

Anchor Hanover Group

Berkeley Court

Inspection report

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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

Berkeley Court is a residential care home providing personal care for up to 78 people. Some people using the service were living with dementia. At the time of our inspection there were 56 people using the service. Care is provided across six units, within one purpose-built building. At the time of our inspection, five units were in operation and one unit was undergoing a refurbishment.

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

The provider had a process in place to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew how to act on concerns. Risks associated with people's care had been identified and assessments were in place to minimise risks occurring. The provider had a recruitment system in place to ensure appropriate staff were employed.

The registered manager could evidence that maintenance checks had been carried out to ensure the building was meeting health and safety requirements. Accidents and incidents were analysed to ensure trends and patterns were identified to minimise future incidents. Systems were in place to ensure people received their medicines as prescribed.

People's needs were assessed, and care and treatment delivered in line with them. Although staff felt supported and told us they received training which gave them the knowledge to carry out their role, a small proportion of training required updating. We have recommended the provider takes action to ensure staff training is updated. People were assisted to eat and drink and were offered choice in line with their needs and preferences.

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.

We spent time observing staff interacting with people who used the service. Staff were considerate, caring and thoughtful. We saw staff respected people's privacy and dignity by closing doors and curtains where appropriate.

People received person centred care which met their needs and took into consideration their preferences. People and relatives, we spoke with felt involved in their or their family member's care.

The provider had a complaints procedure and kept a log of concerns received. Concerns were used to improve the service.

The provider had a quality assurance system in place and ensured audits were carried out frequently to identify any issues. Action plans were used to ensure issues were quickly resolved.

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

Rating at last inspection

The last rating for the service under the previous provider was requires improvement, (published on 29 April 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Berkeley Court

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 Health and Social Care Act 2008.

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 was carried out by one inspector and 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

Berkeley Court is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Berkeley Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

On 12 July 2022 an inspector visited the care home to observe care, speak with staff and people and check records. On 15 July 2022 an Expert by Experience made phone calls to relatives of people. Between 12 July 2022 and 18 July 2022, we reviewed some management records remotely. In total, we spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with seven staff including the district manager, director of care quality, registered manager, team leaders, and care workers.

We reviewed a range of records. This included elements of five people's care records and multiple medication records. We looked at various recruitment files. We looked at a variety of records 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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 in place to safeguard people from the risk of abuse.
- Staff received training in safeguarding and knew how to recognise, report and respond if they had any concerns. Staff were confident the management team would take appropriate actions to keep people safe.
- People we spoke with felt safe living at the home. One person said, "Yes, I do feel safe and I would talk to the staff if I didn't." Another person said, "I feel safe and well looked after, they all care and that's what I like." Relatives had no concerns about safety. One relative said, "[Relative] is happy and safe with the staff, we've never had any concerns about safety."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and plans were in place to mitigate risks.
- Risk assessment were in place regarding things such as falls, skin integrity, and nutrition. These gave staff guidance on how to manage the risks safely.
- People had personal emergency evacuation plans in place (PEEP's), to ensure people were appropriately supported in case on an emergency.
- The management team completed checks of the building and the equipment they used, to ensure the premises and equipment remained safe. All necessary safety certificates were in place at the time of inspection.

Staffing and recruitment

- The provider had a system in place to ensure sufficient staff were available to meet people's needs.
- From our observations and conversations with people, relatives, and staff, we found this system was effective. Staff readily supported people and people were not rushed. One relative said, "Staff levels seem to be good, the response to the call bell is good during the day and at night."
- The provider had a recruitment system to assist them in selecting appropriate staff. Staff confirmed they had to supply two references including one from their previous employer and have a Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems and processes in place ensured people received their medicines as prescribed.
- We looked at medication records as part of our inspection and found them to be a true reflection of what medicines had been administered.
- People who required medicine on an 'as required' basis, [often referred to as PRN], had protocols in place.

However, these contained limited information and did not always record how people would present if they required this medicine. Following our inspection the registered manager confirmed PRN protocols had been reviewed and updated.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and friends. We saw visited were welcome at the home. One relative said, "We can visit when we want and, if we give the home some notice, they will get [relative] ready so we can take them out."

Learning lessons when things go wrong

- The provider had a system in place to ensure accidents and incidents were recorded and lessons learned when things go wrong.
- The registered manager carried out a monthly analysis of accidents and incidents to identify trends and patterns. We saw action was taken to improve the service when required.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- People's needs were assessed, and care was delivered in line with current guidance.
- Preadmission assessments were in place and identified things such as people's medical condition and illnesses, medication, mobility, and personal care needs. This information was used to devise care planning documentation.
- Relatives were complimentary about how new people were welcomed to the service. One relative said, "It's absolutely fantastic, we were put at ease straightaway and [relative] loves where they are now." Another relative said, "We can't believe it's gone so smoothly."

Staff support: induction, training, skills and experience

- The registered manager kept a record of training staff completed to ensure they had the skills to carry out their roles effectively. A small proportion of training required updating, such as first aid and moving and handling. The provider had an action plan in place to ensure this took place.

We recommend the provider takes action to ensure all staff have the appropriate skills and training they need to carry out their role.

- Staff told us they received appropriate training and felt the management team was very supportive and approachable.
- Staff told us they completed an induction when they commenced their role. This included some mandatory training and shadowing other staff until they felt comfortable.
- Relatives felt staff were trained and knew their roles well. One relative said, "The staff are happy and knowledgeable, if I ring for an update, they always know what is going on."

