

# Berrystead Nursing and Residential Home Limited

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## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	<b>Inspected but not rated</b>
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# Summary of findings

## Overall summary

### About the service

Berrystead Nursing and Residential Care Home is a residential care home. They can support up to 46 people at the service. However, at the time of the inspection no people were living at the care home.

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

At the time of the inspection, no people were using the service. We are therefore unable to comment on people's experiences of using Berrystead Nursing and Residential Care Home.

This was a targeted inspection to consider the provider's compliance with the court-imposed consent order. A consent order is a court-imposed judgement, that has been agreed in advance by both parties. In this case, the agreement was between the CQC and the provider of Berrystead Nursing and Residential Care Home.

The consent order required the provider to not admit new people to Berrystead Nursing and Residential Care Home without prior agreement from the CQC. The provider had not requested permission to admit new people to the home. We found that the provider had complied with this part of the consent order, as no one was living at the care home.

The consent order required the provider to create a dependency tool to inform the staff team. The provider had created a tool to calculate a suitable number of staff to care for people safely. The registered manager explained how they intended to use this tool to guide safe staffing levels. As no people were living at the care home, we were unable to fully assess how this tool was used.

The consent order required the provider to provide evidence of a proposed induction plan for new staff. The provider had created a proposed induction plan.

The consent order required the provider to complete refurbishment and provide documentation on this refurbishment for; the wet room (bathroom), the kitchen and compartmentalisation of fire safety. We saw the provider had completed this refurbishment. The provider was also completing other refurbishment to improve the environment.

The consent order required the provider to provide documentation on a legionella risk assessment. We observed that this risk assessment had been completed. The provider had then arranged for some required refurbishment works to reduce the risks of legionella. The provider explained that they intended to complete a follow up legionella risk assessment to assess the effectiveness of the refurbishment work.

The consent order required the provider to provide documentation on health and safety processes. The provider provided a list of intended health and safety audits, for example how they will oversee fire safety in

the home. The provider had blank care plan records. These were ready to be filled in with people's details. So, staff would know how to support people safely and effectively.

The consent order required that the provider must provide documentation on maintenance policies and procedures. They provided this documentation showing that procedures were in place.

The consent order required the provider to have a contract with a maintenance provider and have documentation of other contractors and suppliers. We observed that this documentation was in place. We saw a contractor in the building at the same time, making improvements to the care home.

The consent order required the provider to have a new nominated individual. This person must receive mentoring and training to complete their role. We saw evidence that the new nominated individual had received external mentoring and training.

The consent order required the provider to provide systems, processes, and procedure documentation on how the provider responds to safeguarding concerns. We saw that a procedure was in place. New staff had been recruited and had undergone safeguarding training.

The consent order required the provider to provide documentation on staff training. We observed that staff had been recruited and had undergone online training. The provider told us that further face to face training would occur before the service started to support people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was inadequate (published 20 May 2022) We also inspected on 29 November and 1 December 2022 to review whether the court-imposed consent order had been met. This inspection resulted in an 'inspected but not rated' outcome.

#### Why we inspected

We undertook this targeted inspection to check whether the court-imposed consent order had been met. The overall rating for the service has not changed following the last targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Enforcement

At our inspection completed in January 2022 (published in May 2022), we identified breaches of regulation. As there were no people using the service, we were unable to identify if these breaches of regulation have been improved. These breaches therefore remain in place.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Special Measures

This report has not resulted in a change of the overall rating of the service. The overall rating for this service

remains 'Inadequate' and the service therefore remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# Berrystead Nursing and Residential Home Limited

## **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.

This was a targeted inspection to check whether the provider had met the requirements of the court-imposed consent order.

#### Inspection team

The inspection was completed by 2 inspectors.

#### Service and service type

Berrystead Nursing and Residential Care Home 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. Berrystead Nursing and Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided in a care home. However, at the time of the inspection no one was living at the care home. Our inspection was therefore only focused on the premises and relevant policies and processes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was announced. We gave the provider one working days' notice of the inspection.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

As part of the consent order, the provider had already sent us some documents showing what changes had been made to the care home. We reviewed these before completing the inspection.

