

Midland Heart Limited

Berryhill Village

Inspection report

Berryhill Village
Arbourfield Drive
Stoke-on-trent
ST2 9RJ

Tel: 01782204949

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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:

Berryhill Village provides personal care to people who live in the community in an extra care housing complex. The extra care housing complex comprises of 148 apartments. The service provides support to prominently older people, including people living with dementia, mental health needs, physical disabilities and people with a learning disability.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The values of choice, promotion, independence and inclusion, which the guidance promotes were being provided for people who used the service at Berryhill Village. This meant the people they supported with learning disabilities and autism were able to live as ordinary a life as any citizen.

On the day of our inspection 63 people were using the service.

People's experience of using this service:

People told us they were safe. The providers processes and practices protected people from abuse. There were enough staff to ensure people's needs were met. There was some agency staff usage, however, the registered manager was recruiting new staff to provide a bank care staff team. This would ensure adequate staff were employed to meet people's needs. The recruitment followed safe practices. Staff told us they were given time to provide care and support that was unrushed. People's medicines were managed safely. Risks assessments were in place and risks were managed in a way that did not restrict people's freedom. People were protected by the prevention and control of infection.

Staff supported people to make their own decisions and choices. Staff we spoke with were knowledgeable and understood the principles of The Mental Capacity Act. 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.

Peoples nutritional needs were met. People who required support with their diet had their needs met by staff who understood their dietary requirements. Staff received effective training to fulfil their roles and responsibilities and were well supported and supervised.

People spoke very positively about the care and support they received. People we spoke with told us staff were kind, caring and considerate. People also confirmed staff maintained their dignity and respected them.

People received personalised care that was responsive to their needs. Care plans were detailed and developed with the people who used the service. The care and support plans included people's decisions and choices. People were supported at the end of their lives.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. The registered manager kept detailed records of concerns that evidenced any issues were actioned promptly and satisfactorily. People told us they were listened to and had opportunity to raise concerns if required. Most people we spoke with said they had no concerns at the time of the inspection. However, people told us if they had they would not hesitate to talk with the registered manager or staff if required.

People's feedback was used to make changes to the service.

The home had a registered manager who conducted a range of audits in areas such as, medicine management, health and safety, care plans and daily records documentation. The providers quality team also carried out quality monitoring. We saw the monitoring identified areas for improvement and any actions raised as part of the audits were addressed.

More information in Detailed Findings below.

Rating at last inspection:

This was the first inspection since the new provider registered with the Care Quality Commission (CQC) in February 2018.

Why we inspected:

This was a planned inspection based on the registration date. The service has met the characteristics of Good in all key questions.

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.

Good ●

Is the service responsive?

The service was 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 ●

Berryhill Village

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 was carried out by one inspector.

Service and service type:

Berryhill Village is an extra care housing complex. The service provides care and support to predominantly older people, including people living with dementia, mental health needs, physical disabilities and learning disabilities. It provides personal care to people living in their own apartments in an extra care housing complex. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the CQC by the registered manager. We requested the provider to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information they submitted to plan our inspection.

We spoke with thirteen people who used the service when they were together in the communal area of the extra care housing complex. We also visited two people in their own apartments, discussed their care plans and observed staff interactions.

We spoke with six members of staff including three care support workers, the team leader, the cook and the registered manager. We looked at documentation relating to two people who used the service, two staff files and information relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us they were safe. Comments included, "I am definitely safe." and "The staff make me feel safe, I am very happy."

- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. safeguarding concerns raised had been reported appropriately and procedures followed.

- Staff we spoke with understood the importance of the safeguarding adults policy and procedure. Staff knew how to recognise and report abuse. They explained the correct procedures to follow if they needed to report a safeguarding concern including whistleblowing. This is when a worker exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Assessing risk, safety monitoring and management

- Environmental risk assessments were completed to ensure staff safety in people's own apartments. Regular safety checks took place to help ensure any equipment used was safe.

