

Bupa Care Homes (HH Hull) Limited

# Berkeley House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection took place on the 6 and 12 June 2018 and was unannounced.

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

Berkeley House is registered to accommodate up to 94 people. This number includes 84 older people who may be living with dementia and 10 people who have a learning disability. Separate accommodation is provided for people with a learning disability in three purpose built bungalows adjacent to the main house. These are known as Berkeley Square. The care service has 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.

At the time of the inspection there were 50 people living in the main house and eight people living in the bungalows.

The service did not have a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered provider's, 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. A manager was appointed in March 2018 and had applied to register with us. We have referred to this person as the 'manager' throughout this report.

At the last inspection on 28 and 29 September 2017, we rated the service as 'Requires Improvement' and found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. This was because care plans were not sufficiently detailed to enable staff to meet people's needs, there was an inconsistent application of the Mental Capacity Act 2005 and not everyone's capacity had been recorded. People did not have risks to their safety mitigated and quality assurance systems and oversight of people's needs was ineffective. The provider had failed to provide staff with training, supervision and appraisal. The provider had not always acted in accordance with their registration; they did not always notify us of important events that occurred in the service. This was a breach of Regulation 18 (Notification of other incidents) (Registration) Regulations 2009. On this occasion we wrote to the provider reminding them of their responsibility regarding notifications to CQC.

We received a comprehensive action plan. At this inspection, we looked at the previous breaches of the Regulations and the action plan to check that improvements had been made. We found further

improvements were required.

The integrated Commissioning and Contracts monitoring team completed a Quality Assessment Framework visit in July 2017. This had identified areas for improvement and had led to a suspension of all admissions to the service being imposed. The suspension was removed in June 2018.

At this inspection we found a new breach of Regulation 9 person centred care, and continuing breaches of Regulations 11, consent, Regulation 17, good governance and Regulation 18, staffing. During the inspection, we found some concerns regarding quality monitoring which had resulted in shortfalls being missed when audits were completed. Examples included; gaps in care plans and consent records, lack of behaviour management plans, accident analysis and staff appraisal. You can see what action we have told the provider to take at the back of the full version of the report.

We found people who used the Berkeley Square service were found overall, to have more positive experiences of the service they received, than those people who used Berkeley House.

The completion of re-positioning records had improved, following supplementary records being made more accessible to staff. However, we found nutrition and hydration charts were not always completed in a timely way, which meant we could not be assured that records accurately reflected people's actual intake.

We found areas within the service where odours were apparent and stained corridor carpets. An unattended housekeeping trolley had disposable red plastic bags hanging from the handrail. There was no risk assessment in place for this arrangement. We have made a recommendation about this.

People had care plans in place, however we found these were not always person centred and missed important information about how staff should care for people. We found some people's risk assessments were not up to date following changes in need. This meant important care could be missed.

There was some inconsistency with the application of Mental Capacity Act legislation. Some people had assessments of capacity and records in their care files when restrictions were in place, but this was not consistent throughout the service.

New staff received an induction and had access to training. Staff training had improved and following training, staff understanding and competencies were assessed. However, not all staff had received training in first aid; this meant there were periods in the service where there was no trained first aider available.

Supervision had recently been introduced following the appointment of the new manager, but appraisals had not taken place.

The care staffing levels had been increased in recent weeks to support the occupancy and dependency levels. There were sufficient staff provided to meet people's individual needs and support them safely.

There were policies and procedures in place to guide staff in how to keep people safe from abuse and harm. People who used the service confirmed they were safe and had no concerns about their safety. Robust staff recruitment processes were in place and we found relevant pre-employment checks were completed, to help ensure appropriate candidates were employed. This helped to ensure people were protected from harm.

We found people's health care needs were met. People told us they had access to their GP, dentist,

chiropract and opticians should they need it. Staff knew what to do in cases of emergencies and people who used the service had a personal evacuation plan.

People enjoyed the meals provided to them, menus provided them with choices and alternatives. Staff contacted dieticians and speech and language therapists when they had concerns.

Although people were provided with a range of activities, we found there was less availability for those people who were supported in bed. The manager was hoping to address this with the appointment of a second activity coordinator.

