine.

Good

Is the service effective?

Our findings

People were supported by staff who had received relevant training to enable them to support people they worked with. People were positive about the staff team and comments included, "[Staff] provide an excellent standard of care", "[Staff] all know what they are doing" and "It is a tough job, but I feel staff do their job well".

New staff (including agency staff) completed an induction to the home, which included fire procedures and reading care plans. A staff member employed through an agency told us, "I was made to feel comfortable the first time I visited, I had time with other staff, a chance to meet people and also I was told all about emergency evacuation [procedures]". Staff who were new to care work completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

The registered manager had a system in place which ensured staff were up to date with their training. The training programme included infection control, moving and handling and health and safety. Five ancillary and 14 care staff had received training about supporting people living with dementia and 18 staff were booked to undertake a 'more in depth' course later in the week of our inspection. In addition to face to face training, the provider had a rolling system of training DVDs, which were refreshed each month. The registered manager told us how staff were encouraged to watch the DVDs and a record was kept and a certificate provided to each staff member who had completed the course. Staff had also accessed external professional training such as National Vocational Qualifications in care and diplomas from the Qualifications and Credit Framework in Health and Social Care. Agency staff were sometimes included in training and were welcome to use the DVDs. One staff member told us, "My training is regularly updated and [management] even put me through a NVQ [National Vocational Qualification]" and another said, "The training is changing all the time, I don't mind as it keeps it fresh". Staff were further supported in their work through regular supervisions and appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Staff had training about the Mental Capacity Act 2005 (MCA). The 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. The registered manager told us about a 'best interests' decision which had been taken on behalf of one person, who was living with dementia. The person enjoyed going out for a walk but could not go alone as they became disorientated and confused. The registered manager ensured that a specific staff member accompanied the person as they had a particularly good relationship with them. This meant that no formal restriction was needed and the person still had regular access to the community.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and authorised legally. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found the provider was following the necessary requirements and a DoLS

authorisation had been approved for one person.

Staff were clear about giving people choices in their day to day lives. Staff told us, "If people do not want to wash, we try to encourage them, but we have to respect their choice and do the best we can to support their cleanliness and hygiene;" "We also ask for consent. Sometimes people can make unwise choices and we [staff] have to respect this. In this situation, we record it and let the team leader know" and "You ask consent every time you provide assistance."

People enjoyed their meals and comments included, "The food is good, it's always hot and fresh," "I was given a choice of what I wanted today, if I wanted something else, it would be no problem," "The meals and good and there is plenty of food," "I can eat whatever I want, when I want" and
"They always make sure I have enough to drink".

People were supported to eat and drink in line with their preferences and dietary requirements. We observed lunch being served in the dining room. People were able to eat at their own pace, with many finishing and leaving the dining room as they pleased. One person left without eating anything and staff encouraged them back later when the dining room was quieter and the person ate their meal. One person was offered an alternative meal, as they did not like anything on the menu and staff offered a range of drinks.

Staff sat and chatted with people whilst eating their own lunch and people appeared to respond well to this. Where people needed encouragement to eat, staff sat near to them and encouraged them in a light hearted and informal way which also had a positive impact on people. One person was at risk of choking and staff ensured they had a soft diet and monitored them discreetly whilst they ate their meal.

Staff, including agency staff, were aware of and knowledgeable about people's specific dietary requirements, such as needing soft foods or thickened fluids. Vegetarian choices were also available. One person was reluctant to eat so the chef talked with them on a daily basis to look at the menu choices and often prepared something different on their request. Where necessary, food and fluid charts were in place and staff recorded what people had consumed so their health could be monitored. Staff offered people drinks regularly and ensured they took drinks to people who were in their bedrooms.

People had access to healthcare services when necessary and records showed people had been visited by GPs, district nurses, chiropodists and dentists. Staff knew people well enough to know when they may be unwell which meant healthcare professionals could intervene before their health deteriorated further. On the day of the inspection, staff had noticed a person's heels had rubbed together during the night and had taken appropriate action, which meant the district nurse visiting that morning.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. One person said "I like a lot of the staff here; they look after me very well". Comments from visitors included, "I'm always welcome, I came here for Christmas dinner and it was a great atmosphere, everybody mucked in and it was fabulous" and "[Staff] came to pick me up when they collected my relative from the hospital. They didn't have to do that and I appreciated it."