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

- People were supported to eat and drink a varied and healthy diet.
- We observed lunch being served and saw choices were offered. However, menus were not available in a format to suit people living with dementia. We spoke with the registered manager who confirmed action would be taken to implement pictorial menus.
- Information regarding people's diet and nutrition was available in care plans and specific diets such as staged diets were accommodated.
- People were complimentary about the meals. One person said, "The food is good here, there's no doubt about that." One relative said, "They make sure [relative] has plenty of fluids in the hot weather. [Relative] sometimes needs help or encouragement to eat but they have adapted to suit [relative] so they get the right

nutrition."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff ensured that people were referred to other agencies and healthcare professionals when required.
- Staff provided care and support in conjunction with healthcare professionals, taking on board their advice.
- The local GP visited the home on a weekly basis. Staff ensured people were seen by the GP as required.

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

- The home was divided into six smaller units. One unit was closed at the time of our inspection and was in the process of refurbishment. There were plans in place to refurbish the other units as well.
- People's rooms had been tastefully decorated and personalised. People had their own belongings around them and told us they liked spending time in their rooms.
- People had access to outside space, and garden areas were well maintained.

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 MCA 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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team and staff worked in line with the MCA and ensured people were involved in decisions as far as possible. Where people lacked capacity, best interest decisions were recorded where necessary.
- We observed staff interacting with people and found they supported people to make their own decisions where possible.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- We spent time observing staff interacting with people on all units. Throughout the home staff were engaging with people well and on an individual level. Staff were kind, respectful, and considerate.
- People had detailed life history stories in their care plans which gave a summary about the key aspects of their lives such as work, home and family life and hobbies and interests. This assisted staff in getting to know people and understand their individual needs and preferences.
- People and their relatives were complimentary about the care they received and told us, "Staff are lovely," "It's lovely here, the staff are very nice," and, "It's not home and it never will be but it's nice, but I do want to get back home." One relative said, "They [staff] care, it's not just a job." Another relative said, "[Relative] loves where they are now. [Relative] is very happy with the care they get and can have some banter with the staff."

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

- People were supported to make decisions and staff offered choices. For example, choices of drinks, snacks and meals were offered, and staff respected people's decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity by speaking in a soft voice, so conversations were confidential. For example, one member of staff knelt at the side of a person softly speaking with them to encourage a drink. Gently stroking their arm to gain a response.
- We saw staff knocked on doors before entering and closed doors to maintain people's privacy.
- People were supported to be as independent as possible.
- People were supported in a gentle and caring way - they were not hurried or rushed, and the pace was set by the person. Staff ensured people's privacy was maintained, when one person became distressed the staff member removed herself and this defused the situation.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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

- People were supported by staff who knew them well and understood their needs.
- Care plans gave information about how people preferred their care to be delivered. For example, there were plans in place to inform staff how to support people living with dementia and what personal items they liked to have near them.
- Relatives told us they were involved in their family members' care. One relative said, "We were asked for input to the care plan as soon as [relative] went in [the home]. [Relatives'] preferences have been kept to; we're definitely listened to." Another relative said, "Due to [relative's] condition the care plan does change frequently but we are always informed of any changes the home has to make as well as asked for any we would like to make."

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 provider employed an activity co-ordinator who oversaw activities and wellbeing in six of the provider's homes. This role promoted the providers philosophy where engagement should match people's social plans and be stimulating to mind body and spirit.
- We saw all staff engaging with people, some on a one to one basis and some in a group. Activities such as table tennis, listening to music, singing, growing plants and one to one conversation were all taking place during the inspection.
- People and relatives felt there was plenty of social stimulation in the home. One relative said, "[Relative] takes part in activities and they even filmed [relative] singing along with one of the acts [entertainers]." Another relative said, "During COVID-19 they got an iPad so we could keep in touch with [relative]. After COVID-19 they got activities up and running again quickly, they've had singers, dancers and even alpacas."

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. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed staff communicating with people and found they were responsive to people's body language and gave time for people to respond.
- Written information was displayed around the home in formats people could relate to. However, we found

the menu was not available in a picture format. This would have assisted people living with dementia. The registered manager informed us they would action this.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and used any concerns raised to learn and improve the service.

End of life care and support

- The home had good healthcare support networks from professionals such as the GP and district nurses.
- When required, care plans were adapted to meet people's end of life needs.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently 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; 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 management team consisted of the registered manager, deputy manager and team leaders. The team understood their roles and responsibilities and acted on their duty of candour.
- People and relatives were complimentary about the management team. One person said, "I know who is in charge and they are very nice, I could talk to them about anything." One relative said, "There's not a single thing that I think could be improved." Another relative said, "The manager is always available, and the assistant manager is really good too."

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

- People were supported to meet their needs in a person centred way. Staff knew people well and were aware of their preferences. One relative said, "It's brilliant, the staff are brilliant, and I can't say a bad word about any of it."
- People and relatives felt communication was good and felt involved in the service. One relative said, "I have had surveys in the past but there is a relatives' meeting every month. We get a monthly newsletter and there is a WhatsApp group so families always know what is going on, even if they can't visit often."

Continuous learning and improving care

- The provider had a system in place to monitor the quality of the home and to improve the service.
- We saw several audits were in place for things such as medicine management, infection control and care planning. These were used to identify areas of improvement. Actions were addressed in a timely way.

Working in partnership with others

- The registered manager and staff worked closely with local health professionals and, referred people to specialists in areas including speech and language therapy, when required.