

Europe Care Holdings Limited

Berwick House Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Berwick House Rest Home is a residential care home located near South Shore Blackpool, providing accommodation for persons who require nursing or personal care. The service provides support for up to 24 people; younger adults, older people and people living with dementia. At the time of our inspection there were 17 people using the service. The property is set over 2 floors with lift access to the upper floor. There were several communal areas and a large enclosed rear garden accessible for people to use. Aids and adaptations were in place to meet people's individual needs.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Systems were in place for the safe handling, storage and disposal of medicines but management of 'when required' medicines was not always effective.

Relatives and staff told us they thought people were safe. However, the provider did not demonstrate that risks were consistently monitored around people's care needs or fire safety.

Staff knew people well and had a person-centred approach, but this was not always documented. Some care plans did not include accurate and up to date information on people's behaviours, mobility and support needs; at times information conflicted.

Though staff supported people in the least restrictive way possible and in their best interests; records and systems did not fully support this practice.

The provider did not always have established systems in place to continually assess, monitor or improve the quality and safety of the service.

A new manager had been in post since December 2022. There was a lot of favourable feedback from staff; "Things are really good, really positive." "I like the new manager." Staff referred to ongoing improvements to the home environment, activities, processes and staffing. The manager talked us through some of the changes they had implemented and those planned for the future. From our observations, people seemed happy and relaxed. When asked what they thought of the staff, relatives said, "Staff have been excellent" and "Staff are very kind."

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

Why we inspected

The inspection was prompted due to concerns received about medicines, staffing and management. A

decision was made for us to inspect and examine those risks.

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.

Following our feedback, the provider and manager have taken positive action to lessen the risk and drive improvement.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to the management of 'when required' medicines, risk management, record keeping relating to people's care and support and assessing, monitoring and improving quality and safety.

We identified evidence that Deprivation of Liberty Safeguards (DoLS) were not complete and up to date for everyone.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Berwick House Rest 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 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

Three inspectors carried out the inspection including one pharmacist specialist.

Service and service type

Berwick House Rest Home is a care home without nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider had recently appointed a new manager who had submitted an application to register with us. We are currently assessing this application.

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 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

During the inspection we spoke with 3 relatives about their experience of the care provided by Berwick House Rest Home. We spoke with 8 members of staff including the manager, the regional manager, carers, maintenance staff and the cook. We walked around the home to check it was safe and fit for purpose. We observed people's interactions and the care they received. This helped us understand experiences of people who could not talk with us.

We reviewed a range of records, policies and procedures. This included 4 people's care records, recruitment information for 1 carer, a senior and the manager and records relating to the management of the service. Our pharmacist specialist reviewed records and information relating to medication.

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

- It was not always possible to tell whether 'when required' medicines had been administered appropriately. Staff did not always have personalised written guidance to follow and documentation was not always completed to enable review in line with the home's policy. Guidance for 3 people was identical despite differing needs and 1 person had no guidance in place. Some records were available to evidence behaviours, attempted strategies and the necessity for medication, but these had not been consistently completed.
- The provider had ensured appropriate safeguards were in place for the covert (hidden) administration of medicines. However, we noted that 1 person's needs had changed yet their care plan had not been reviewed to reflect this.
- There were 2 different systems used for recording the application of creams. This meant it was difficult to tell whether they were always used as prescribed.

Systems had not been fully established to risk assess and monitor the administration of 'when required' medicines. We found no evidence that people had been harmed however this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately following inspection. They provided evidence of more detailed and personalised 'when required' guidance and held a meeting with staff to highlight the importance of better documentation. A review around covert medication was carried out for the individual identified. The recording around application of creams was added to the electronic system meaning administration was more consistent and reminders issued automatically.

- The provider has systems for the safe handling, storage and disposal of medicines and the records we reviewed were completed clearly.
- Staff competency in medicines administration was assessed, and the manager completed regular medicines audits. An action plan had recently been put in place to help support improvements.

Assessing risk, safety monitoring and management

- Information in the Personal Emergency Evacuation Plan (PEEP) did not always hold correct information relating to people's level of mobility and their support needs in the event of an emergency. The PEEP is supposed to be easily accessible for staff to use during the event of an emergency. However, at the time of our visit, the new manager was unaware of where it was located or how to access it and 2 staff told us they did not know what one was.

- Though there were good levels of fire safety training, the provider had not ensured all staff had been trained in the use of equipment to move people downstairs, should this be required in an emergency.
- Recommendations were made during a visit from the fire service, but these had not been actioned by the time of our inspection, 2 months later.

Systems and practices had not been established to assess, monitor and mitigate risks relating to fire safety. This placed people at potential risk of harm. This was a breach of Regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider completed necessary improvements with the installation of appropriate fire safe glass in the kitchen door and an additional alarm. The location of the PEEP was agreed and shared with the team and further training planned.

- We found the care plans we looked at were not all up to date and some information was inaccurate. Prior to inspection, we received concerns about a lack of detailed information available relating to people's care and support. One of the care plans we reviewed held conflicting information around falls risks, mobility, bedrails and support needed and information was missing around for end of life care.
- The provider did not consistently record strategies to help staff provide appropriate support to keep people safe. Strategies help staff to manage situations in an agreed, consistent and person-centred way. A couple of people could display behaviours which may challenge but the actions staff should take to best prevent or manage these were not documented.
- The provider did not always ensure risk management relating to people was robust. Risk assessments were not always carried out or in some cases, information was not personalised to ensure it was relevant to the individual. One person had bedrails in place, yet there was no risk assessment around this despite incidents occurring.

