

Dukeries Healthcare Limited

Berwood Court Care Home

Inspection report

Berwood Park, off Cadbury Lane
Castle Vale
Birmingham
West Midlands
B35 7EW

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Berwood Court Care Home is a care home providing personal and nursing care to 49 people, some living with dementia at the time of the inspection. The service can support up to 74 people.

Berwood Court Care Home is a purpose built, specially adapted home across four units over two floors.

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

People were protected from abuse and relatives we spoke with were assured the home environment was safe for their family members to live in. Staff knew how to report any suspicions of abuse. Risks to people were reviewed every month and supported to remain as safe as possible.

On the day of inspection, there were enough staff employed to meet people's needs and there were recruitment procedures in place to check staff were safe to work with people.

People were supported to take their medicines in a safe manner. There were no issues with the recording and storage of medicines.

We were assured the provider had safe infection prevention and control procedures in place, including in relation to the management of COVID-19. The home environment was very clean, tidy and no clutter.

Incidents and accidents had been reported appropriately and reviewed for any trends to mitigate future risk.

Since the last inspection there have been some changes to the management of the service and restructuring of its processes. We found effective systems were in place to monitor the quality within the home. The feedback we received from families was positive. They were happy with the care given to their relative, the cleanliness of the service, staffing levels and staff attitude. Although they felt the communication from the service could be more efficient.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show

what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Enforcement

Since the last inspection we recognised the provider had failed to notify CQC of all incidents they were required to do so by law and this was a breach of regulations. We issued a fixed penalty notice. The provider accepted the fixed penalty and paid this in full.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Berwood Court Care Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Berwood Court 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised two inspectors, a specialist nursing advisor in dementia care and telephone calls were made to relatives by an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Berwood Court 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 sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and two relatives about their experience of the care provided. We spoke with 12 staff including domestic, catering, care and nursing staff, the registered manager, the compliance manager and the quality director. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Five relatives were contacted by the Expert by Experience to gather their views on the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas, surveys and minutes of resident and staff meetings.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we had found staff had not always taken appropriate action to safeguard people. This was a breach of regulation 13 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found there had been an improvement and the service was no longer in breach of regulations.
- At the last inspection we found there had been incidents of theft and the provider had not taken timely action to reduce the risk of reoccurrence. At this inspection we found all events, incidents and accidents had been appropriately acted upon, in a timely manner and relevant agencies and family members informed.
- People we spoke with felt safe within the home. Three people told us one person would sometimes walk into their bedroom and although the person would leave when asked to, this made them feel anxious. We discussed this with the registered manager. They showed us action had already been taken. Referrals had been made to appropriate health care agencies and medication reviewed by the GP. Post inspection, to reduce risk of reoccurrences one to one support was put in place for the person.
- All the relatives we spoke with felt their family members were kept safe at the home. One relative told us, "[Person] is very settled and safe and I really wouldn't want them to go anywhere else. [Person] says they're happy and feels safe there (at the home)."
- Staff spoken with knew how to report any suspicions of abuse. One staff member told us, "I don't have any safeguarding concerns. People here are kept safe. If I was unhappy or concerned, I would speak with the manager or whistle blow. I would not leave people at risk."
- The provider had appropriate processes in place to safeguard people from the risk of abuse.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. On occasion we found some staff were not always wearing their face masks covering their mouth and nose. The registered manager told us after the inspection supervisions were held with the respective staff to reiterate the importance of wearing face masks correctly.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The home environment was very clean, no clutter and free from unpleasant odours.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people's safety. We saw assessments were reviewed each month to check if people's needs had changed. One relative said, "The staff moved [person] into another bedroom. It is much bigger so safer because of all the equipment that is needed."
- The assessments we looked at were clear and detailed with guidance for staff to follow. For example, people being fed through a tube inserted into their stomach (PEG) had information available for nursing staff on how to monitor the PEG effectively to mitigate risk of infection and blockages. People at risk of sore skin were checked regularly with appropriate checks in place as nursed in bed.
- We saw 'hospital passports' were in place for example, for a person's catheter care. This meant there was clear guidance for the hospital to follow should the person have to be admitted.

