

Hestia Care Limited

Berehill House Care Home

Inspection report

Jobson Close
Newbury Road
Whitchurch
Hampshire
RG28 7DX

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Website: www.hestiacare.co.uk

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

Berehill House Care Home is a residential care home providing personal care to 34 people at the time of the inspection. The service can support up to 35 people in a single adapted building.

People's experience of using this service and what we found

People received care and support that was safe. The provider took steps to protect people from risks, including the risk of abuse or avoidable harm, and risks associated with the building and equipment used. There were effective recruitment processes in place to make sure staff employed and agency staff were suitable to work in the care sector. The provider actively promoted safety around medicines and infection control.

People received care and support that was effective and based on thorough, detailed assessments and care plans. Staff were trained and supported to deliver effective care according to people's needs and preferences. The provider worked with other agencies to deliver consistent and effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were caring and kind relationships between people and their care workers and other staff. The provider worked to respect and promote people's privacy, dignity and independence, and encouraged people to be involved in their care.

People received care and support which met their needs and reflected their preferences. The provider complied with best practice guidance with respect to meeting people's communication needs. People had access to a wide range of relevant and meaningful activities.

The service was well led. There was focus on meeting people's individual needs in a home-like environment. The provider worked in cooperation with others and worked to continuously improve the service people received. This was supported by effective management, governance and quality systems.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 25 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 ●

Berehill House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised an inspector and an assistant inspector.

Service and service type

Berehill House Care Home 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, the service development manager, and four members of staff. We observed the care people received in the shared areas of the home.

We reviewed a range of records. This included people's online care records and medicines records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed the evidence we gathered during the inspection to rate the service according to our published characteristics of ratings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care. These had been audited by the provider in April 2019, including feedback from people's family members, and found to be in line with good practice. Staff received appropriate training in safeguarding and were aware of safeguarding issues and how to respond to them.
- The provider followed their processes if concerns were raised about people's safety. There was cooperation with other agencies such as the local authority to investigate safeguarding concerns. The provider notified us as required by regulation when certain events occurred.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and managed risks to keep people safe. People had individual risk assessments for risks, such as the risk of falls. Staff took steps to keep people safe in line with their risk assessments, such as by using sensor mats and crash mats where people were at risk of falls.
- The provider took appropriate steps to make sure the building and equipment used were maintained in a safe way. For example, there had been a recent fire risk assessment by a suitably qualified external supplier. Where this had identified actions to improve fire safety these had been signed off as complete.

Staffing and recruitment

- There were sufficient staff, with the right mix of skills, to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner, and were able to spend time with people. Staff told us their workload was manageable.
- The provider's recruitment practices included the necessary checks that staff were suitable to work in the care sector. Staff files included the records required by regulations to be kept. Where the provider employed agency staff, they received from the agency a profile which detailed their training and checks made by the agency to make sure staff were suitable to work in the care sector.

Using medicines safely

- The provider had processes in place to make sure people received their medicines safely and as prescribed. Appropriate protocols and records were in place for medicines prescribed to be taken "as required", creams and ointments, and for medicines requiring additional control measures to meet legal requirements. Staff kept accurate, complete and up to date records of medicines administered.
- People received their medicines from staff who had had appropriate training. There were competency checks in place to make sure training had been effective, and regular audits to check staff followed the provider's processes and policies.

Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic and people were protected from infections. These included regular audits, and an annual report by the responsible staff member, which was in line with government guidance on good practice. Where the most recent audit identified actions, these were signed off as complete.
- Arrangements were in place to maintain good standards of food hygiene. These included staff training, regular audits, and checks including refrigerator temperatures, kitchen cleaning schedules, and food expiry dates. The service had a food hygiene standard rating of "good" (4).

