Finbrook Limited

Berrycroft Manor

Inspection report

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Romiley
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
• Berrycroft Manor is care home located in the Romiley area of Stockport. The home provides accommodation and personal care to older adults and people living with dementia. The home can accommodate 78 people over three floors and was full at the time of our inspection.

People's experience of using this service:
• The home provided safe care which met people's needs and wishes. Staff had been trained in how to identify and report safeguarding concerns.
• The home was well run with a clear management structure in place. The register manager told us the provider was responsive to requests for resources and equipment to ensure people received the best care possible.
• The home was clean throughout with effective infection control processes in place.
• Medicines were managed safely, by staff who had received training and been assessed as competent.
• Care files contained detailed risk assessments, which had been regularly reviewed to reflect people's changing needs. This ensured staff had the necessary information to help minimise risks to people living at the home.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
• Staff spoke positively about the support and training provided. Staff completed an induction training programme upon commencing employment and on-going training was provided. Supervision was completed to provide staff with an opportunity to discuss their roles, any areas for improvement and future goals.
• People told us staff were kind, caring and treated them with dignity and respect. Staff had taken time to get to know people, which was evident in the interactions we observed.
• Care files contained personalised information about the people who lived at the home and how they wished to be supported and cared for. People and their relatives told us they were involved in care planning and reviews.
• Peoples' social and recreational needs were met through an activities programme, facilitated by activity co-ordinators and staff members. A mix of activities were organised throughout the week which catered for all interests and abilities.
• The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans had been completed to promote continuous improvement.
• The service met the characteristics for a rating of 'good' in all key questions.
• More information is in the full report.

Rating at last inspection:
• At our last inspection the home was rated as 'good'. The last report was published on 03 February 2016.

Why we inspected:

• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected.

Follow up:
• We will continue to monitor information and intelligence we receive about the home to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Berrycroft Manor

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
• The inspection team consisted of one adult social care inspector, an assistant inspector and an expert by experience on the first day. An expert by experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service. Our ExE had a background in care services and was familiar with the care of older people and those living with dementia. One adult social care inspector returned to complete the inspection on the second day.

Service and service type:
• Berrycroft Manor 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.
• The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
• The inspection was unannounced, which means the home did not know we were visiting.

What we did:
• Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.
• We asked the service to complete a Provider Information Return. This is information we require providers

to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
• During the inspection we spoke with six people living at the home and seven visiting relatives about their experiences of the care provided.
• We spoke with the registered manager, two deputy managers and ten care staff.
• We reviewed seven electronic care files and three paper based care files, six staff personnel files, eight medicine administration records and other records about the management of the home.
• We asked the registered manager to send us additional information after our inspection which was used as evidence for our ratings. These were electronic documents such as training and staff supervision records.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:
- People and relatives we spoke with, told us they received safe care. Comments included, "I always feel well looked after and safe" and "I feel my mother is 100% safe, no worries".
- Staff spoken with confirmed they had received training in safeguarding which was refreshed annually, knew the different types of abuse, how to identify these and report any concerns.
- The home's safeguarding file contained up to date copies of the providers policy and procedures and the local authority's reporting guidance. 'Harm logs', which detail any issues or incidents which had occurred within the home, had been completed and submitted to the local authority as per guidance.
- Posters about safeguarding and how to report concerns had been displayed in the home and information was also provided to people upon admission in the service user guide.

Assessing risk, safety monitoring and management:
- Staff knew the support people needed to remain safe and how to reduce the risk of avoidable harm. Care files contained 14 assessments, covering areas such as mobility, nutrition and health needs, which provided staff with clear guidance to follow. The assessments had been reviewed monthly to ensure information was accurate and reflected people's changing needs.
- Prior to people moving in, pre-admission assessments had been completed. These ensured the home could meet people's care needs and the environment was suitable.
- The home completed ongoing monitoring to maintain people's wellbeing and safety. Accidents, incidents and falls had been logged consistently with analysis completed to look for patterns and trends, with action points generated to reduce the risk of reoccurrence. Where necessary people had been referred to external professionals such as the local authority's falls team. Recommendations provided by professionals had been recorded in care files and acted upon.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, full work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance with records evidencing this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.

