

Cuerden Developments Ltd

Cuerden Developments Limited - Berkeley House

Inspection report

Berkeley House
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- Berkeley House is purpose built nursing home for people with an acquired brain injury, learning disability or mental health need. The home has 18 en-suite bedrooms across three floors with lift access to all floors. The service offers short respite and long-term care for people aged between 18 and 65 years. There were 17 people living at the home at the time of inspection.

People's experience of using this service:

- People living at the home received outstanding care which was responsive to their needs. People's confidence and independence had increased since living at Berkeley House. People were encouraged to live full and active lives and were empowered to participate in value based activities and pursue educational and employment opportunities. The service ethos was to fulfil people's aspirations and support them to achieve their goals. Activities were meaningful and reflected people's interests and personal preferences.

- We received excellent feedback from people, their relatives and healthcare professionals regarding the quality of care provided to people living at the home. A relative said; "It's unbelievable what goes on here. It's made such a difference to our lives, we can't sum it up in to words our feelings for this home and what they have achieved for our [persons' name]."

- People had comprehensive risk assessments in place and support plans that were focused on empowering people to achieve their goals and aspirations. People's support plans were tailored to them and had been developed with involvement of their families. People received multidisciplinary input from a range of professionals which included, physiotherapy, occupational therapy, psychiatry and psychology. Staff benefitted from specialist training and people were working with psychology to complete formulation work which focussed on their life journey.

- Staff consistently demonstrated the values of the service and put people at the heart of everything they did. Staff were clear they worked as a team and for the benefit of people living at Berkeley House. Staff provided enthusiastic and individualised support to people over daily tasks such as meeting their personal care needs and tidying. People and their relatives spoke highly of the support people received and attributed their progress, enhanced sense of wellbeing and quality of life to the staff and support they provided. People were motivated to achieve and their accomplishments were celebrated.

- The service had a strong leadership presence with a compliance manager and registered manager who had a clear vision about the direction of the service. There were strong, person centred clinical leadership and governance arrangements with people and staff being encouraged to influence service change. Quality improvement plans had been developed and aligned with the key lines of enquiry (KLOE's). Each team was

assigned a KLOE and the lead was responsible for ensuring comments and feedback was incorporated into the action plan to ensure continuous improvement of the service. People and staff spoke favourably of the quality assurance plans and felt empowered to make a difference to the home that was meaningful to them. People and staff were motivated to continue to raise standards and achieve outstanding care and facilities for everybody living at the home.

Rating at last inspection: GOOD. (The last report was published 14 April 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good but responsive had improved to outstanding.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Cuerden Developments Limited - Berkeley House

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 first day consisted of an inspector and assistant inspector. The second day was completed by an inspector.

Service and service type: Berkeley House is a care home. People in care homes receive accommodation and nursing or personal care. 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: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return (PIR). 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. We used all this information to plan our inspection.

During the inspection, we spoke with two people who used the service and five relatives to ask about their

experience of the care provided. 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 could not talk with us.

We spoke with the compliance manager, registered manager, team leader, occupational therapist, two staff nurses and three care staff. We looked at records in relation to people living at the home which included, three MAR and two care files. We also looked at four staff files, as well as records relating to the oversight and governance of the home, policies and procedures, recruitment, training and quality monitoring.

Is the service safe?

Our findings

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

Systems and processes

- Without exception, people and their relatives were complimentary and positive regarding the level of safety and care provided to people living at the home. Comments included, "This place is unbelievable. It has taken a lot of worry away from us. [Person] is happy here, they wave us off and are glad to see the back of us. They're so settled, it's beyond what we dreamed, all these behaviours have reduced." "Call it 'mother's instinct, I just knew this is where I wanted [person's name] to live. This is a home within a home. I couldn't take [person's name] home but this is the closes thing and for them, they are home."
- There were effective systems in place aligned with the local authority procedure to safeguard people from the risk of abuse. The registered manager kept a safeguarding file which included the measures put in place to safeguard people and any investigation and recommendations to prevent future incidents.