People and their relatives told us if they had any concerns, they would discuss these with the management team or staff on duty. People were confident their concerns would be listened to, taken seriously and acted upon. They told us since the appointment of the most recent manager they felt things were improving.

Staff told us the overall culture across the service was more open and the new management team were supportive of them in their roles and listened to them.

## 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 required improvement to be safe.

Odours were detected within areas of the building. Carpets in corridors of the building, were found to be stained and in need of deep cleaning or replacement.

Further improvements were required to ensure risks were mitigated and behaviour support plans developed.

People received their medicines as prescribed.

Staff knew how to safeguard people from the risk of abuse and where to raise concerns if required.

Staff were recruited safely and in sufficient numbers.

**Requires Improvement** ●

### Is the service effective?

The service required improvement to be effective.

There was an inconsistent application of the mental capacity legislation, which meant best practice guidelines were not always followed when people lacked capacity to make their own decisions.

People's health and nutritional needs were met. They had access to a range of health professionals when required.

Staff had access to a range of training. Improvements needed to be made to ensure all training needs were identified and appropriate training, supervision and appraisal were provided to staff.

**Requires Improvement** ●

### Is the service caring?

The service required improvement to be caring.

People told us staff supported them in a kind and caring way. We observed this during the inspection.

Staff promoted people's independence where possible.

**Requires Improvement** ●

Improvements were required to ensure people were involved. Not all staff provided people with explanations so they could make choices and decisions about their lives and records were inconsistent in the recording of this information.

Confidentiality was maintained and personal information stored securely.

### **Is the service responsive?**

The service required improvement to be responsive.

Some people's care plans did not provide sufficient guidance for staff to meet their needs and in the way they preferred.

A range of activities were in place, however, there was less availability for those people who remained in bed.

The provider had a complaints procedure in place and people felt able to raise concerns knowing they would be addressed.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

Although staff morale had improved, the leadership was inconsistent. The previous manager had left and a new manager and management team were now managing the service.

Systems for quality monitoring required further development in order to identify shortfalls and support effective improvements. There was a limited analysis of accidents and incidents in order to learn and prevent re occurrence.

Meetings for staff, people who used the service and their relatives had been recently introduced to raise issues, provide feedback and share information about the home.

**Requires Improvement** ●

# Berkeley House

## 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 6 and 11 of June 2018 and was unannounced. On 6 June, the inspection team consisted of an inspection manager, two inspectors, a further two inspectors on induction and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On 11 June, one adult social care inspector and an inspector on induction completed the inspection.

We had not asked the provider to complete a provider Information Return (PIR) prior to the inspection. 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. However, we checked our systems for any notifications that had been sent to us, as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection we spoke with the local authority safeguarding and contracts teams about their views of the service. They told us that at this time, a suspension on all admissions to the service was in place.

During the inspection we observed how staff interacted with people who used the service throughout both days and at mealtimes. We used the Short Observational framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

We spoke with 14 people who used the service and three people who were visiting their relatives or friends. We spoke with the regional director, the regional manager, the manager, the head of care, 10 care workers, a housekeeper and a visiting health care professional and hairdresser.

We looked at care files for 14 people who used the service. We also looked at other important documentation relating to people who used the service such as, 15 medication administration records and

monitoring charts for food, fluids and weights.

We looked at a selection of documentation relating to the management and running of the service. This included 10 staff recruitment files, training records, the staff rota, complaints management and maintenance of equipment records. We completed a tour of the buildings to check general maintenance as well as the cleanliness and infection control practices.



# Is the service safe?

## Our findings

At the last inspection in September 2017, we identified some concerns in this key question. These were with regard to the management of medicines and people not receiving their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We also identified concerns about the lack of behaviour management plans for people whose behaviour challenged the service and others.

At this inspection, we found the provider had made the required improvements and was now meeting the regulations in this area.

People living in Berkeley Square bungalows had clear behaviour management support plans in place. Risk assessments were clearly documented, for example regarding falls and behaviours that challenged the service and others. This supported staff to keep people safe by anticipating people's needs and intervening when they saw any potential risks.