Staffing levels:

● Enough staff had been deployed to safely meet people's needs.
● We observed people's needs were attended to in a timely manner, with waiting times acceptable. People and relatives we spoke with confirmed there was always a staff member available when they needed one.
● The home used a system of 'bank' staff to cover any shortages, rather than rely on agency staff. Staff told us this meant people had familiar staff caring for them who knew their needs and ensured consistency.
● People's dependency levels had been reviewed monthly, or when changes in need occurred, to ensure staffing was appropriate. The electronic care planning system used by the home, detailed the number of care hours provided per day, week and month to each person, which was also used to ensure staffing levels deployed were sufficient.

Using medicines safely:
● Medicines were being managed safely. Staff had received training in medicines management, which was updated bi-annually and had their competency assessed annually.
● Medicines administration records had been completed accurately and consistently. Each person had a cover sheet alongside their MAR which contained their name, photograph, allergies and special instructions, such as how they liked to take their medicines.
● Stock checks of medicines showed the amount remaining tallied with the amount received and what had been administered. This confirmed people had received their medicines each day as prescribed.
● We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how much to give, when to administer and what signs to look for that would indicate the medicine may be required, in case the person couldn't tell them.
● Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.
● At the time of inspection nobody required their medicines to be given covertly, which means without their knowledge. However, the home had policies and procedures in place, should this be required.
● Audits had been completed which covered areas including storage, administration and documentation of all medicines including controlled drugs. Action plans to address any issues noted had been generated and completed promptly.

Preventing and controlling infection:
● The home was clean and free from odours with robust infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

Learning lessons when things go wrong:
● Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. Action plans to reduce the likelihood of a recurrence had been introduced and completed.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● People's likes, dislikes and preferences had been captured as part of the admission process. These had been reviewed monthly and updated to reflect any changes.
● People's life histories, including educational and work life, family and other notable information had been captured, to ensure staff knew the people they supported. The home was in the process of transferring the paper based 'This is me' documents onto the electronic care planning system for ease of access.
● Care documentation clearly explained people's choices and how they wished to be cared for and supported. People and relatives we spoke with, described being involved in the assessment and care planning process.

Staff skills, knowledge and experience:
● Staff completed regular training and supervision sessions, to ensure they had the knowledge, skills and support to carry out their roles.
● Staff training included a detailed induction programme, covering all training sessions the provider considered to be mandatory, such as safeguarding, moving and handling, mental capacity, infection control and fire safety and included time spent shadowing experienced staff. Training in dementia and behaviours which challenge had also been provided, to meet the needs of people living at the home.
● The registered manager and a deputy manager had completed qualifications to enable them to provide staff training. This was done face to face in the home, with staff's knowledge tested upon completion via questions sheets or workbooks.
● Staff spoke positively of the training provided. One told us, "When I started I had to do the care certificate, moving and handling, other mandatory sessions and shadowed for three full days." Another stated, "We do loads of training, seems like every few weeks your name is on a list to go to the cinema room to do training and answer questions."

Supporting people to eat and drink enough with choice in a balanced diet:
● People and relatives we spoke with were complimentary about the meals provided. Comments included, "The food is very nice" and "The food always looks good and mum always eats her meals and more."
● Staff interacted positively with people during mealtimes, offering alternatives both visually and through tasting, which proved effective in enabling choice.
● Only one main meal option was offered at mealtimes, however alternatives such as soup and sandwiches were available and people with food allergies or specialist dietary requirements were appropriately catered for.
● Care files contained risk assessments and specific guidance for people requiring a modified diet or displaying unplanned weight loss. Where necessary people had been referred to professionals, such as

speech and language therapists (SaLT) and/or dieticians.
● For people who required their drinks thickening, guidance on how to do this was recorded in care files. Observations during the inspection demonstrated staff knew how 'thick' each person's drink needed to be.
● For people deemed to be at risk regarding food or fluid intake, records had been kept which listed what they had eaten and/or drank throughout the day. Where recommended amounts had not been achieved, action had been taken to promote increased consumption.

Staff providing consistent, effective, timely care within and across organisations:
● The home was part of the local authorities 'Red Bag Pathway', which was designed to support improved transition between inpatient hospital settings and the community or care homes. Whenever a person living at the home required a transition to hospital or other service, the home ensured all required items were sent via a 'red bag', such as care related documents and medication information.