Staffing and recruitment

- There were some mixed views regarding staffing levels. One person told us there were occasions when only two or three night staff would be on duty. However, on reviewing rotas, this could not be verified.
- One staff member spoken with had raised some concerns regarding staffing levels. However, all other staff spoken with told us they thought the staffing levels were appropriate. One staff member said, "Staff ensure people are safe; there are enough staff. Always staff in the lounges to observe." Our observations confirmed at the time of the inspection, there were enough staff on duty to meet people's needs.
- There were recruitment processes in place to reduce the risk of employing unsuitable staff to support and care for people. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. One staff member told us, "All my checks were carried out before I started work. I had a three day induction training health and safety, fire etc and then shadowed other (care) staff."

Using medicines safely

- We found there were no issues with medicine management. Protocols were in place for administering 'as required' medicine and medicines administered directly into people's stomach through a tube. Where people lacked mental capacity to consent to their medication, appropriate assessments had been completed and best interest decisions had involved, where appropriate, discussions with family members.
- There was no overstocking of medicines.
- Medicines and medication administration reports (MARs) had been regularly audited and no errors identified.

Learning lessons when things go wrong

- Accident and incidents were recorded and analysed by the management team for any patterns or trends. We saw root cause analysis had been completed and action taken to mitigate future risk.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection we found incidents that should have been legally notified to us had not been, so we were unaware of significant events that had occurred within the home. This was a breach of regulation 18 of the Care Quality Commission Registration Regulations 2009. Notification of other incidents. The provider was issued with a fixed penalty notice which has been paid, therefore, the provider is no longer in breach of regulations.
- The registered manager had been in post since July 2021. During this time, we saw there had been changes made to quality monitoring processes. One staff member told us, "We have a new manager. There are changes but for the better."
- Staff told us they received supervision and spot checks were conducted on their performance for learning and development purposes. Although, the spot checks had not always identified staff were wearing their face masks incorrectly; the registered manager told us the respective staff had received supervision since the inspection. Spot checks had been increased including additional checks completed by the compliance manager. Staff had been told at staff meetings the importance of wearing face masks correctly. The registered manager told us "It has been drilled into them (to wear their face masks correctly)."
- The feedback we received from relatives was overall positive, particularly when speaking about their family member's care and staff attitudes. They also told us if there was one improvement the service could make; it would be with their communication. Relatives all said they were kept up to date with any fundamental changes relating to their family member's health needs. However, contacting and speaking with the home was sometimes difficult. Comments included, "Phones often go unanswered." "The phones used to be ok but recently it's been more difficult I've had two phone calls when they said they had to transfer. It's more of a problem at weekends too it seems." "The phone will just ring and ring and then go upstairs and then they will try to get someone on reception or the units. It happens often at different times." We spoke at length with the management team and they told us they had sent out feedback surveys but had only received seven responses. They told us they would review their telephone system and speak with relatives to try and ascertain if there were any patterns, for example, specific days or timings to try and resolve the issues.
- The management team demonstrated a good understanding of quality and performance issues. The registered manager told us they were fully supported by the provider in addressing any improvements needed.
- The management team completed regular audits of the service to monitor quality. For example, fire, health and safety, the home environment, care plans and relevant documentation. Any issues identified

were recorded and the actions needed to address them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives we spoke with told us they had not been consistently included in their monthly reviews. However they felt they could approach the care staff and managers if they had any concerns. The registered manager explained they would make sure relatives were notified when their family member's needs were to be reviewed and given the opportunity to participate.
- We observed staff asking people what they needed, if they were comfortable and whether they needed help. One staff member told us, "I love working here. I could get another job easily. I like the atmosphere and the residents very much."
- People's individual needs, preferences, likes and dislikes were clearly recorded within the care plans that were detailed and person centred.
- We observed staff offering support in a kind and patient manner. One person told us, "I can't complain about the staff, they are very kind."
- Staff received supervision, attended team meetings and received updates on any changes to people's needs via handovers. One staff member told us, "I stay because I like it here. I like the people very much and enjoy looking after them. The staff team is good too. There are enough staff."

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 provider was open and honest when things went wrong. For example, complaints were followed up with appropriate actions, explanations and apologies when required.
- Notifications had been submitted to the CQC as legally required to do so.
- The service's CQC ratings were clearly displayed and available on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- The registered manager and staff understood the importance and benefits of working alongside other professionals.
- There was good support and input from other health and social care professionals to ensure people received appropriate care to meet their individual needs.