- Fire safety procedures were in place. People had evacuation plans in place and staff were knowledgeable on procedures to follow. Regular fire alarm check and fire drills were carried out in the extra care housing to ensure procedures were embedded into practice.

- Care plans we looked at contained assessments of risk to people. The assessments were detailed and provided instructions to staff to manage the risk to reduce the likelihood of harm to people when being supported. However, one person's documentation could be more detailed in regard to their support with moving and handling equipment. The registered manager addressed this during our inspection to ensure full details were provided. People we spoke with said staff were very good, understood their needs and supported them appropriately. This ensured risks were managed. People said, "I am happy with the care received." and "The staff are lovely, they don't rush me, take their time. I can't think of anything that could improve."

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.

- There were enough staff on duty to support the needs of people and keep them safe. Staff had been covering additional shifts and there was some use of agency staff. However, the registered manager was recruiting and a new staff member was working shadowing an experienced member of staff on the day of our inspection. The registered manager was also recruiting staff to a bank care staff team to ensure there were adequate staff to meet people's needs.

Using medicines safely

- Medicines were managed safely. We looked at medicine management in two people's own apartments when we visited them. We saw they were stored safely and appropriate documentation was in place. Staff recorded clearly when medicines were administered. People we spoke with told us staff supported them with their medicines. One person said, "The staff come every four hours to give me my medicines, they are very good."
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines.
- Audits of medicines were carried out daily by team leaders they were robust and identified errors. Any errors were addressed with the staff member. Staff were knowledgeable on medication procedures including storage and safe handling of controlled drugs. These are medicines which are controlled under the Misuse of Drugs Act.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- Staff were observed using good infection control and prevention practices. Staff had personal protective equipment with them at all times including, gloves, plastic aprons and hand gel to use if unable to wash their hands with soap and water. However, we saw some staff wore a lot of jewellery, which meant they could not wash their hands and wrists effectively when providing personal care. The providers infection control policy did not refer to jewellery. We discussed this with the registered manager who agreed to look into this with their regional manager to review the policy.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences. For example, there had been a high number of medication errors in 2018. As a result, the registered manager introduced more robust daily checks, this had reduced the errors and there had been no errors since November 2018. The registered manager shared the lessons learnt with all staff to ensure staff understood why the checks were necessary and they had improved safety.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence.

Is the service effective?

Our findings

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

Good: 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

- Staff assessed people before any service was provided, this was to ensure their needs could be met. People we spoke with told us staff were good. We saw staff knew people's needs and provided care and support in line with their needs.

Staff skills, knowledge and experience

- Staff were trained to be able to provide effective care. Staff told us the training was very good. One staff member said, "I enjoy the training." Another said, "The training is good, we have both e-learning and face to face [training]. They are both very good." Staff were also encouraged to attend additional training to develop their skills and knowledge.
- People we spoke told us the staff supported them well and understood their needs. One person said, "I can't fault the care and support provided, I would be lost without them."
- Staff were supported and supervised. This ensured they had the skills and knowledge to support people. Staff said, "I love my job, we work as a team." and "The communication is very good, we are well supported."

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

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought. The cook in the extra care housing provided meals for people who received a service. They were knowledgeable on people's needs and how to ensure they were met. For example, one person had lost considerable weight advice had been sought from the relevant health care professionals and their guidance had been followed. The person was given fortified thickened meals and was supervised with all meals to ensure their safety. We saw the person was supported and records showed the person's weight had increased. The person told us, "I was frightened to eat as I thought I would choke, I feel safe when staff stay with me and am able to enjoy my meals."
- People were supported to receive a balanced and nutritious diet. Some people had their meals in the communal areas provided from the kitchen in the extra care housing complex. We sat with people during their lunch time meal. We saw people were supported appropriately to meet their needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were aware of procedures to follow if they identified a person was unwell or had deteriorated. We found if someone needed to go to hospital a system was in place to ensure all the relevant information would be sent with them.
- Staff worked well with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals to ensure people's needs were met.

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

- People were supported in their own apartments; therefore, the design and decoration were not relevant to this service as CQC do not regulate the accommodation.
- Staff ensured specialist equipment was available when needed in people's own flats to deliver safe, effective care and support.