Adapting service, design, decoration to meet people's needs:
● The home was purpose built and consisted of six 'suites' spread over three floors. Each suite was decorated in either a green or red colour scheme, which indicated whether it was residential or specifically for people living with dementia.
● The environment within each suite had been adapted to suit the people living there. For example, within each 'green suite', for people living with dementia, bedroom doors contained the person's name, photograph and images which meant something to them, such as old photographs or drawings. Items to provide tactile stimulation, such as wall mounted games or blankets and fabric containing different textures and objects, were readily available.
● Pictorial signage was available within communal areas, bathrooms and toilets throughout the home, to help people locate and identify these.
● Corridors were bright and airy with plain walls and floors and contrasting coloured handrails, which made them easier to identify.
● The home had re-created a 'pub' on one of the downstairs corridors, which was used for social events, activities and meetings. The pub had a sign outside and inside was fitted out with a bar, chairs, tables and realistic décor, including a working piano.

Supporting people to live healthier lives, access healthcare services and support:
● People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home.
● Professionals, including GP's, district nurses, podiatrists and opticians regularly visited the home to meet people's medical needs. Advice and guidance had been clearly captured and implemented into people's care.

Ensuring consent to care and treatment in line with law and guidance:
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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Staff confirmed training had been provided in MCA and DoLS and spoke knowledgeably about both of these.
● DoLS applications had been submitted where required, with a log used to monitor applications. We saw outstanding assessments had been chased up periodically by the registered manager.
● Where people lacked capacity to consent and did not have a legal representative, such as a Lasting Power of Attorney (LPA) for health and welfare in place, we saw mental capacity assessments and best interest meetings had taken place to make important decisions.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:
● People and their relatives spoke positively about the standard of care provided. Staff were described as being kind, caring and considerate. Comments included, "The staff are very nice and always respectful" and "The staff have the right attitude and skills to provide good care."
● People throughout the home were clean, presentable and well dressed. Staff documented all personal care support provided and we saw people had been supported to bathe or shower, in line with their wishes.
● Staff were observed to be kind, caring and patient in their interaction with people, taking time to engage in conversation and share a laugh and a joke with people, which showed the positive relationships they had formed.
● We observed appropriate physical contact being provided by the staff, such as hand holding or placing their arm around someone whilst speaking with them, which was warmly received by the people they were supporting.

Supporting people to express their views and be involved in making decisions about their care:
● People received care in line with their wishes from staff who knew people well and what they wanted.
● Resident meetings had been held periodically, the last of these occurring on 22 November 2018. Meetings had been used to update people on information relevant to the home and also to provide a forum for them to raise questions and queries.
● Information was also provided through monthly newsletters. These contained information about birthdays and other anniversaries, upcoming events, photographs of recent activities and events and information about staff, including who had been voted employee of the month. A voting slip was included in each newsletter, for people to complete and submit.
● Annual questionnaires had been circulated, the latest one dated August 2018. Feedback and actions taken had based on responses received been produced and displayed in the home.

Respecting and promoting people's privacy, dignity and independence:
● Staff were mindful of the importance of preserving people's dignity and were able to describe ways in which this was achieved. Comments included, "Speak to people and explain what I'm going to do, cover people with towels and close doors when providing personal care" and "Make sure I close doors and curtains, cover people up, explain what I am going to do and check they are okay with this."
● People and relatives we spoke with, confirmed privacy and dignity were respected and maintained.
● During the inspection, we observed staff knocking on doors and awaiting permission to enter and asking people's permission before providing care or support.
● Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging

people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating and walking using mobility aids, rather than rely on staff pushing them in a wheelchair.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care:
● People continued to receive care which was personalised and met their needs and wishes.
● Information from pre-admission assessments, local authority support plans and from speaking to people and their relatives had been used to create each person's care plan.
● Since the last inspection the home had introduced an electronic care planning system, including the use of electronic care files. The transition between paper based files and the electronic ones was still an ongoing process, with some information still to be scanned and/or added to the new system. However, the electronic care files clearly explained each person's needs and how they wished to be supported.
● Staff knew people's likes, dislikes and preferences and used this information to ensure care provided was person centred. They told us this information was contained in the care plans and also gained through chatting with people and getting to know them.
● People were empowered to make choices and be involved in their care. Relatives were also involved if they so wished and, where people had capacity, had agreed to this. One relative told us, "I'm always consulted about care planning and kept informed of any changes or issues."
● People were provided with care that was sensitive to their needs and non-discriminatory. Staff were mindful of the importance of catering for people's diverse needs, whether these be spiritual or cultural. Care files contained sections which captured people's needs, wishes, religious and cultural beliefs or requests. At the time of inspection nobody living at the home had any specific requirements, however staff told us these would be catered for. Religious leaders from different faiths visited the home to carry out mass and provide communion to people.
● People had communication care plans in place which explained any difficulties they may have and how best to communicate with them. Information was also available in regard to aids or equipment in use, such as hearing aids and glasses.
● People had access to activities seven days per week, either facilitated by the homes two activity co-ordinators or supported by staff. The home had a cinema room, which as well as for watching films, was used for art and craft sessions, pamper sessions and other activities. The home had also invested in a 'magic table', which was a device which projected interactive games and activities onto a table which people could participate in. We observed this being used on both days of the inspection. The games helped people with hand eye coordination, concentration and focus.

Improving care quality in response to complaints or concerns:
● The complaints procedure was clearly displayed in the home and also included in the service user guide.
● People told us they knew what to do, should they have any concerns or complaints and that where they had raised concerns, these had been dealt with effectively. Comments included, "I usually talk to the staff and they sort things out" and "I would speak to one of the staff if I had any concerns."
● The home used a register to record any complaints received, which detailed who had complained, the

nature of the complaint and the action taken to address this. Four minor complaints had been received in 2018, all of which had been dealt with appropriately, with responses provided to the complainant.

End of life care and support:

● People who wished to, had been supported to make decisions about their preferences for end of life care, which were clearly detailed in the relevant section of their care plan.

● The home had introduced the Six Steps to Success end of life care programme, with specific training provided to staff.

● Staff understood people's needs, were aware of good practice and respected people's religious beliefs and preferences at this time of their life.

● The home worked closely with professionals, including district nurses and GP's to ensure people could remain at the home at the end of their life, if this was their wish.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:
● The home had an experienced registered manager who had been in post since the home first opened. They were supported by two deputy managers, who oversaw the day to day provision of care, supported by senior carers.
● People and relatives spoke positively about the home and how it was managed. Comments included, "It's wonderful here", "We waited until they had a vacancy rather than go elsewhere" and "[Registered Manager's] door is always open."
● The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong. Continuous learning and improving care:
● The registered manager completed a range of audits and quality monitoring, to ensure care provided was of a high quality and met people's needs. A schedule was in place to ensure audits had been completed in line with required timescales. Areas covered included workplace safety, cleanliness and infection control and staffing, through to care based areas such as safeguarding, accidents and incidents, nutrition and pressure care.
● For each audit we saw actions and outcomes had been recorded, to ensure continuous improvement was maintained and the home was meeting regulations.
● Feedback and outcomes following the completion of annual quality assurance questionnaires had been completed and displayed, which allowed people to see what action had been taken and how the home intended to make improvements in line with people's responses.

Engaging and involving people using the service, the public and staff and working in partnership with others:
● Staff told us they enjoyed working at the home and felt supported in their roles. One stated, "Anything I am not sure about, I will go to the manager and ask. They are approachable and never make me feel uncomfortable, even when asking stupid questions, I should know the answer to."
● Staff meetings were being held, however there was some discrepancy as to the frequency of these. There was no clear schedule as to when meetings had been held, however from speaking to staff it was apparent meetings had occurred more frequently than meeting minutes suggested. The registered manger told us not all minutes had been typed up, which they would address.

● We found the home to be an inclusive and empowering environment. Both people and staff's views and opinions were sought and acted upon and they were also involved in making decisions about how the home was run. During the most recent staff meeting, they had been asked to write down ideas and suggestions for how the home could be improved. Surveys had also been distributed to capture their views on the home and how it was being run.

● Visiting professionals had been asked to provide formal written feedback on their experiences of the home, which was used to help drive improvement.

● The home had links with a number of community groups and learning environments. They engaged with local schools and colleges to offer work experience and placements, for people interested in a career in care. Local school children also visited the home to engage in activities.