Assessing risk, safety monitoring and management

- The approach to risk management was recovery focused and explored opportunities to support people to exert as much choice and control over their lives as possible whilst maintaining their safety. Risk assessments had been developed in conjunction with people and their relatives and contained detailed measures to guide staff on how to safely manage risks to keep people safe. A relative told us; "[Person's] risks have dramatically reduced since living here. Everything has calmed down. We are so happy to see how settled they are."
- People had personalised risk assessments in place which were reviewed and implemented promptly when a new risk presented itself. There were also generic, universally recognised risk assessments in place to monitor people's weight, nutritional intake and risk of skin breakdown.
- People had access to Psychology and approaches which enabled people to feel in control of their lives and supported people to understand their experiences and encouraged them to take positive steps to manage their risks.
- Staff used de-escalation methods to support people who presented with heightened behaviour.
- Staff continued to be recruited safely with all required checks including DBS completed prior to staff working at the home.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Maintenance and testing of equipment had been kept up to date; this included testing of lifting equipment, checks of mattresses, bed rails, water temperatures, window restrictors and the fire alarm. There were up to date records of tests of the safety of gas appliances and the electrical system.

Staffing levels

- The home had sufficient numbers of skilled staff effectively deployed to meet people's needs. There were contingencies in the staffing compliment which was flexible and utilised to support people when there was an unexpected change in people's need or to support people to access the community.
- Relatives spoken with and staff confirmed there were appropriate numbers of staff on duty to meet

people's needs safely and timely. Comments included; "There are always staff around. No concerns about staffing numbers." "We definitely have enough staff now. We did lose some staff but we've had more recruited and now we have a good staff team."

Using medicines safely

- The treatment room, medicines trolley and controlled drugs cupboard was organised and tidy. Temperature checks of the room and fridge had been consistently taken.
- There continued to be an effective and safe system in place to manage people's medicines. The medicine administration records (MAR) were completed accurately and there were no omissions of staff signatures. All medicine stocks tallied with the person's MAR when checked which demonstrated medicines had been administered as prescribed.
- People had procedures and guidance in place for 'when needed' medicines that weren't prescribed to be taken regularly. Covert medicine administration guidance had been agreed in people's best interest and there was documentation present to determine who had been in attendance to arrive at this decision. The GP and pharmacist had been consulted regarding whether the medicines prescribed could be safely administered covertly and any specialist instructions were contained with the MAR.
- The nurses spoken with demonstrated a comprehensive knowledge of people's medicines and were committed to ensuring best practice was adhered to.

Preventing and controlling infection

- The home was clean and well maintained. A person told us; "I feel like I've hit the jackpot here, you've a good building and good staff. There is usually a compromise but not here, you get a lovely home and really good staff."
- The home had scored 99% in June 2018 when the infection control team had completed their audit. The home remained clean and free from odours. There were detailed cleaning schedules in place and staff had access to equipment and hand sanitizers to reduce the risk of spread of infection.

Learning lessons when things go wrong

- The format for completing and analysing accidents had recently changed to be more proactive in responding to a person's change in need. Accidents and incidents were closely monitored within the service and monthly audits of accidents were undertaken to capture re-occurring themes. Staff completed a standard incident form when an incident occurred which was reviewed by the registered manager. Risk assessments and care plans had been updated and incidents were handed over to staff to monitor. Lessons learnt and outcomes were also disseminated throughout the team through huddle meetings and handovers to promote shared learning.

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

- An initial assessment was completed with people and their relatives to ensure people's care was planned proactively and in partnership with them. People's personal histories were captured and detailed to ensure staff had sufficient information to provide care in line with people's values and needs. Care was designed with consideration given to what people liked and disliked, who was important to the person and how they would like to be supported daily. In collaboration with staff, people had comprised a list of things that were important to them and how they wanted their care to be delivered. People had chosen whether to decorate this and display it in their bedrooms or to put it in their care file. This served as a prompt to regular staff to ensure they delivered people's care in line with the standards and expectations that people had identified as being important to them.

