Bupa Care Homes (HH Hull) Limited

Berkeley House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Berkeley House is a residential care home providing personal care to up to 84 people. The service accommodates people across three separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia. At the time of our inspection there were 67 people using the service.

People's experience of using this service and what we found
Medicine were safely ordered, stored and administered, however medicine practices were not always in line with best practice guidelines.

We have made a recommendation in relation to 'as required' medicine guidance to support staff with the safe administration.

People's care plans did not always include risk assessments for known risks for staff to follow help keep people safe.

We have made a recommendation in relation to reviewing care plans and risk assessments.

Staff knew how to keep people safe from abuse and were confident to raise concerns with external agencies. When required, notifications had been completed to inform us of events and incidents.

People were happy with the care they received, they felt safe and well looked after. Staff had been recruited safely.

A system was in place to monitor the quality and safety of the service, this was effective in identifying and driving improvement. Safety checks of the premises and equipment were routinely carried out.

Staff had positive links with healthcare professionals which promoted people's wellbeing. Records confirmed the manager worked in partnership with stakeholders.

The home was clean and tidy and additional cleaning ensured people were safe from the risk of infection.

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 this service was good (published 13 August 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service. As a result, we

undertook a focused inspection to review the key questions of safe and well-led only.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below

Berkeley House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 completed by two inspectors 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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Berkeley House 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 manager in post who had applied for registration with the Care Quality Commission.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority 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
We spoke with seven people who use the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including the regional support manager, service manager, deputy manager, senior carer workers, care workers, housekeeper, receptionist and maintenance person.

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

After the inspection
Following our visit, we spoke by telephone with the relatives of two people who used the service about their experience of the care provided. We also spoke with two health professionals. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Where people were prescribed medicines, on an 'as required' basis, clear guidance was not always in place to ensure staff had information about when these medicines should be given.

We recommend the provider reviews 'as required' protocols to ensure staff have clear and concise guidance for when these medicines are required.

● Medicines were safely received, stored and administered. Records seen were up to date and quantities of medicines stocked were correct.

● Staff received medicine management training and checks on their competency to administer people's medicines were completed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risks associated with people's care and identified needs had not always been recorded effectively.

We recommend the provider reviews care plans and risk assessments for people to assure themselves assessed needs are captured.

● Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated. These plans are important to ensure people would be moved safely if there was an emergency, such as a fire.

● Risks associated with the premises and equipment were managed through regular safety checks and maintenance at the service.

●Learning was shared through discussions and handovers between staff and at staff meetings.

● There was a system in place to report and record incidents and accidents. These were analysed to identify trends, make changes and improvements to prevent recurrence.

Staffing and recruitment

● We received mixed feedback from people and staff in relation to appropriate staffing levels to meet people's needs. The provider was responsive to our feedback and immediately implemented additional staff whilst a review of needs was completed.

● Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

● Staff recruitment and induction training processes promoted safety, including those for agency staff.

Systems and processes to safeguard people from the risk of abuse
● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
● People told us they felt safe living in the home and with the staff who supported them. One person said, "Yes, I am safe here." Another person said, "They [staff] come quickly if I ring my bell."
● People and those who matter to them had safeguarding information in a format they could use. Certain policies were written in an easy to read format. For example; how to make a complaint and raise concerns.
● The provider had an out of hours on call service to provide guidance and support to staff. Staff said, "We know we can always contact a manager for support, anytime, they are very responsive."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection
● We were assured 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 can be effectively prevented or managed.
● We were assured t the provider's infection prevention and control policy was up to date.

The provider supported visits to the home in accordance with government guidance. The provider had a visiting policy to support people to receive visits safely.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained 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; Continuous learning and improving care

- An effective system was consistently operated to monitor the quality and safety of the service.
- Where improvements to the service had been identified through quality auditing, action was recorded. For example, action plans included the action required, expected date for completion and who was responsible for completion.
- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control.
- The manager analysed accident and incident reports to identify trends, make changes and improvements to prevent recurrence.

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

- Some people told us they had been asked for feedback on the support they received. One person commented, "I have made suggestions and they have done what I have said." A second person said, "They send out regular questionnaires."
- Staff had team meetings and one to one supervision. Staff told us, [manager] is good and supportive, she has time for people."
- The manager had daily handover meetings for staff when shifts changed. This allowed staff to be updated on relevant information related to the care and support requirements of people.

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

- People experienced a positive and inclusive culture at the service. The provider promoted a positive culture focused on person-centred care. One person said, [manager] is very efficient and very nice". The staff we spoke with described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. One person said, "I like the bingo and doing the exercise, I won 2 prizes the day before yesterday."

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 understood their responsibilities under the duty of candour and the requirement to act in an

open and transparent way when concerns were raised.
● The provider had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.

Working in partnership with others
● Professional visit records evidenced staff worked collaboratively with other agencies, for example, social workers, local authorities and district nurses.