Staff were patient with people, spending time with them if they were confused or upset to reassure them. Staff took the time to speak to people about their day and reminisce about their life. A staff member said, "We try to do our best for people, we try to make every day a good day." It was one person's birthday on the day of the inspection which was acknowledged by staff. The chef had baked a cake for the person and people and staff sang 'Happy Birthday'.

People were supported to express their views and be involved in making decisions about their care and support. People were asked about their choices and preferences during the assessment process and when they moved into the home. We heard staff calling people by their preferred form of address, whether this was a shortened version of their name or a nick name.

People chose where they spent their day, where they sat at mealtimes and were asked what they would like to drink and which meal they would like. Where people were unsure, staff brought out two different plates of food so they could see the food to help them decide. One person liked a late breakfast and liked to eat alone in the dining room. The registered manager arranged for the chef to make a later breakfast and gave them a little bell on the table so they could contact staff (who would be attending to other duties at the time) whilst dining.

People chose what possessions they had in their bedrooms and one person said, "It's nice that you can bring in your own things, it give it [my room] a homely feel". Another person said of their room: "It's a lovely room. It's very nice to have a room you can put things in safely."

Staff described how they supported people with personal care whilst being mindful of their dignity. Staff knocked on doors and waited for people to say they could enter. One staff member said, "We try to give [people] privacy in their own rooms, some people like to have their quiet time and that's not an issue for us [staff]" and another said, "If somebody has had an 'accident', then we help them away from other people so they can change without anybody around."

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved to the service to ensure staff could meet their needs. People and their families were involved in care planning where possible. A relative said, "When [my relative] came here first, they asked me for as much information as possible about his health, life history and medical history".

Each person had a care plan which included sufficient information for staff to support people's health and wellbeing and included information about people's routines, preferences and medical history. Care plans were updated monthly or sooner if there were changes to people's needs. Staff knew people's personal history, such as what job they or their spouse had done, which helped them to know and communicate with people. Where appropriate, staff kept relatives up to date with the person's well-being and one relative said, "[Staff] always inform me if there are any changes in [my relative's] health."

People could move around the home and garden independently, where their mobility allowed. The environment had been designed with the needs of people living with dementia in mind. In the central hallway there were different areas of interest. There was a bench next to a bus stop sign which people used either to rest as they moved through the hall or to sit and chat with other people or staff. Staff said that people would sit there, have a cup of tea and a biscuit and make conversation. It was a particularly useful place if people were anxious to be somewhere as it was natural to stop for a while at a bus stop and then move on. Another area was set up to look like a market stall, with magazines and snack foods which people could help themselves to. Opposite this were some shelves with sweets in jars which people could also help themselves to. Some people, who had lived there longer, had memory boxes outside of their rooms to orientate them as to where there room was. Memory boxes are box frames with items or photographs which have specific meaning to people and can help them to find their room independently. There were big signs around the home which had words and pictures to show people the way to rooms such as the dining room and toilet. Visible signage encourages people to move around the home independently as well as aiding continence.

The home was extended in 2016 by the building of new en-suite bedrooms on two levels which shared the original communal space. The downstairs bedrooms in the new build had a door which led out to an individual piece of garden with a low fence all around. People had started to personalise their own garden with bird feeders and ornaments. The registered manager planned to enable people to grow plants and vegetables in pots if they wished.

The provider employed two activities co-ordinators and a range of activities were planned in advance. One person said, "There always seems to be something going on, there is a lot to do here" and a relative said, "[Staff] make an effort to ensure that [my relative] is not isolated in their room." Staff were attentive and engaging with people, and during the morning we saw staff using word searches to engage people to think and to talk about other subjects. In the afternoon staff distributed feather boas, fans and other props to make the activity interactive. Staff encouraged people to sing and dance along to the musical film 'Mamma Mia!' People were engaged fully in the activity and one person said, "This takes me back to my heyday, it is

very comforting to be reminded and being able to focus on the past, it makes things a lot clearer."