Staff skills, knowledge and experience

- Staff had the required knowledge, experience and skills to meet people's needs. Staff received a range of appropriate training applicable to a role in health which included; safeguarding, mental health, mental capacity, first aid, fire safety, medication and moving and handling. There was also high attainment of more specialist training, such as; diabetes, epilepsy, cerebral palsy, acquired brain injuries, dual diagnosis, mobility and falls management.
- Staff were effective in their roles and sought the best outcomes for people supported. The provider had recruited an in- house trainer to ensure training was developed and facilitated in line with the needs of people and developments in best practice. Staff had immediate access to specialist training and recently completed positive behaviour and person centred and choice training. This had translated to better outcomes for people and least restrictive interventions being effective to de-escalate people's behaviour.
- There was a high proportion of staff working at the home with national vocation qualifications (NVQ's) in health and social care and current staff working towards the qualifications and credit framework (QCF's).
- Staff received a comprehensive induction in to the home which was aligned with the Care Certificate, a nationally recognised set of standards for health and social care workers. There was a six- month probation period staff completed to ensure they had the required values and attributes to work at Berkeley House prior to being given a permanent contract.
- There was an operational structure in place to support delivery of supervision which included the nurses providing supervision to support staff. Staff received supervision bi-monthly and had an annual appraisal which was a self- facilitated performance review

Supporting people to eat and drink enough with choice in a balanced diet

- Mixed views were given regarding the quality of the food provided. It was recognised the registered manager and compliance manager had been proactive to resolve any issues when they had been raised to

improve people's experiences. This was ongoing at the time of the inspection and they continued to strive to ensure everybody living at the home had a positive dining experience. Other views expressed were; "The food is fantastic. The sandwiches are fresh and the soup is homemade and served warm. There is fresh fruit and hot meals daily. They even offer me a sandwich as I'm here most lunch times. The food is lovely."

- The mealtime was a positive experience and staff and people were engaged in conversation throughout the meal. There were appropriate displays of affection between people and staff as they observably held each other in high regard.

- People's dietary needs were clearly detailed in people's support plans and all the staff we spoke with demonstrated a comprehensive knowledge of the dietary needs of the people they supported. People's specialist dietary needs were met and we observed staff to be patient and considerate of people's needs when providing support. Staff knew people's needs and preference and offered condiments and sauces in acknowledgement of these.

- People's nutrition intake was monitored in line with people's weight and any changes in people's presentation and needs was responded to and catered for.

Staff providing consistent, effective, timely care within and across organisations

- Handovers were comprehensive and had been recently reviewed to include prompts of areas that were required to be covered. Information regarding each person was discussed on each staff change to ensure they were kept up to date on current issues with people's care and to inform decisions about future holistic care needs.

- We saw involvement from a variety of different professionals recorded in people's care plans which included; mental health teams, physiotherapists, falls team, district nurses, Huntington's team, opticians, specialist learning disability dentist, tissue viability nurses and GP's. People were encouraged to register with a GP and dentist within two weeks of moving in to the home.

- People had hospital passports which provided a 'snapshot' of information concerning the person supported. For example; how best to communicate with the person, help needed with eating and drinking, mobility, medication, pain, hearing and using the toilet. This meant that if a person receiving support required a hospital admission or care from another service then their support needs would be known by the treating team.

Supporting people to live healthier lives, access healthcare services and support

- There was a strong emphasis on people overcoming any obstacles such as health conditions to achieve improved outcomes, experiences and to be in control of their lives. Links with health and social care services were excellent. People living at Berkeley House had complex and continued health care needs and were supported by staff who explored every opportunity to adhere to best practice. People had access to psychiatry, psychology and occupational therapy. This meant people had access to therapies and treatments to aid their recovery in line with best practice.

Ensuring consent to care and treatment in line with law and guidance

- Staff were aware of the principles underpinning the Mental Capacity Act (MCA). Staff had received relevant training and demonstrated a comprehensive knowledge of capacity, what constituted a deprivation of a person's liberty and best interest process.

- Any behaviour that caused upset to others or to the person themselves was addressed in the least restrictive way and care planned to reduce unnecessary restrictions being imposed.

- Best interest assessments were comprehensive and involved people, their nearest relative or advocate and the required professional determined by the decision to be made.