Robust recruitment procedures were implemented by the provider to ensure staff were safe and suitable to work with vulnerable people. We looked at the recruitment files for 10 staff and saw appropriate checks were completed before staff started employment.

However, for people living in Berkeley House we found progress had not been made in this area and behaviour management plans were not in place. This meant that when people placed themselves or others at the risk of harm, there was not a planned approach to support themselves or others. These issues meant there was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked people who used the service and their relatives if they felt safe living at the service, we received a mixed response. They told us, "Yes definitely there is always someone there" and a relative commented, "Yes [Relative] is safe, if I have any problems I talk to the staff."

Other people told us, "There are not enough staff on the weekend and the staff change" and "Staff have so many people to see to. Now and again they have time to chat but they are rushed off their feet." Another commented "Sometimes I get frightened if I can't see the carers at night. If there is an emergency on another floor they have to go there to help" and "Sometimes there are enough staff, sometimes not."

When we spoke with the manager and regional manager about this they told us a staffing dependency tool was used to calculate staffing levels based on individual needs and the service had recently over recruited staff to ensure they had suitable cover for holiday, sickness and training days. They told us they were looking at staff deployment throughout the building to see if further improvements could be made.

Two cooks, catering assistants, laundry workers, housekeepers, maintenance staff, administrative staff, activity coordinators, a head of care and the manager, supported the care team. The manager and head of

care were supernumerary to the care team. Each of the unit managers also had 12 hours for management tasks in addition to their care hours.

People living in Berkeley Square, where people with learning disabilities were supported in bungalows separate from Berkeley House, received a consistent and reliable service. The provider ensured there were enough staff on duty. Four staff on duty worked shifts from 7 am to 7 pm, and two staff worked 12 hour waking shifts overnight. These shift patterns meant people were able to go out for the whole day rather than needing to return home early due to shift changeovers. On the day of our inspection, four staff members were on duty because the people were all going out. Staff told us, "[Person's name] gets additional one to one support and staffing is adapted so staff can take them to a social club."

During a tour of the two buildings, we found Berkeley Square well maintained, clean and free from unpleasant odours. Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance. A deep clean of the bungalows took place weekly including tasks such as cleaning the bathroom and hoovering. Staff supported people to make sure the cleaning was kept to a high standard.

In Berkeley House, we found improvements were required to areas of the service where we detected odours and stained corridor carpets. When we spoke with the manager about this, they told us they had identified these issues and obtained quotes for a new carpet cleaner and for replacement flooring in these areas, but timescales for this work were not in place. We also saw that disposable bags were left on a housekeeping trolley; which may pose a risk of suffocation. There was no risk assessment in place for this practice. When we brought this to the attention of the manager, the bags were removed.

Call bell pull cords were found to be missing from 12 bedrooms. When we checked the maintenance book, we found 15 new cords had been obtained and were in the process of being fitted. We asked that a further audit was completed to ensure everyone had a call bell. The manager assured us this would be done before the end of the first day.

Unit managers understood their responsibilities to raise and record safety incidents, concerns and near misses and report these as necessary. Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding policies and procedures were available for staff to access. Staff told us the new manager had developed an open and transparent culture. They said, "Bupa has a 'Speak up speak out' policy which supports your anonymity" and "I would feel safe raising concerns." This encouraged staff to report any concerns. Following the appointment of the new manager, historical concerns were shared and appropriate measures had been taken to investigate and act on these concerns.

The risk of financial abuse was minimised. The provider had safe systems in place to ensure staff recorded and checked people's money. Staff had supported people to budget their money safely. Appointees (either relatives or the Local Authority) managed people's income and arranged for each person to have sufficient money each week.

We looked at how medicines were managed within the service and found systems were in place that showed people's medicines were managed consistently and safely. Medicines were obtained, stored, administered and disposed of appropriately.

Staff were clear about their roles and responsibilities in relation to medicines. A medicines policy was available for staff to guide them on how to manage medicines safely. Medication Administration Records (MARs) showed that staff supported people to take medicines as prescribed. People were encouraged to

self-medicate by trained staff who observed them taking their medication and then recorded on MARs. When staff opened creams, eye drops, and liquid medicines, they recorded the dates to ensure staff discarded them within the required time range.