### During the inspection

We spoke with the registered manager, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed the safety of the environment. We also looked at relevant processes and policies for the court-imposed consent order.

# Is the service safe?

## Our findings

At our last inspection we rated this key question inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the court-imposed consent order. We will assess the whole key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

At our inspection published in May 2022, we found a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because people were not protected from abuse or improper treatment. At this inspection, nobody was living at the care home. We were therefore not able to fully assess if people were now safe from abuse or improper treatment.

- The consent order required the provider to provide documentation on how the provider responds to safeguarding concerns. We saw this documentation was in place. The nominated individual's role was now included on this procedure.
- The provider had also begun recruiting staff – these new staff had received training on how to recognise and respond to signs of abuse.

Assessing risk, safety monitoring and management

At our inspection published in May 2022, risks were not identified or managed, and people were not protected from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we were unable to assess if this breach had been resolved as no people were living at the care home.

- We saw improvements had been made to the environment. These environmental changes made it safer for people to live at Berrystead Care Home.
- The consent order required the provider to refurbish one of the bathrooms. The provider had refurbished this bathroom to a suitable standard with a working shower. The provider was also refurbishing a second bathroom, so people could also use a bath. The refurbishment of the second bathroom was not yet completed.
- The consent order required the provider to provide documentation on the refurbishment to the kitchen. We observed that the kitchen had undergone refurbishment as required.
- The consent order required the provider to improve fire safety at the service. The provider had enlisted the support of an external fire safety company to complete this risk assessment and also carry out remedial works.
- The consent order required the provider to provide documentation on a legionella risk assessment. Legionella is a water-borne disease that can cause serious ill health and possibly death. We observed this risk assessment had been completed as required. The provider had then arranged for some required refurbishment works to reduce the risk of legionella at the service. The nominated individual told us they



intended to arrange a follow up risk assessment to review the effectiveness of work completed.

- The consent order required the provider to provide documentation on health and safety processes. The provider provided a list of intended health and safety audits. They had also got access to blank care plan documentation. This document would be filled in if people used the care home; so staff would have guidance on how to support people safely.
- The consent order required the provider to provide documentation on maintenance policies and procedures. This documentation was in place.
- The consent order required the provider to have a contract with a maintenance provider and have documentation of other contractors and suppliers. We observed this documentation was in place. We also saw contractors were in the building as part of the ongoing refurbishment.
- While lots of refurbishment had been completed, there were some areas of the environment that were not yet safe. For example, the garden was not yet safe for people to walk around as there were trip hazards. The provider assured us that remaining environmental risks would be resolved before people came to live at Berrystead Care Home. This included the garden being closed or only accessed with staff support - until it was safe for people to access alone. In the days after the inspection, we received some photographic evidence that these remaining environmental risks were being resolved. We will continue to review the environmental safety of the service.

### Staffing and recruitment

At our inspection published in May 2022, staffing numbers were not sufficient to meet people's needs or keep them safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we did not have sufficient information to assess if this breach of regulation had been met.

- The consent order required the provider to provide documentation on staff training. We observed staff had been recruited and undergone online training. We were told further face to face staff training would be arranged.
- The consent order required the provider to create a dependency tool to inform the amount of staff needed. We found the provider had created a tool to calculate a suitable number of staff to care for people safely.
- The consent order required the provider to provide evidence of a proposed induction plan for new staff. The provider had created a proposed induction plan.
- The consent order required the provider to have a new nominated individual. This person must receive mentoring and training to complete their role. We saw evidence the new nominated individual was in place. They had received external mentoring and training as required.

### Preventing and controlling infection

At our inspection published in May 2022, people were at risk of the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we were unable to assess if this breach had been resolved as no people were living at the care home.

- The consent order required the provider to provide documentation on health and safety processes. The provider had the required documentation and had sourced a cleaning provider. Due to the refurbishment works that had occurred, the home still required a deep clean. The management team told us this would be completed before people started to use Berrystead Care Home.