- Staff were sensitive to people's needs and their preference regarding routines and care staff. Care staff facilitated care tasks when it was conducive to success and ensured people's consent was gained prior to

undertaking care tasks. Where people were unable to consent, people's care had been agreed in advance with people's nearest relative or advocate and was delivered in line with best interest.

Adapting service, design, decoration to meet people's needs

- Berkeley house is a small home which provides a purpose-built environment with open plan layouts that support easy orientation and clear lines of visibility, factors that help empower people to navigate their surroundings more easily. Six people lived on each floor and there was a kitchen and living space at the centre of the floor.
- People were encouraged and provided opportunity to develop and maintain their activities of daily living and could prepare drinks and meals with support from staff.
- There was a courtyard area through double doors from the ground floor that people could use, where there was seating and a small garden.

Is the service caring?

Our findings

The service continued to involve 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 were overwhelmingly complimentary about the care, staff and management team. Comments included; "All the carers have a spark. It's unbelievable to us what goes on here. It's made such a difference to us and our lives, we aren't getting any younger and we used to live in fear what would happen to [person's name]. We don't have that anymore, this is person's home and they are the happiest we have ever known them. We are content beyond belief to know they're here and will always be well cared for", "We were so stressed all the time up until [person's name] came here. I know here, [person's name] is going to be alright. I brought [person's name] home. I couldn't take them to my home but in my eyes, they've come home" and "When we get the care that's provided here, we can't help but praise it. The management team are truly wonderful people."
- People and their relatives told us they were treated with kindness and compassion by the staff and that positive relationships had been developed. A person said; "I am so happy that I chose to come here. I have never experienced care like it. I wouldn't hesitate to recommend the home to others as it has been the best decision I have ever made", "You will not find anything untoward here, it is a truly amazing home. They lead by example and we know the staff show their love for [person's name] as much as we do" and "[Person's name] has lived in other homes and when they came home to visit, I had a terrible time taking them back again. Not here, their bag is packed and they're ready and wanting to return. The staff have supported us both and I feel very happy with all they have done for [person's name]."
- We observed how staff interacted with people and saw how they cared for them. People and staff were comfortable with displays of affection and people frequently put their arms out which staff responded to with equal enthusiasm and resulted in people squealing with delight.
- Staff felt valued and cared for and there were additional initiatives in place to support staff which included exploration of staff's individual circumstances and empathy and practical solutions to support staff to maintain work during difficult experiences. Staff had access to psychology and increased support when required and commended the managements response when they had disclosed changes in circumstance or faced difficulty. A staff member said; "It's absolutely fantastic care here. Extremely person centred, with the person at the heart of everything we do. No system, no institution. People do what they want, very chilled environment. It's not just about people living here though. Staff are truly cared for too. The management have been amazing to me."
- There were six compliments received in 2018 commending the care staff and the quality of care provided. Comments included; 'The staff support my relative to a very high standard and support them to remain calm in some of the most difficult circumstances, at times I don't know what to do but because the staff are calm, so am I. Their support to [relatives name] and me is such a reassurance. They are excellent', 'I just want to thank you for a very lovely sentiment that turned our sad day in to a positive experience, thank you' and '[person's name] is well understood.'

Supporting people to express their views and be involved in making decisions about their care

- The service had a strong, visible person-centred culture. People were at the heart of the service and their care and support was designed around their goals. People told us they had been involved in planning their care. Involvement of people who used the service was clearly embedded into everyday practice. People and staff were collaboratively leading on change and had devised quality improvement plans which were aligned with CQC key lines of enquiry (KLOE). Support staff and people met regularly to discuss the standards and evidence to demonstrate how the standards were being met. People communicated their aspirations for the care they received and detailed the required changes to enhance their care experience.
- There had been positive changes to the environment following feedback from people living at the home and had resulted in a room being converted in to a twilight room. The room had been sensitively decorated, contained comfortable furnishings and included sensory equipment including light therapy, relaxing sounds and equipment to stimulate people's touch and smell. The sensory room had been unveiled whilst we were undertaking the inspection and people had conveyed their happiness when shown the room by putting their thumbs up. The room had been devised in consideration of people's individual needs and was next to another room that staff could use and observe people using the sensory room through a window. This meant that people who required one to one observation could have an enhanced experience whilst their safety was maintained.
- The sensory room was just one example of people being involved, a 'you said and we did' board had been created to capture people's views and service response and changes implemented to meet people's needs. This included work commencing on converting another room to a space to listen to music and a juke box had been purchased to support these changes.
- People's individual needs were catered for and aids devised to support effective communication. We saw personalised books had been created that portrayed a pictorial account of a person's emotional journey which also incorporated happy memories and was used as a communication tool to understand difficult emotions and feelings at a sad time. Staff utilised these aids to support people to express themselves and to enable people to understand what changes were occurring and why.
- Literature was available in pictorial format and resident meeting and activities also included pictures to support communication. Literature could also be produced in languages or formats if required but this was not a need at the service at time of inspection.