Patient information leaflets were available for each medicine and stored within the medication cupboard. Where people were prescribed medicines on an 'as required' basis, such as pain relief, clear plans were in place for when and how these should be used.

The service regularly reviewed environmental risks and carried out safety checks and audits. Hot water outlets were monitored to ensure the correct temperature to prevent scalding and stored water was checked to ensure there were no bacteria. Each person had an emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

# Is the service effective?

## Our findings

At the last inspection in September 2017, we identified some concerns in this key question. These were with regard to inconsistencies in the application of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that although the provider had made some improvements, they were still in breach of the regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so they can receive care and treatment when it is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the people who required DoLS had an application submitted; fourteen people had these authorised by the local authority and a number of other people were awaiting authorisation.

The provider had ensured staff had received further training in MCA and carried out competency checks to determine their level of understanding. Staff understood and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. There was also a policy on the MCA which was accessible to staff.

Some people who used the service lacked capacity to manage their finances and we saw that appointees had been set up for these people. Staff knew what this meant for the people they supported. Staff had attended best interest meetings where professionals and family members made decisions on behalf of people who lacked capacity. A staff member told us "Everyone is deemed to have capacity unless deemed otherwise."

However, not all care plans contained capacity assessments or records of best interests decisions having taken place. This meant it was difficult to consider if the actions taken were the least restrictive option for the person's safety or whether other options had been considered. For example, four care plans we looked at contained no capacity assessments or best interest decisions for people who required support with transferring. These people also used wheelchairs and there was no information recorded about the use of lap straps, or the use of other equipment, which may be considered restrictive.

Not ensuring consent in line with MCA principles is a breach of Regulation 11 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

We found inconsistencies in the frequency of supervision and appraisal for staff working in Berkeley Square and those working in Berkeley House. All staff working in Berkeley Square received regular supervision and annual appraisals. Staff told us they were always discussing people's care and support. One staff member said, "(Managers name) is very approachable and will give guidance if we don't understand something."

Staff in Berkeley House had only started to receive regular supervision following the appointment of the new manager in March 2018. The recovery manager (This is a senior manager who has responsibility to ensure the service improves) advised that supervisions had now been conducted with all staff and a plan was being developed to ensure this continued. Records seen confirmed this. None of the staff in Berkeley House had received an appraisal.

The manager told us that they were not currently focusing on annual appraisals and was not aware of the current shortfalls in this area. The recovery manager told us, "We want to complete mid, and end of year reviews and it is something we will get to."

Staff training records confirmed that the majority of staff employed at the service had received mandatory training in line with the organisations expectations with the exception of appropriate numbers of staff receiving first aid training. We reviewed rotas for May and June and identified that there were no staff trained in first aid on 18, 20, 22, 26 and 27 of May 2018 and on the evenings of 31 May, 2 June and 3 June 2018.

These issues meant there was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The regional manager confirmed that all staff completed induction training, which included the national care certificate standards if they had not previously worked in a care setting. Staff we spoke with confirmed this process.

The environment supported the needs of people living with dementia. For example, signage and photographs in place to help orientate people, to the purpose of rooms such as bathrooms and toilets. Corridors were wide and decorated in block plain colours on both walls and fabrics. Murals depicting a post office, the Hull marina and tidal barrier and old photographs of the local area and items for reminiscence purposes were also in place. There was also a sensory room, which provided people with sensory stimulation, and kitchenettes where drinks were available. A large enclosed garden with seating was also available to people.

We received feedback from visiting healthcare professionals who told us they welcomed the changes in the service. They told us that the staff were always available to assist them and were helpful. They [staff] followed instruction and listened to advice and guidance. Healthcare professionals told us, staff communicated well with them and other professionals said staff would call them for assistance and advice whenever needed.

People told us they enjoyed their meals and the choices offered. When asked about the food, the people living there said, "It is not bad." Other people commented, "It is alright there are choices every day and you get enough of it. There are biscuits and sandwiches if you want them" and "The food is good, they ask you what you want." We saw people being asked what they would like to eat from the menu and when people changed their minds after having made a particular choice, alternatives were offered and provided. Where people required assistance from staff to eat and drink this was provided in a sensitive and dignified manner, for example people were encouraged to eat at their own pace. Staff offered clothes protectors to maintain people's dignity.