Systems had not been established to maintain accurate and complete records. This placed people at risk of poor care and harm. This was a breach of regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager acted on our concerns during and following our inspection. They reviewed people's support, and their care plans and strategies were updated to include more person centred and robust information. The manager provided assurances that they will review information on file for other people in their care.

- CCTV was in place in communal areas of the home to help prevent abuse and provide insight into incidents and accidents. Consideration had been made to maintaining people's privacy and dignity when the system was installed and necessary consents were in place.
- Staff knew people well due to structured daily handovers and team meetings. Improvements had recently been made to the sharing of information around people's treatment, care and support. Meetings had been planned with both professionals and relatives to consult with ongoing issues and agree actions. Following a couple of incidents, 1 family member commented, "Communication with [manager] has been great, discussing new measures so it doesn't happen again".

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 not fully working within the principles of the MCA. If needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, 2 of the DoLS authorisations we checked did not list some of the equipment in place at the time of our visit; bedrails and CCTV.

We recommend the provider review their processes around DoLS and ensures all authorisations are complete and up to date.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and told us they knew how to spot signs of abuse and who to report these to.
- The provider had a safeguarding policy and had recently employed an external agency so staff could be confident in raising concerns about colleagues, managers or the provider anonymously.
- Both relatives and staff members confirmed they thought people were safe living at the home. When asked if people are safe, one staff member replied "Yes, definitely".

Staffing and recruitment

- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We checked 3 recruitment files, all had (DBS) checks and references and where both references had not been available when employment commenced, risk assessments had been completed as per good practice guidance.
- On the day of our visit, there was adequate levels of staff. When staff were asked if they had enough time to complete tasks, they replied, "There is now, [manager] always makes sure there is enough staff on."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- Visitors are not limited, unless this is necessary to ensure the safety of people, their visitors and staff. Information was easily accessible on arrival to ensure visitors follow guidance, procedures or protocols to ensure compliance with infection prevention control.

Learning lessons when things go wrong

- Prior to the inspection, the local authority had raised some concerns. The provider has been working in partnership with them since, to drive improvement.
- The manager ensures staff are kept up to date with new ways of working with improved communication.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider did not always have established systems to continually assess, monitor and improve the quality and safety of the service. Some shortfalls had been identified during this inspection, for example the lack of up to date, personalised 'when required' medicine protocols. This was picked up by the manager's medicines audit but had not been actioned by the time of our inspection. Care plan reviews did not identify that information was incorrect or out of date.
- Some audits had not been completed so the opportunity to continually evaluate and improve practice may have been missed. The regional manager advised they were in the process of putting in measures to better monitor and improve quality, but this was not embedded.

Systems had not been established to assess, monitor and improve quality and safety or evaluate practice. This placed people at risk of poor care and harm. This was a breach of regulation 17(1)(2)(a)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The manager told us they would look to establish a more robust schedule of audits. More support was in place from regional managers to improve oversight. A new maintenance person had been employed and environmental checks were now in place.

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

- Staff we spoke with seemed clear about their roles and caring interactions were observed. Staff confirmed they had received a full induction, carried out appropriate training and attended meetings to enable them to understand their roles and responsibilities well. One staff member said, "Yes, I had a good induction, training is good, I can access it online."
- The provider had recruited a new manager who had started the application process to register with us.

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

- Relatives we spoke to gave mixed feedback around being asked to take part in meetings or surveys about people's experiences, care and support. From their responses and the evidence on file, it was not clear if these were completed regularly or who was asked to participate. Meetings and surveys are important to prompt relatives to bring up concerns they have and help drive improvement.
- The manager recently implemented a schedule of staff meetings including daily flash meetings and more

regular team meetings. All staff could contribute to the meetings and share ideas. Poor attendance by the night staff was identified so some evening meetings were organised to increase participation and feedback agreed actions.

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

- Relatives consulted were generally positive about care and support. However, some were not entirely confident due to previous experiences of the service and the high turnover of managers. One relative stated "A bit of an up and down ride, a lot of staffing issues and 3 separate managers."
- Staff spoken to were positive about the new manager and how they were putting measures in place to improve the service. There had been complaints raised previously but during our visit staff seemed happy, well supported and valued. Minutes from monthly team meetings evidenced, and staff confirmed they felt confident enough to share concerns or new ideas with the manager telling us, "Issues are dealt with, I feel comfortable raising things."
- There was a good approach to teamwork within the home. This was observed through interactions and staff working together on the day of the inspection. One staff member said, "Since [manager's] come, there's a more positive atmosphere."
- Relatives we spoke to felt they could approach the manager if they needed to.

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 manager had engaged and been frank and co-operative throughout the inspection process.
- The manager understood our statutory notification process. This process is something providers must follow to inform us about certain things such as a change in management, a serious incident or instances of suspected or actual abuse.

Working in partnership with others

- The provider and manager had worked very closely with the local authority to improve overall standards and had a good working relationship with the care home team.
- The provider has worked to promote partnership working; recording and acting on professional advice and sharing information with the team.
- Since our visit, the manager has provided evidence they had been working closely with a number of professionals including GP's, district nurses and social workers. This was in order to review people's care and support needs and improve their health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Providers must do all that is reasonably practicable to mitigate any risks. Systems had not been fully established to risk assess and monitor the administration of 'when required' medicines or people's care needs. Risks around fire safety had not been adequately actioned.</p> <p>12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to maintain accurate and complete records, assess, monitor and improve quality and safety or evaluate practice. This placed people at risk of poor care and harm.</p> <p>17(1)(2)(a)(c)(f)</p>