The registered manager recognised the importance of activities and told us, "I want residents to carry on doing what they did at home. We all get on and have fun with the residents; we sing [with them] and take them to the theatre. It's their home." Some people enjoyed pampering sessions, such as having their nails manicured and a hairdresser visited the home. The room they used had been decorated as if it was a hairdressing salon.

The registered manager had undertaken a four day training course on an entertainment and activity programme they had recently purchased for the home. The concept linked aspects of care planning together and enabled staff to get to know people better. The registered manager showed us the calendar which was created by the programme which suggested activities linked to the day on the calendar. Examples included 'World Bird Day' when people got involved in bird games and making bird feeders and another day had activities based on an Elvis Presley anniversary. Another positive exercise from the programme had been to ask people individually what five things they would take to a desert island alongside playing a CD which included relevant songs. This led to further discussion with people and enabled staff to understand them better.

A pet rabbit lived at the home for most of the year and the registered manager said people liked to have him on their laps and to cuddle him. There was a life-sized stuffed toy dog in the lounge area which people liked to stroke. One person said, "I know it's silly, but I have become quite attached to him [the dog]". We saw staff move the dog in front of a person who was becoming visibly anxious. The person started stroking the dog and became noticeably calmer.

Some people were supported to go to day services during the week and a relative said, "I appreciate [how] they help [my relative] to attend day services once a week. It's good to engage in a change of scenery."

The provider had a complaints procedure in place and the registered manager viewed complaints "in a positive light to improve the service." Where a complaint had been made, the registered manager investigated and wrote a letter to the complainant apologising and explaining her findings.

Good

Is the service well-led?

Our findings

The registered manager and provider promoted a positive culture that was open and inclusive.
We received positive feedback from staff and comments included, "It's a good atmosphere here, the management are supportive", "I think it's a really nice home to work in. The [registered] manager is really good which makes the staff and residents happy", "I am happy working here, the manager is approachable, and you are updated about new things that happen around the home, overall. I'm very happy" and "The directors are very open too and they will listen to you".

The registered manager's office was in the middle of the home and people and staff could walk through if they wished, or stay and talk. The registered manager was therefore visible and made herself available to talk to. The registered manager said, "Residents come in and have a cup of tea, one person even answers the phone." During the inspection, staff were encouraged to stay and be part of the inspection process and conversation.

The ethos of the home was one of a relaxed, calm environment. We saw that one of the activities involved dancing with feather boas and they shed their feathers over the floor. This was of no concern to staff, who had the attitude that it could all be cleaned up afterwards; it was important that people enjoyed the activity.

The registered manager was supported by the deputy manager and a team of staff. The registered manager received monthly supervision from a senior person in the organisation and attended a manager's meeting every three months with managers of other care homes in the group.

The registered manager responded to, followed up on and shared learning from incidents which had occurred in the home. An example of this was that a person had developed a pressure injury. Appropriate treatment was provided in the short term and action taken to reduce the risk of this happening again. Further training was provided by a district nurse, an occupational therapist visited to give advice about how to support people who were at risk and a group supervision was provided for staff.

The registered manager's ethos and vision was to offer a quality service to everyone. They said "We always think of the 'Mum test'." This refers to when care professionals ask themselves if the care and support they provide would be of a quality they would like a relative they cared about to receive. The registered manager believed it was important to praise staff for a job well done. They said "I give staff badges when they've done something well, we should always say 'thanks and well done.'"

The registered manager had systems in place to monitor the quality of the service provided.
An external consultant visited the home monthly to provide advice regarding the quality of the service. When they identified possible improvements, the registered manager took action and addressed any concerns. People's views were sought through an annual survey, regular care reviews and 'resident's meetings'. Monthly surveys were also undertaken and these covered a different topic each month, such as whether people enjoyed the meals.

The registered manager undertook a range of quality audits and took action when issues were identified for improvement. They also held meetings with day care staff, housekeeping staff and activities co-ordinators. To ensure night staff were involved and informed, the registered manager stayed late or returned to the home in the evening to lead their team meeting. Staff made suggestions for improvements, such as placing a box of latex gloves near to the entrance to make them more accessible for staff. The registered manager kept up to date with new ideas by undertaking research on relevant websites.