Learning lessons when things go wrong

- The provider had processes and procedures to learn from accidents, incidents and near misses. Examples included following up medicines errors and analysing trends and patterns where people had falls.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- The service achieved good outcomes for people by delivering care based on effective assessments. The provider used an admission checklist to make sure initial care needs assessments were inclusive. People and their relations told us care and support met their needs and reflected their choices. A visiting relative said all their requests were acted on by staff.
- People's assessments and care plans took into account relevant standards and guidance. The registered manager was aware of relevant standards and guidance, including recent published guidance on mouth care, and relationships and sexuality.

Staff support: induction, training, skills and experience

- People had their needs met by staff with the right skills and knowledge. There was a comprehensive training programme for staff which included training in specific needs and conditions, such as skin health and swallowing difficulties. Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. The provider encouraged staff to obtain relevant qualifications and diplomas.
- There were processes and systems in place to support staff. These included regular supervision, appraisal and team meetings. Staff told us these were effective and productive, looking at what had gone well and where improvements could be made.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff involved people in choices about what they ate. There was a two-week menu of meal choices developed with the participation of people. Choices included a vegetarian option, sandwiches and salads in addition to hot meals.
- People had a balanced, healthy diet which took into account their food needs. Kitchen staff took into account people's individual needs and specialist advice, such as for a pureed diet, fortified foods and avoiding carbohydrates and sugars. Staff had supported one person to regain a healthy weight after a period in hospital.

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

- Staff worked with and made appropriate referrals to specialist agencies and professionals. These included dietitians, speech and language therapists, occupational therapists and specialist nurses. Advice from these professionals was reflected in people's care plans.

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

- Staff involved people in decisions about how to decorate and refurbish the home. This included consultation about decoration choices and names for different areas of the home. People could choose the colour of the door to their own rooms and participated in choosing items for a memory box outside their room.

- The provider had adapted the premises in line with people's care and support needs. There were signs, with both words and pictures, to help people to navigate around the home. Clocks displayed the time, day of the week, date, month, year and whether it was morning or afternoon, to help people orientate themselves. There were suitable shared areas in the home and enclosed garden for people to spend time together with visitors and take part in activities.

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

- People's care and support took into account their day to day health and wellbeing needs. The provider worked with an external organisation which specialised in helping care services to develop meaningful exercise and activity plans for people. People had individual wellbeing plans based on this joint working.
- People had access to healthcare services. There were weekly visits by the local GP. Where necessary there were referrals to the community mental health team.

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 when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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 understood the legal requirements and good practice guidance were people lacked capacity. Capacity assessments were in place for specific decisions where legally required.
- The service protected people's rights if they lacked capacity to consent to living at the home. Where people were at risk of being deprived of their liberty the service applied for authorisations under the safeguards.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. We saw positive interactions between people and staff, involving shared jokes and light-hearted banter. People were happy and relaxed around staff and the registered manager.
- People and their families felt they mattered and their views were listened to. One person told us staff knew them and their families by first names and the registered manager and staff had been very supportive to their family, particularly during the time just after they moved in.

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

- The provider encouraged people to take part in decisions about their care. Staff involved people in reviews of their own care plans. Residents meetings allowed people to express their views about the service in general, including input into planning interviews for new staff. Feedback from a recent survey showed people were happy they were listened to.
- There were arrangements in place to allow staff to spend time with people and allow them to express their views. The registered manager encouraged staff to sit down with people at lunchtime where this did not affect their ability to respond to people who needed support.