Respecting and promoting people's privacy, dignity and independence

- The management and staff demonstrated they truly cared for the people they supported and did everything they could to help ensure people reached their full potential and attained their independence. There was a clear emphasis on people living a fulfilled life. People were supported to challenge themselves and staff empowered people to achieve this.
- A relative told us; "[Person's name] is having a ball. They are doing things I never perceived possible and things they never did before. [Person's name] still attends activities they always did but they have pushed the boundaries; they've got [person's name] swimming, cinema and bowling. Up to here, never been to the cinema in their life. I'm so happy because they're doing things I never thought would ever happen. [Person's name] goes on annual holidays which was beyond my wildest dreams and staff create a picture album for us that shows them up on stage singing. It's wonderful."
- People were encouraged to be active participants in their communities. The home had strong links with the Mount Zion church and voluntary work at the café had resulted in a person participating in further voluntary work at charitable organisations. People had paid employment opportunities within the home which included; working on reception, being responsible for delivering the post, laundry and linen, dishes and table setting. People had a job description and contract of employment detailing their earnings.
- Ensuring people were treated equally with no discrimination underpinned the service. Staff ensured

people's human rights were upheld and when these had been jeopardised due to medical requirements, the management had facilitated the best interest process to overcome these obstacles which saw the person's wishes upheld.

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 personalised care that was responsive to their individual needs and preferences. People's care plans were written in such a way that captured people and relative's contributions and ensured the person was at the centre of the care planning process. People's personal histories were detailed. We saw what people liked and disliked, who was important to the person and how their support was to be provided. People had expressed a preference for which staff supported them with their personal care needs and this was adhered to.
- A relative said; "The assessment process was extremely comprehensive. Up until here, I always felt [person's name] was on a journey. Things never felt quite right, up until now. The staff have taken the time to get to know [person's name] and get the best from them. Things are achieved in [person's name] time and how they like it to be done. It's really fantastic what they are doing."
- People's goals and choices were fundamental to their care but staff were also innovative and suggested additional ways to challenge these, which people themselves might not have considered. People's independence had increased as a result and were they had previously been reliant on staff to mobilise around the home, changes in equipment had enabled them to achieve this for themselves. Staff continued to aspire further to increase people's independence and regularly re-visited plans to achieve this.
- People were provided structured activities which included; arts and craft, shopping, sensory groups, coffee mornings, baking and bingo. Staff engaged with people on a one to one basis, playing games, chatting and providing massage. People were supported to meet up with friends and make new friends and attended a monthly event at a local nightclub which staff stayed on shift later to enable people to attend.
- Staff explored creative ways to maintain people's family connections, promote well-being and celebrate people's achievements. A relative told us how they had arranged a party for their relative at a local venue so that all their family and friends could attend. Their relatives told us; "We were once told it would be a bleak future for [person's name] and that has not been the reality at all. They've surpassed our hopes and dreams and they are very happy. Staff do everything at person's level, they give them space but are also good at turning things around and making them smile. Relatives that hadn't seen [person's name] couldn't believe the difference in them. They tolerate things for longer and will engage. At the party they wore a gorgeous dress and they looked so proud." We were informed a very close relative missed the party through illness but when they next visited, [person's name] wore their dress to show them. Their relative said they had been overwhelmed by the gesture.

