

## Pathways Care Group Limited

# Berrywood Lodge

### Inspection report

27-33 Berrywood Road  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 8 October 2018 and was unannounced.

Berrywood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Berrywood Lodge is registered to accommodate 30 people with mental health conditions and learning disabilities. At the time of our inspection there were 24 people living in the home.

At the last inspection in June 2016 this service was rated good. At this inspection we found the service to require improvement.

The premises had not been adequately cleaned. One person's bedroom had not been sufficiently cleaned by staff, and some furnishings within it were soiled and had been missed by the cleaning staff.

Cleaning records and audits to check that areas within the home had been cleaned appropriately, were not robust and did not contain enough detail to ensure that standards remained high for people.

There were areas throughout the service that had not been well maintained and required refurbishment. We were shown that work was due to start on the refurbishment of certain areas throughout the home, however, these improvements had not been carried out in a timely manner.

There was a registered manager in post. 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.

People felt safe. We saw that staff had been appropriately recruited in to the service and security checks had taken place. There were enough staff to provide care and support to people to meet their needs. People received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People told us their relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People knew how to raise a concern or make a complaint and were confident that if they did, the

management would respond to them appropriately. The provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open and honest culture. The manager was present and visible within the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

## 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 safe.

The premises was not cleaned consistently.

Window restrictors were not in place on the first floor windows to make them safe for the people using the service.

Prompt and timely action was not taken to improve areas of the environment which required attention.

Staffing levels were suitable to meet people's needs.

Medicines were safely stored and managed.

Incidents and accident were recorded properly to ensure lessons were learned from any mistakes made.

**Requires Improvement** ●

### Is the service effective?

The service remained good.

**Good** ●

### Is the service caring?

The service remained good.

**Good** ●

### Is the service responsive?

The service remained good.

**Good** ●

### Is the service well-led?

The service was not well led.

The provider did not take timely action to implement improvements required to the environment.

Audits were not always detailed and robust, as mistakes were not always picked up on.

staff felt well supported by management.

Feedback was gathered and listened to.

**Requires Improvement** ●

# Berrywood Lodge

## **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.

This inspection took place on 8 October 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with four people who used the service, one person who was visiting people at the service, two staff members, the deputy manager and the registered manager. We reviewed three people's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service such as quality audits, training records and complaints systems.

## Is the service safe?

### Our findings

The service was not always safe. The premises had not been adequately cleaned. One person's bedroom had not been sufficiently cleaned by staff, and some furnishings within it were soiled and had been missed by the cleaning staff. During our inspection, we looked in a person's bedroom and found that areas on the window were heavily soiled with human waste, and had not been cleaned for some time. We also found that the radiator cover within the room was dirty, and was not suitable for use in this person's room. The registered manager told us the room was cleaned daily, but records did not confirm this, and the dirt we found was ingrained and had not been cleaned for some time.

At our last inspection in June 2016, we found that the environment within the service required immediate attention. At this inspection, we found this to still be the case. For example, we saw that the kitchen area was tired and required refurbishment. The worktops were severely worn down and stained in areas. Several sinks, toilets, showers and basins throughout the service had damaged or mouldy sealant around the edges which required replacing. We saw a bath within the service which was damaged and chipped and required replacing. One person's radiator cover was broken and required replacing. The ceiling within a dining area was stained from a leak which had occurred above it, and required re-painting. The registered manager showed us an improvement plan that was about to start, which included refurbishment of many areas within the home, however, prompt and timely action had not been taken to make these improvements since our last inspection.

None of the upstairs windows that we looked at had window restrictors on them. The service supported people with learning disabilities and mental health conditions, and had not considered the windows to be a risk to people who could climb out and fall. The Health and Safety Executive guidelines states that where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. The registered manager told us that window restrictors had been ordered, and would be installed immediately.

These failures to adequately maintain and clean the environment and equipment, and ensure they were secure, were a breach of Regulation 15 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Premises and equipment.

People felt safe living in the service. One person told us, "Yes its very safe here. No problems." A person visiting people at the service said, "It's very safe for the people here. They are well looked after."

Staff received training in safeguarding and demonstrated a good understanding of how to keep people safe. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. The provider's safeguarding policy and procedure provided staff with information and guidance to follow if they suspected a person was at risk of abuse or harm.

The provider followed safe staff recruitment procedures and there were enough staff employed by the service to cover all the care required. Records confirmed that Disclosure and Barring Service (DBS) checks

were completed and references obtained from previous employers. Staff we spoke with confirmed they were not able to begin work before these checks had been carried out. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Medicines were safely managed. Staff had received training in this area. Medicines were stored securely in locked cabinets, and medication administration records were completed accurately by staff. People we spoke with were happy that their medicines were administered correctly and on time. Policies and procedures were in place to make sure medicines that were required as and when needed, were all managed and administered appropriately.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings. For example, we saw that improvements were made to the medication administration process to ensure previous mistakes were not repeated.

## Is the service effective?

### Our findings

People received an assessment of their needs before moving in to the service to ensure that their needs could be met. We saw that people had comprehensive assessments of their needs to identify what care they required, and guide staff to support them in the way they wanted.