Respecting and promoting people's privacy, dignity and independence

- There were arrangements in place to make sure people's dignity needs were understood and respected. The registered manager had appointed a staff dignity champion to research and share good practice in this area with their colleagues.
- Respect for people's privacy and dignity was reflected in people's day to day care and support. Staff were aware of routine steps they could take to make sure they respected people's privacy during support with personal care. People's rooms had door knockers to remind staff to knock before they went into people's personal space.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. The provider had a computer-based system for maintaining people's care plans which were detailed and individual to the person. The system gave the registered manager an overview of the care and support people received, alerted them when care plan reviews were due, and warned them if important care and support activities were late.
- People's care and support took account of their needs and preferences as an individual. Care plans included information about their life history, interests and choices. This was reinforced by staff quizzes which prompted staff to keep their knowledge about people's preferences current. At the time of the inspection none of the people living at Berehill House had individual needs arising from their religious or cultural background, but the provider had processes and practices in place to ensure any protected characteristics under the Equality Act would be respected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the legal requirements of the AIS. People had individual communication care plans which detailed any needs arising from a disability or sensory impairment and steps staff should take to meet them. These included an awareness of the need to speak slowly and clearly, and giving people information in writing before residents meetings so they could express their views before the meeting.
- The provider had experimented with and used technology to support people's communication needs. This included the use of tablets and laptop computers. The service had a full-size telephone handset which plugged into a mobile phone for people who found the smaller device difficult to use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to take part in activities that were relevant to their interests and personal history. These included supporting a person to return to their previous place of work and contacting local companies and organisations that might be able to help people achieve an activity on their wish list.
- The provider had imaginative initiatives to help people avoid social isolation. The provider had used social media to encourage people, some of whom had no other direct contact with the service, to send people

living at the home a postcard from their holiday. The provider also encouraged staff to take a teddy bear on holiday or on other trips and to take photographs of the bear which they could talk about with people on their return.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. All complaints logged in 2019 at the time of our inspection had been dealt with and followed up. Where possible the provider communicated the outcome of the investigation to the complainant.

End of life care and support

- The provider had processes and procedures in place to make sure people at the end of their life had a comfortable, dignified and pain-free death. Staff had training in end of life support and the provider took advice from a nearby hospice. There was focus on listening to and providing support to the person's family.
- End of life care and support was delivered with compassion and empathy. A staff member described their experience, "I cherished my time with [Name] on my shift. I kept talking to her gently and ... reassuring her that everything was going to be all right and there was nothing to worry about. I find palliative care the most rewarding part of my job."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well led and promoted person-centred care, with the underlying principles of team work and openness in a home-like environment. The basis of this was a set of policies, processes and procedures which promoted compliance with relevant standards and legislation.
- The service achieved good outcomes for people. People told us they enjoyed living at Berehill House. They felt safe, liked the staff, and found the service to be very kind and caring. People's relations were positive about the service describing it as "superb" and "the best we have seen".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. Records showed the service was managed in an open, transparent way with honest communication with people and their families.

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

- There was an effective governance system in place. The registered manager was supported by the provider's management system with frequent visits by senior management, and management and directors meetings. Staff were supported to be clear about their roles by means of regular staff meetings, supervision and handovers.
- There was a good understanding of quality performance throughout the organisation. There was a system of internal quality audits. The provider analysed and compared results across the services in their portfolio to identify any trends and areas for improvement.
- Arrangements were in place to comply with data protection requirements where people's information was stored and processed on computers. These included password protection, "need to know" access to data, firewall and virus protection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged people who used the service and others to engage with and be involved with the service. There were regular residents meetings and quality surveys. The most recent survey showed 93% considered their service to be good or excellent.

- There was widespread involvement with the wider community. The provider worked with a nearby silk mill to allow people to take part in their community engagement projects. The provider worked with local businesses to raise funds for items to enhance people's wellbeing through activities. A local nursery visited once a month for people to share activities, such as sing-along with the children.

Continuous learning and improving care

- The provider had systems and processes in place to improve the service. There was an improvement plan which identified future actions to enhance the environment of the home, changes such as introducing a key worker system, and improvements to communications with people and their families. The provider analysed complaints, incidents and accidents to identify items for the improvement plan. The provider had also undertaken a "strengths, weakness, opportunities and threats" (SWOT) analysis of the service to inform the improvement plan.

Working in partnership with others

- The provider worked in partnership with other agencies. The community nursing team had visited to improve staff skills around pressure injury prevention. The service had worked with speech and language therapy services to meet the needs of people with swallowing difficulties. There was close cooperation with GP services.
- There was partnership working with other services in the provider's portfolio. The provider encouraged information and good practice sharing between registered managers, and other staff roles such as deputy managers, heads of care and activity coordinators.