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

- When people required support from healthcare professionals this was arranged by staff with the person they were supporting or their relatives. We saw recently staff had worked with a speech and language therapist to ensure a person safety when eating.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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). However, in the community setting it would be through the court of protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager was meeting the requirements of the act. Staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then their best interests would be considered. We saw best interest decisions were considered but were not always formally documented. The registered manager addressed this at the time of our inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

- We observed staff were kind and caring. Staff spoke about people with compassion and respect. Staff we spoke with were passionate about providing person-centred care. One staff member said, "We treat people as if they were family."
- People told us staff respected them. We saw staff knew how to communicate effectively to meet people's communication needs.
- People told us they were very happy with the staff. People we spoke with all told us the staff were kind and caring. One person said, "The staff are very caring and very polite." Another said, "I can't fault the care and support, all staff are lovely."
- People's diverse needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them. All staff attended equality and diversity training and understood the importance of understanding people's needs.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them. Staff explained to people what they wanted to do and why. All people we spoke with said they were always involved in decision making. One person said, "The staff always ask me first, today I didn't want to get up, they respected that. They always take their time they don't rush me, I am very happy with their care."

Respecting and promoting people's privacy, dignity and independence

- All people told us that staff respected their privacy and dignity. One person said, "Staff always knock before entering, they close the doors and curtains before they provide any personal care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

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

Personalised care

- People's care plans recorded their likes, dislikes and what was important to the person. The plans were regularly reviewed and updated these were carried out with people and their families. This ensured people were listened to and their choices respected.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with this information. Staff told us the care plans were in people's apartments to follow and were aware when any reviews had occurred to ensure people's changing needs were met.
- Care plans included information about any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. For example, gender, disability, age and religion. Staff had ensured people were treated equally.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. We observed staff communicating effectively with people they supported.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The registered manager had devised a tracker for complaints on the computer. This showed what stage complaints were at and when they had been resolved. People who used the service told us they would feel able to raise any concerns with staff and were listened to. One person said, "I have no concerns, I can't think of anything that needs to improve." One person raised a concern with us during the inspection, they told us they had not raised it with staff. With their consent we discussed this with the team leader, who agreed to address the issues. This was done immediately.
- The registered manager had systems in place to communicate with people who used the service, staff and health care professionals. They were committed to listening to people to ensure continuous improvement of the quality of the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they wished. Care records showed discussions had taken place with the people and their relatives. Their wishes had been recorded.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager shared their vision and values with staff. Staff understood these. Staff spoke highly about the registered manager. Staff told us they were listened to, valued and there was an open culture. One staff member said, "We work well as a team, we are listened to and supported." Another said, "The manager is very good, we have good communication and a dedicated team."
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement.
- The home was well run. The provider and the registered manager were committed to providing high quality, person-centred care.
- The registered manager and staff were passionate about providing care and support that achieved positive outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager who was supported by team leaders.
- People who used the service received good quality person centred care.
- There was an open and honest culture in the service. People we spoke with knew the registered manager and felt confident to talk with them if required.

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

- People who used the service were involved in day to day decisions about the service and their support.
- The registered provider sent out quality monitoring questionnaires every three months. People we spoke with told us they had completed surveys. One person said, "I completed a survey about meals a couple of weeks ago. I put some comments and hope some changes are made." We saw the last returned surveys and the feedback about the care and support was extremely positive. The registered manager told us the survey about meals was still being returned so had not looked at the result yet. They said any comments were always followed up and addressed.
- The registered manager told us that feedback was used to continuously improve the service.
- Staff meetings were held to get their views and to share information. Staff told us meetings were held regularly and were very effective. Staff told us communication was very good. One staff member said, "We have monthly meetings, we are kept informed of any changes and the communication is very good."
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The registered manager demonstrated an open and positive approach to learning and development.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives. The registered manager had received a recent compliment from the commissioning team, they said, "We are really pleased with the manager and the positive changes made to Berryhill since he took over."