We observed one staff member did not engage with the people they were supporting, or offer them any explanations of the tasks they were completing. We discussed with the manager who told us they were introducing different champion roles, including one for nutrition. They had been reviewing the pictorial menus available and told us they would make mealtime observations a priority, to ensure that any inappropriate staff practice could be addressed immediately.

One relative we spoke with told us that drinks and crisps and snacks were left out on a table and that not all people using the service were able to get out of their chairs to get a drink. However, during the inspection, we saw catering staff visit every area of the service with a tea trolley offering a selection of drinks and snacks in between mealtimes.

Staff ensured they received advice and treatment from relevant health professionals when necessary. The provider had effective arrangements in place which included a handover book to make sure people attended appointments and check-ups for all health needs including doctors, dentist, optician, and hospital appointments. A staff member told us, "They are all encouraged to take the lead in all aspects of their lives including making appointments with doctors." Where people were unable to attend external appointments, provision was made for health professionals to complete regular checks within the service.

## Is the service caring?

### Our findings

At the last inspection in September 2017, we identified some concerns in this key question. These were with regard to a lack of people's preferences being recorded within their care plans. We also found that only a few people had their wishes and preferences for their end of life care recorded. We made a recommendation that the registered provider review this to ensure appropriate discussions took place with people using the service and their relatives and this information be recorded within people's care plans.

At this inspection, we found that people's preferences for their care in Berkeley House and people's wishes for their end of life care in both areas of the service were still not in place. These issues meant there was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection, people appeared relaxed and happy. They responded positively when staff spoke with them. In Berkeley Square, people received care from staff that were kind, compassionate and respected people's personal likes and dislikes. People who used the service were able to express their views verbally and we saw people smiling and relaxed when staff were with them. The staff were friendly, cheerful, and encouraging at all times. Staff chatted with people about the things they had done, places they had been, and items that people had purchased, and people responded positively. One person told us "[Name of unit manager] is a great man, he is a good mate."

Staff treated people with dignity, respect, and kindness during all interactions. Staff were kind and supported people at their own pace. Staff spoke to the person when they were completing a task and made sure the person was involved as far as they could be. One staff member told us, "People have their own private space in their rooms. No decisions are made without the individual's involvement. The team are very aware of people's dignity." People who used the service told us they met up regularly with their lead worker to look at their care plan and to make any changes they wanted or were needed. Staff had a clear understanding of the boundaries of confidentiality and worked within these. Staff told us they did not discuss people's needs in front of other people. Care reviews were carried out in private and care records were stored in a locked office.

Staff supported people to direct their own health and care whenever they could. Staff encouraged people to maintain and develop their independence. For example, one person liked to go visit their sister and two people liked to go out to play snooker. We observed one person making cups of tea for people prior to them going out and people enjoyed showing the inspection team their rooms and the memorabilia they had in them.

Staff supported people to maintain and develop their relationships with those close to them, their social networks, and community. People could communicate well with others and staff instinctively seemed to know what people wanted. Staff had worked in the service for a long time and so they knew people very well. One staff member told us that to support a person with communication difficulties staff would talk more slowly or use Makaton. Other people also use Makaton to communicate. (Makaton is a language

programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.)

We found people living in Berkeley House were supported overall, by staff who were attentive to their needs, with staff providing explanations before care tasks were carried out. However, during our observations we saw one member of staff who did not engage with people while they supported them.

We saw people's privacy and dignity was respected. People were well-presented and comfortably dressed in clean clothes, which preserved their dignity. We saw staff knocked on doors before entering and had regard for people's privacy, for example they spoke with people discretely about their personal care needs and supported people to close doors when they were using the toilet. We observed care interactions around the home. Staff were polite and sensitive to resident's needs. Staff also helped residents around the home, including taking them to the dining room or back to their rooms. People were comfortable in the presence of staff.

