

Key inspection report

CARE HOME ADULTS 18-65

Berrywood Lodge

**27-33 Berrywood Road
Duston
Northampton
Northants
NN5 6XA**

Lead Inspector
Keith Williamson

Key Unannounced Inspection
2nd November 2009 09:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Berrywood Lodge
Address	27-33 Berrywood Road Duston Northampton Northants NN5 6XA
Telephone number	01604 751676
Fax number	01604 583098
Email address	
Provider Web address	www.minstercaregroup.co.uk
Name of registered provider(s)/company (if applicable)	Minster Pathways Ltd
Name of registered manager (if applicable)	Vacant
Type of registration	Care Home
No. of places registered (if applicable)	30
Category(ies) of registration, with number of places	Learning disability (30), Mental disorder, excluding learning disability or dementia (30)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care Home Only - Code PC

To service users of the following gender:

Either

Whose primary care needs on admission to the home are:

Learning disability - Code LD
Mental disorder - Code MD
2. The maximum number of service users who can be accommodated is 30.

Date of last inspection 6th July 2009

Brief Description of the Service:

Berrywood lodge is owned by a company called Minster Pathways Ltd who operate a number of other services for people with learning disabilities and mental health issues.

This home is located in the Duston area of Northampton and has a bus service to the town centre.

The home has been recently refurbished providing each side of the home with adjoined lounge, dining, laundry and kitchen facilities as well as separate staff offices. The garden area can be divided to enable people living in the home to live in two smaller groups.

The fees differ depending on the level of support needed and range from £350 to £850 per week. The fees include personal care, accommodation, meals and laundry.

A copy of the latest Inspection report is available from the acting manager.

SUMMARY

This is an overview of what the inspector found during the inspection.

When we spoke to people at the home they preferred to be known as Service Users, therefore the report has been written using this term.

The focus of inspection is on outcomes for Service Users and their views and experience of the service provided. The main method of inspection used was 'case tracking'. This involves selecting a sample number of clients and tracking the care they received through talking with them where possible, and looking at their records and accommodation, in this case two people living at Berrywood Lodge were case tracked.

This visit took place over one day, commencing at 9.30am and took six and one half hours to complete.

An opportunity was taken to see Service Users and talk to staff, look around the home, view records, policies and care plans. Information was obtained from the Annual Quality Assurance Assessment (AQAA), which gives information on the home. On this occasion this was filled in by the previous manager.

Eight Service Users were seen, two of whom were spoken with, as were three staff members and the acting manager.

The quality rating for this service is **1 star**. This means the people who use this service experience **adequate** quality outcomes.

What the service does well:

Service Users care needs are assessed and a care plan are in place.

Service User's time during the week is taken up by day centre or social care time.

Meals are varied and the times served are flexible.

Complaints information along with a complaint and compliment book is displayed in the home; this allows people to make comments on an anonymous basis.

The home is comfortable and clean, and staff were aware of cross contamination and cross infection issues.

Staff employed recently had all the necessary checks before they were allowed to work at the home.

Staff have meetings on an individual and group basis, this assists with their training and development.

What has improved since the last inspection?

The Statement of Purpose and Service User Guide have been updated.

A contract or terms and conditions of a persons stay now in place.

People now have the choice to sign and agree the plan of care.
The storage and administering of medication is better.

Complaints information is up to date.

Peoples personal monies accounts are easier to follow and balances are correct.

Staff can now understand and act appropriately with information from training courses.

The acting manager is appropriately supervised, and records of those meetings kept.

Peoples' views on the home are now being sought.

Health and safety is monitored and maintained appropriately.

What they could do better:

The daily records made by staff could be more frequent and detailed.

The finances of Service Users must continue to improve.

The development of Person Centred Plans could be quicker.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, & 5

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information is being updated periodically, resulting in accurate details for people to base a stay in the home.

EVIDENCE:

The staff have developed a comprehensive statement of purpose and service user's guide, which now meets the needs of the current group of people in the home. The information is available in a number of different formats which allows everyone in the home to understand it. The complaints procedure is also included in the guide.

People have their needs assessed prior to moving into the home, though there has been no one admitted since the last key visit. Assessments seen on both peoples files.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7, 9 & 10

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information held on Service Users is being developed and updated which could provide a more detailed and personal service.

EVIDENCE:

We looked at the care records of people. We found them to be descriptive of the care and support offered to people. Care plans were adapted into a format more easily understood by people who live there. We saw that the staff have started to change the care plans to Person Centred Plans. These could provide a more detailed plan and a more personalised service for the Service User.

We saw that staff have a good understanding of the risks relating to each person who lives there, and have put risk assessments in place to reduce risks associated with each person. Care plans are now agreed with the Service User

or a representative, some being signed to agree the care and intervention offered.

Records of what people do and what care is offered on a daily basis are kept securely.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

11, 12, 13, 14, 15, 16 & 17

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service have the opportunity to develop and maintain important personal and family relationships.

EVIDENCE:

Some of the Service Users continue to have work placements at a nearby day centre, and all assist in keeping their bedrooms tidy. There are still plans to assist some Service Users to move to a more independent living environment. Care plans have yet to be amended to assist this process.

Visiting continues to be unrestricted, as does the access for Service Users. Service Users have the choice of a bedroom door key; the acting manager stated these are offered following a risk assessment. Service Users indicated

they felt safer having one. As yet there have been no moves towards offering people front door keys, which would improve the security in the home.