Staff had the skills and knowledge required to make sure people received the care they needed. All new staff went through an induction process which included an introduction to the company policies and procedures, basic training including infection control and mental capacity act training, and spending time with more experienced staff to get to know people and the care they required. New staff also took part in the care certificate qualification. The care certificate covers the basic skills required to care for vulnerable people. All the staff we spoke with confirmed that the induction process was effective and gave them the confidence they required to provide care for the people at the service.

People were supported to eat and drink enough and maintain a balanced diet. One person told us, "The food is lovely, plenty of choice." Risks to nutrition and hydration were assessed and people were offered the support they required. Staff monitored the amounts people ate and drank when risk was identified. Action was taken where this was required. The choice of food was varied, and there were different options to suit different people's preferences, likes, dislikes and dietary requirements.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals.

People were able to personalise their room to their own taste. We saw one person's room was decorated in the specific way they chose, and they were able to display the items they wanted throughout their room. We spoke with the person who was proud of their room, and happy they could keep it the way they wanted to.

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

## Is the service caring?

### Our findings

People felt well cared for. All the people we spoke with told us they felt respected by staff. One person said, "The staff are all good, we can have a laugh with each other." A person visiting the service said, "I used to work here for many years, and I come back often to visit people here and help out a bit. All the staff here are lovely and look after the people very well." Staff we spoke with knew about people's preferences and how to get the best out of people. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress. We observed interactions between staff and people, and saw that staff encouraged people positively in the activities they were doing, and gave people the time they required to respond to them.

People were supported to express their views and be actively involved in making decisions. We saw that staff met with people on a monthly basis to review their care and gather their feedback on any changes required. These reviews considered each person's emotional, social and physical support from staff. The person we spoke with confirmed that they felt listened to and in control of their own care.

Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family. All the staff we spoke with told us that people were encouraged to express themselves and have a voice.

People felt their privacy and dignity was respected by staff. The people we spoke with confirmed they felt respected by staff when any personal care took place. One person said, "My privacy is respected, I can keep myself to myself if I want to. Staff knock on my door." During our inspection, we observed staff interact with people in a respectful manner. Information about people was protected and kept securely, and the service complied with the data protection act.

Information was available for people on using advocacy services if and when they required it. Advocacy services represent people, where they have no family member or friend to represent them.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. For example, people's likes and dislikes were recorded and staff were knowledgeable about these. As people's needs changed this was reflected in their plan of care. People we spoke with all confirmed that staff understood their preferences, and they felt able to express themselves freely.

People were supported to take part in activities of their choice including days out, cinema trips, and going to the pub or out for meals. We saw one person enjoyed playing cards, and was sat with staff enjoying a game in the communal area of the home. All the people we spoke with felt that they were able to do the things they wanted to do, and received the support they required.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The registered manager was aware of the need to present some information, for example, daily schedules and routines, in a format which each person could understand.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate a complaint and had resolved the concern.

No end of life care was being delivered at the time of our inspection. The registered manager told us that people's decisions could be recorded if they wanted to make any advanced plans for end of life care should they require it.

# Is the service well-led?

## Our findings

At our last inspection in June 2016. We rated the service as requires improvement in this area because timely action had not been taken to address the issues within the premises and environment, and some audits we looked at were disorganised and inaccurate. At this inspection, we found the service continued to require improvement.

We were shown that an improvement plan had been put in place by the provider, and areas for refurbishment had been identified. This refurbishment was due to start with the kitchen area being completely refurbished. However, prompt and timely action had not been taken to make these improvements since our last inspection over two years ago.

Cleaning schedules, and the environmental and infection control audits that were in place to evidence the cleaning, and checking of the cleaning of the home, did not contain sufficient detail. Staff wrote the letter 'R' next to a person's name on a personal care log, to evidence they had cleaned that person's room. This practice was inconsistent, and we saw that one person's room that was supposed to be thoroughly cleaned daily, did not have records to show this had been completed. The audits in place to check on the quality of the cleaning and environment, did not detail each person's room specifically, so no record of rooms which required attention was present. This resulted in people's rooms not being cleaned properly, and as no thorough checks were taking place, actions for improvement in cleaning were not always being picked up on.

These failures to implement a robust system of quality assurance or to identify and address the shortfalls in the cleanliness and suitability of the premises constitute a breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance.

Other quality assurance systems in place we saw were effective. For example, checks on medication administration and food hygiene, had implemented by the registered manager and were detailed. We saw that any errors or mistakes were being picked up on, and actions created to drive improvement.

There was a registered manager. 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 registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. People who used the service knew who the registered manager was and enjoyed talking to them. We saw the registered manager interact with people and staff, and saw that they were approachable and involved in people's care. Staff told us they felt well supported and could get assistance or advice from the registered manager at any time. Staff meetings were held, staff were asked for their feedback and if appropriate, this was acted upon.

People using the service were encouraged to feedback and be involved with the development of the service. People's views had been sought via a questionnaire that looked at all aspects of the care at the service. We saw that results were reviewed and analysed, and actions taken up when required. We also saw that people had the opportunity to feedback at resident's meetings, designed to update people on service developments and allow people's voices to be heard.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included liaising with the local authority and safeguarding teams when required to inform them of any incidents. The service had a good working relationship with other professionals including doctors, district nurses, opticians, and hairdressers, which meant that the people living at the service received the support they required from a range of people within their own community.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider failed to ensure all premises and equipment used by the service provider were adequately clean, secure and properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to fully and promptly assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.