There were equality, diversity and human rights policies and procedures in place. Staff had training in these areas and they understood how to provide care and support that was free from discrimination or prejudice.

People who used the service expressed the view that generally they were well cared for. Comments included; "They do what I can't do" and "They are always asking how I am. You can't beat this place" Other people told us, "The staff are lovely."

When asked if staff cared about residents, relatives commented: "The carers are really nice. They have a bit of banter with [relative]" and "It is down to the carer you get, some are lovely."

During the inspection, we identified people had accessed the use of advocacy services to help them obtain independent sources of advice when required. We saw staff maintained confidentiality. They completed telephone calls and discussions about people's health care needs in private. People's care files and medication administration records were held securely. Staff records were also held securely.

Information about changes in people's needs was undertaken through communication books and staff handovers. This helped to ensure information was shared on a need to know basis.



## Is the service responsive?

### Our findings

At the last inspection in September 2017, we identified some concerns in this key question. These were with regard to care plans not having sufficient information to show how people's needs were adequately planned for and to provide appropriate guidance for the staff. Risk assessments did not contain the measures staff were to use to help minimise risks.

At this inspection, we found the provider had failed to ensure the necessary action had been taken to address these issues. We have reported on this in the safe and well-led sections of the report.

The people we spoke with who lived at Berkeley House were happy that generally the staff knew what care they needed. The relatives visiting on the day of the inspection had been involved in reviews of care plans.

We found inconsistencies in the content and personalisation of care plans for people who used Berkeley Square and those people who used the service Berkeley House.

The care plans for people living in Berkeley Square being detailed and informative. Staff supported people and involved them to write and agree their own support plans. People's needs and risks were reviewed regularly. Information about any changes to their care and support needs was documented and shared daily at the staff handover. People's support plans were clearly set out and easy to read. They provided a wide range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them.

The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. On the day of the inspection, staff were supporting people to get ready to go out to play pool. A staff member told us "They (People) are always out" and "They have yearly passes for the local aquarium." People were also encouraged to maintain relationships with families and friends. One person went out regularly with their mother and another visited their sister on a regular basis. Other people were involved in relationships and were supported to meet up with them and invite them back to their bungalow.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. All of the people currently receiving support at Berkeley Square had a learning disability. We found staff were able to communicate with, and understand each person's requests and changing mood, as they were aware of people's known communication preferences and clear guidance was detailed in people's care plans to enable this.

In Berkeley House, a separate part of the service for older people, care plans did not contain the necessary details to meet people's needs, lacked personalisation and were not always updated in a timely manner. For example, eight care plans seen during the inspection did not contain sufficient information about how people should be supported to move and transfer safely. Moving and handling care support plans did not

detail what size and type of sling people required or which loop length to use. For example, one person's mobility varied and the care plan only detailed when they could use the standing hoist. There was no guidance for staff to follow to guide them on how the person could be assessed, or supported with their mobility when they were unable to use the standing hoist.

Another person's care documents detailed, 'To be transferred by full hoist when giving pressure relief' but gave no further detail how to move this person using the full hoist. Two of these care plans did not detail the need for a lap strap for people when in a wheelchair. This meant that people were at risk of not being moved safely.

One person's dietary needs changed following assessment by a specialist. However, the care plan was not updated until two weeks later. Their dietary needs changed for a second time and the care plan was reviewed, however the information detailing the changes was not transferred into the care plan. This made it difficult to identify people's current needs and placed them at risk of not having their dietary needs met.

Care plans lacked details about people's preferences and their routines. For example, '[Service user name] will allow staff to assist with washing and dressing and shower daily'. This did not inform staff of what time the person liked to get up, when they liked to shower, what order to complete tasks or how they liked things to be done. There was no information to determine if the person preferred a male or female carer to support them. This meant that we could not be assured that people were receiving care in line with their preferences.

Care plans were written about people rather than with them which limited how personalised they were. One person had anticipatory medications in place due to being on the End of Life pathway. However, there was no end of life care plan in place. We saw in other care files that people's wishes for the end of their life was not always completed. This meant that staff would be unable to provide end of life care in line with people's wishes.