Improving care quality in response to complaints or concerns

- The complaints procedure was visible on entry to the home and clearly displayed throughout areas of the home. It was also included in the service user guide.
- The home had received five complaints and the registered manager had maintained a record of any complaints received, which detailed who had complained, the nature of the complaint and actions taken to

address the complaint. The registered manager demonstrated they took all complaints seriously regardless of the severity and was proactive in implementing changes to address any issues raised. In some instances, a resolution could not be reached but we confirmed the registered manager had been wholly reasonable in reaching their conclusion and communicated the rationale and outcome effectively. Relatives told us; "I've never had reason to complain but if I did, I would speak to the management direct and I have every confidence they would sort it out" "Complain? I couldn't find anything to complain about. We don't just think it, we speak with other relatives and their experience is also as positive."

End of life care and support

- The management team had identified that people were getting older and some people were living with conditions that were degenerative and were deteriorating. In recognition of this, three staff had attended advance care planning training the week prior to our inspection and further staff were scheduled to attend in January 2019. The management identified that although they were a nursing home, they catered for a very different need than other nursing homes and although they had considered training in syringe drivers, it was felt that staff competence would not be maintained due to the time lapse between the requirement for this treatment. The management were looking at solutions and a possible arrangement with the district nursing team to pay for this support when required. This would enable people to remain at the home and receive access to pain relief to enable them a pain free and dignified death.

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- A dedicated and enthusiastic staff team was in place, led by a motivated management team that followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes for people. The management promoted an open culture which was person centred, inclusive, open and transparent. People were supported to make a complaint when dissatisfied by any aspect of the service received. The quality manager met with people to resolve complaints and was continuing to work with them to implement changes to meet the person's requirements.
- People, their relatives and health and social care professionals provided consistent positive feedback regarding the registered manager and the quality manager at the home. Comments included; "It ticks the right way because of the management. People need a manager that leads because they make the system work and that's what we've got here. The home just gets better and better", "The home is managed well. The registered manager's door is always open and they are pleased to see me when I go down. They're visible around the home and come up to speak with me without me having to request to see them", "The quality manager is a force to herself. with a heart of gold. I know the registered manager is 100% with me and makes sure people receive the best care" and "The management are very thorough. They are person centred and knowledgeable about legislation, it is refreshing. If medicine is increased, they straight away arrange a review. I'm not having to educate them and if ever unsure, they're transparent and ask."
- The service had a culture of empowering people to lead and make decisions about their support and managers acted on feedback received from people. This had resulted in changes to the environment and a twilight room being designed.
- Staff spoke positively about the leadership and told us they felt valued, empowered and motivated to make a difference. Comments included; "It's more than just caring for people in a home. We fulfil people's lives as much as we can every day. Since the registered manager been here, it's fantastic. There's been a real positive change", "It's a nice place to work. Since the registered manager started there have been big improvements. I feel the registered manager is approachable. If they make a decision that affects us, they explain it, we have a negotiable relationship" and "I feel empowered being part of the quality improvement plans. In my team we have all been given a role; medicines, safeguarding, mattress audit. A bit more responsibility and understanding about what needs to be right in the home. I have a greater respect for management and I'm enjoying being part of it."

Engaging and involving people using the service, the public and staff

- People were empowered to bring about change in a meaningful way. Quality Improvement plans had been put into place around the KLOE's; safe, effective, caring, responsive and well led. The initiative had

been introduced to improve the quality of care, communication and to empower staff, people living at the home and their families to influence changes within the home. A person told us; "We attend meetings and the outcome of the meeting is tailored in to action plans." Staff said; "We have meetings and things are put in place to respond to what staff have requested. A lot of changes have occurred on the back of things staff and people have said", "Quite a lot of new things have been implemented. The registered manager is in a steering group with us and involved with it. It's better that people living here are involved because they pushed for the sensory room and they can now see that outcome. Staff requested a proper staff room and that is getting there, we now have a staff room and tables, chairs. We can sit in there now at least."