Meals are varied and flexible; Service Users participate in menu selection by means of a likes and dislikes list, and personal preference at each meal. The menu has been changed, and further changes are planned to offer people a healthier diet.

Activities are still planned in advance; the plan is displayed in the dining room. However Service Users indicated the plan was a guide and they could do another activity if they felt like a change. Staff start and finish times have been adjusted to assist in this process.

One Service User stated they liked "being read to" by staff.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 & 20

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a more secure and accurate medication system, resulting in them being safer in the home.

EVIDENCE:

There have been great improvements in the medication administration within the home. Medication is now signed for by two staff, and all medicines are subject to a monthly audit. This is where staff check all medicines have been administered correctly, and the appropriate amount for the remaining month, is in place. The temperature in the room where the medicines are held, has been regulated by using a portable air conditioning unit.

Personal support is still offered in line with the care plan, the Person Centred Planning process is still in the early stages, and progressing slowly. The recording of people's health on a day to day basis is not well detailed or explanatory. Both the case tracked people had health issues recorded, which could have been far clearer with a small increase in the day to day recording.

This would give new staff clearer information on peoples' ongoing health concerns.

Specialist healthcare staff continue to visit and provide information for the self protection of Service Users.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

22 & 23

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff are more aware of how to use safeguarding principles, which provides better protection to those living in the home.

EVIDENCE:

We looked in detail at peoples' financial records. These had improved greatly, and reflected the appropriate monetary balances, along with receipts for purchases made. There was one issue where the records had not been completed appropriately, but the Service User was able to give a good account of when the money had been withdrawn, so being assured the money was not "missing".

A complaints procedure is in place, this is available in a number of formats that would assist people to make a complaint were it necessary. This is now up to date and provides accurate details to enable people to register a complaint. There is a complaints and compliments book situated inside the main entrance to the home. There have been a number of complaints received by the staff at the home, and the Care Quality Commission (CQC) since the last inspection. These have been dealt with appropriately, and completed in a timely fashion.

The staff have had additional training in safeguarding procedures, and are now well aware of 'whistle blowing' procedures and other forms of potential abuse.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Open access to the home has the potential to place people in danger.

EVIDENCE:

Work was ongoing to fit a new fire door, and replace many of the smoke seals to doors, following a report and visit by the Fire Officer. Further improvements to the decoration of peoples' bedrooms, is also apparent. Service Users are being included in the process by choosing what colour schemes they have. This provides an opportunity for people to feel included in the decisions that affect their day to day lives in the home.

People have the option of bedroom keys, but there is still an issue of free access due to the front door being unlocked. The acting manager is taking steps to have the Service Users, risk assessed and issued with keys. This was highlighted at the last visit to the service, and very little progress has been

made to date. The safety of all in the home is paramount and more effort is necessary to ensure this.

Staff are aware of cross infection and cross contamination issues, however do not have plentiful supplies of protective clothing, one person added "we always have to ask for them". This is unacceptable and people in the home must be fully protected from any likelihood of infection and contamination issues.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 33, 34, 35 & 36

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Changes to the staffing structure and training have improved the outcomes for Service Users.

EVIDENCE:

We talked to staff and saw them supporting people who live in the home. We saw good interactions between staff and people who live in the home, and staff demonstrated a very good understanding of the needs of people living there.

All staff said they were supported well to do their job, through induction training, on going training relating to the job they do, and through regular supervision. They also confirmed a number of training courses had been run recently increasing their knowledge on issues such as health and safety, medication management, working with challenging behaviour and safeguarding, which all helps to making the home a safer place to live and work.

We looked at a sample of staff recruitment records, and saw that all the necessary checks were made to safeguard people who live at the home. CRB (Criminal Records Bureau) and POVA (Protection of Vulnerable Adults) checks are obtained. These are required by law and allow staff to work with vulnerable people.

Staff now work longer hours in the evening, this benefits Service Users by allowing more work with individuals and greater flexibility in time spent out of the home.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 39 & 42

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There has been a general improvement in a number of management areas that have improved the safety in the home.

EVIDENCE:

There is currently no permanent manager at the home, the person in charge has worked at the home previously, and is in the process of employing someone to the post.

There has been a significant improvement since the last key visit in June 2009; ten out of the eleven requirements made at the last visit have been completed. The acting manager has put in place a number of Quality Assurance (QA) initiatives, where there are more checks in place to ensure peoples safety in

the home. QA questionnaires have been adapted into a pictorial format, and these are now being completed by Service Users.

There has been a monthly Health and Safety audit of the building introduced, and the frequency of testing the equipment to monitor fire and smoke detection now takes place regularly. The fire risk assessment and fire escape plan have also been updated since the Fire Officer last visited.

We looked at a number of other safety checks made around the building and found these up to date.

There is now evidence of regular visits by the responsible person. These visits are important and will help ensure that the home is appropriately managed, until a permanent manager is employed.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	X
4	X
5	3

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	3
7	3
8	X
9	3
10	3

LIFESTYLES	
Standard No	Score
11	3
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	2
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
Standard No	Score
31	X
32	3
33	3
34	3
35	3
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	YA23	17	The responsible person must ensure that an accurate record is kept of all Service User financial transactions and these are audited regularly. This is to ensure people are protected from financial abuse.	30/12/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA6	Care plan details could be increased and Person Centred Plans be developed.
2.	YA19	The temperature of the medication room could be monitored and recorded.
3.	YA24	The plan of decoration could be prioritised to ensure the front door lock is made a priority.
4.	YA41	Records of day to day events could be far more detailed and concise.

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