When we spoke with the senior management team about the lack of detail in care plans, they told us that all care plans had been reviewed since the last inspection. However, these reviews had looked at various records contained within care plans, rather than the level or detail or if they were based on person centred care. They gave us assurances that all care plans would be audited further and support provided for staff, to ensure detailed person centred care plans were developed.

At the last inspection in September 2017, issues were identified about the lack of documentation for positional changes. During this inspection, eight people's positional change charts were examined and showed people were supported with positional changes in line with their care plans. The frequency of positional changes was recorded on the positional charts. This made it easy to identify people's needs. Clear documentation meant that the risk of people experiencing pressure area damage was reduced. However, we found nutrition and hydration charts were not always completed when people received support, but left until the end of the shift to be completed, which meant we could not be assured that records accurately reflected people's fluid intake.

Although people were provided with a range of activities, we found there was less availability for those people who were supported in bed. Staff and relatives felt there was not enough activities and told us, "It's lacking activities" and "This floor gets neglected with events. I have no idea if they have activities in rooms."

When we spoke to the manager about this they explained they had recruited a second activities co-ordinator and it was their first day on the first day of the inspection. When we spoke with the manager and

the new activities coordinator, they gave us examples of activities they had arranged. For example, a local school had made planters and were visiting the service to help people to fill them with plants.

People were informed of the activities by a weekly newsletter and activity schedule on display in communal areas. People told us, "We have bingo on a Friday afternoon" and "They do have entertainers come in." During the inspection, we observed the TV was on in one room and music was playing in another. One person was engaged in doll therapy but there was little participation from staff in this activity.

In other areas of the building people were involved in bingo and a quiz or visiting the hairdresser. The service had arranged for a stall to come into the service, selling hats, scarves, handbags and jewellery. We saw people buying items from the stall with their relatives throughout the day.

People who used the service and their relatives knew how to make a complaint or raise a concern and who to complain to. People told us if they had any concerns they would discuss these with a family member, the manager or staff on duty. Relatives stated they felt able to express their views about the service and felt they would be listened to.

The provider had a complaints policy and procedure in place and this detailed stages and timescales for the process. We looked at the complaints log and saw complaints were managed in line with the provider's procedures. For example, an issue raised about bedding had been addressed by providing staff with additional supervision and training to ensure their skills were at the required level. All complaints records signposted where additional documents in relation to the investigation process could be found. An easy read version of the complaints policy was also available for people.

## Is the service well-led?

### Our findings

At the last inspection in September 2017, we identified some concerns in this key question. These were with regard to the lack of effective governance and quality monitoring in place. There were also issues in relation to the non-notification of incidents made to CQC. At this inspection, we found the provider had made some progress in this area but further work was needed to achieve compliance.

The provider had ensured that a new manager was appointed and a timely application to apply to be registered with CQC submitted. The manager was appointed in March 2018, which meant there had been four different managers at the service in the last eighteen months. At the time of our inspection there was no registered manager in place.

The provider had recognised that a period of consistency was required within the service and ensured a recovery team was in place to support the new manager and work towards achieving compliance. The recovery team had been allocated to work in the service for a minimum of twelve months, where previously different management teams had stayed for only short periods of time.

We found audits and checks were completed, but these had not been wholly effective in identifying all of the shortfalls we identified during inspection. For example, in relation to risk management, a lack of behaviour management and person centred care plans in Berkeley House and not working within the principles of the Mental Capacity Act.

Further improvements were also required to the way staff were documenting people's fluid intake records. The records did not contain a key for the amount of fluids different drinking vessels held and the majority of records reflected the same amounts of fluids being taken. For example, one person's intake was recorded as 300mls every two hours of the day, there was nothing to show people may have been asked if they wanted more to drink, or if it had been offered and declined. When we observed staff we found they were not always recording the information at the times fluids were given, but relying on memory to make the recordings at the end of the day.

Information about accidents and incidents had been collated, but there was no evidence of effective analysis or an action plan being produced to identify trends or to help minimise accidents and incidents from occurring again. When we spoke with the senior management team about this, they told us a 'datix system' had been recently introduced as a risk management tool to record and track accidents and incidents. The system was also to be used to collate figures for pressures area care and 'other' care indicators. However, the system was not fully functional at the time of our inspection as staff were awaiting training on how to use it.