- On commencing at the home in June 2018, the registered manager completed a staff survey to gauge whether staff were happy working at the home and to identify any areas that required addressing to improve staff satisfaction and morale. The June 2018 outcome was analysed and consistent themes included; staff not feeling listened to, feeling unable to influence change and feeling stressed. The registered manager completed day and night shifts to identify any pressure points in the shift that could be alleviated. Supervisions with staff were increased, a daily huddle meeting was introduced which the registered manager attended with a staff member from each floor and provided an opportunity to discuss incident, issues and staff deployment. The survey was re-visited in October 2018 and staff morale had improved and the registered manager was now engaged with staff as to whether the frequency of daily huddles needed to remain or could be reduced now the quality meetings were up and running.

- The registered manager had also developed a newsletter which was sent to people's relatives to keep them up to date with what was happening at Berkeley house. The newsletter included; when people were moving on from the home, pictures of trips, holidays, fun and unbelievable facts, updates regarding staff leaving, activities introduced, charitable events people had participated in and donations raised. It also invited relatives to attend events and re-visited whether any family member would like to be a part of the quality improvement plans. The registered manager had received positive feedback from family members regarding the introduction of the newsletter and this was also communicated to us during our interviews.

- Relative surveys had been completed July 2018 and the results were overwhelmingly positive regarding the quality of care provided. Three of the surveys looked at all indicated they were extremely happy with the care and were extremely likely to recommend the home to others. Written comments included; 'Excellent service and total confidence in fab staff', 'Staff are brilliant, nothing is too much trouble', 'I didn't think the staff could excel anymore and to my delight, they just keep on doing, my relative is doing amazing things and I couldn't be happier'.

Continuous learning and improving care

- The provider had recruited an in-house trainer so training could be developed and designed in line with the needs of the service. This had improved accessibility to training and the management had identified positive outcomes for people following staff having attended positive behaviour support and person centred and choice training.

- Learning through reflective practice was encouraged. Nurses were offered clinical supervision with the psychologist which is a formal process of professional support and learning that identifies developmental needs. The process enables staff to learn from their experience and develop their expertise. This demonstrated a commitment to continued learning and showed the management were utilising resources to promote best practice.

- The home offered student placements which was an opportunity to enable nursing staff to remain up to date with changes in practice and supported others development. Two student nurses on placement at Berkeley house in 2018 had left feedback regarding the placement and had commended the quality of care provided to people and the level of support provided to them during their placement.

Working in partnership with others

- The home had established good links with the local church and people attended the café and other social events. This had resulted in people working in the café and going on to secure further voluntary work in the community.
- The management team worked in partnership with the Huntington's society and were working towards accreditation to become a home that specialised in Huntington's care. There were regular discussions with psychology team, occupational therapists and psychiatrist at the home to share good practice.
- The management worked alongside the care commissioning group medicine managements team and the local authority quality performance team updating policies in line with new guidelines and legislation.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Since our last inspection, a new manager had commenced in June 2018 and had registered with us. The registered manager was knowledgeable, experienced and motivated to ensure people received good quality of care. There were audits in place to maintain standards and plans in place to strive for continued improvement.
- The home had good leadership and oversight. The registered manager was directly supported by the quality manager who happened to be the registered manager when we undertook our last inspection. They provided continuity to the home, had good relationships with people living at the home and relatives. The registered manager and quality manager were enthusiastic about the improvements made and invested in the new quality initiatives in place at Berkeley house to empower people and staff to be influential and instrumental in implementing the changes. There was also an incredibly respected team leader in post who was integral to the positive changes observed and relatives and staff held in extremely high regard. The team leader saw no obstacle that could not be overcome and was invested in people receiving excellent standards of care.
- The nurses, support workers interviewed during the inspection were all committed to the quality plans and spoke positively of the changes since the registered manager had commenced at the home. Their passion and vision for people came through strongly during interviews and they spoke extremely fondly of people living at the home. Staff spoke of people being at the heart of the service and everything they did and this came through consistently during the inspections.
- The registered manager had submitted all relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team had provided information to us without delay to help with any further enquiries we had made.
- The provider had correctly displayed our prior inspection rating conspicuously in the foyer of the home, the ratings were embedded in the newsletter sent to people and the link for the full report was displayed on their website.