These issues meant there was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We could see some progress being made, following the appointment of the new manager, for example, staff

meetings were being held and planned for as well as supervisions for staff. Staff had also been provided with further training and competency checks to assess staff skills and knowledge.

A suspension of all admissions to the service had been imposed by the Integrated Commissioning and Contracts monitoring team following a Quality Assessments Framework visit in July 2017. On the second day of our inspection we were informed by them that the suspension on admissions had been lifted.

Feedback we received throughout the inspection was positive about the new management team and the changes being made. One staff member told us "She listens to your opinions and is very positive." Further comments included, "She has an open door policy and we can go and speak to her at any time and we will be listened to, we haven't had that before" and "The manager works closely and on a daily basis with people. They are passionate and dedicated to providing an excellent service to people."

The manager promoted an ethos of honesty. They learned from mistakes and admitted when things had gone wrong. The service recovery manager told us they had recognised that a cultural change was needed, and this had taken place. Staff spoke very positively about the changes at the service and told us they felt better supported. Comments included, "It feels different. Before if you had a problem you were not really supported. [Name of manager] gives you the information you need and she is very knowledgeable."

There was a more positive culture in the service and the manager led by example. A culture of support and cohesiveness amongst the senior management team and staff was apparent. Throughout both days of the inspection we observed the manager interacting with people. People were laughing and joking with them and looked very relaxed in their presence.

The service recovery manager told us, "We have a strong team in place. [Name of head of care] with their clinical experience and [Name of manager] with their knowledge and skills, who are able to take the service forward. We recognise we need to allow [Name of manager] the opportunity to focus on the job with the right support from myself and the regional manager."

The manager told us, "The support I have received as a manager, I couldn't ask for more." The manager discussed with us their priorities for the service which included their registration with CQC, changing the culture of the service by applying the 'mums test', continuing with staff supervisions, meetings for staff and for people using the service and their families and achieving compliance. They told us, "My motivation is to get out of the Requires Improvement rating and to offer good quality care. The 'mums test' (if it is not good enough for my relative then it is not good enough) is the basic golden thread that drives our focus. Dignified care is about respecting each individual, whether that is someone using the service or our colleagues. We are making changes and we recognise there is still a way to go, but with the right support and coaching of staff I am confident we will achieve this."

People and their relatives felt they could approach staff with any problems. Family members were aware of the residents and relatives meetings and some had attended. One person commented "They ask me if I am happy about the way things are and I said yes, there is nothing I would change."

Records confirmed what the manager had told us during our discussion. We saw records of 'walk around and take 10' meetings (this was a meeting completed every day by the senior management team to share and update information). They included areas such as resident reviews, staffing, meal service, high risk areas and what's on (activities). Quarterly staff meetings and carers meetings were recorded from May 2018.

The manager told us they were involved in a number of networking groups where best practice guidance

was shared. Care models had been introduced to the service to support improvements including the use of champions, with good effect. Following the introduction of a falls champion, a significant reduction in the number of falls within the service had been seen.

At the last inspection in September 2017, we found not all incidents had been notified to CQC. At the time we wrote to the provider reminding them of their responsibility regarding notifications to CQC. Since the time of our last inspection to this inspection we were informed by an interim manager at the service that a further 38 notifications have not been submitted to CQC. On investigation they had established the notifications had been sent to an incorrect e mail address. We asked the manager to provide us with copies of details of these incidents and these were shared with us following our inspection. We are currently considering our regulatory response to this.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured people's care plans contained full information about how their care needs were to be met in a person centred way.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not consistently acted in accordance with the Mental Capacity Act 2005 in relation to when people were unable to give consent because they lacked capacity.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always ensured there was an effective system of governance and quality monitoring in place.</p> <p>Effective systems or processes to assess, monitor and improve the quality and safety of the services provided and mitigate risk had not been operated fully. There were shortfalls in recording systems. The provider had not ensured complete and contemporaneous records were maintained.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff received training, supervision and appraisals necessary to enable them to carry out the duties they performed.