Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Berry Pomeroy

26-28 Compton Street, Eastbourne, BN21 4EN

Tel: 01323720721

Date of Inspection: 16 July 2014

Date of Publication: August 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Eastbourne Free Church Women's Council Inc Limited
Registered Managers	Mrs Gemma Chareka Mrs Nicole Pollard
Overview of the service	Berry Pomeroy is situated in Eastbourne and provides personal care for up to 26 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions: is the service safe, effective, caring, responsive and well led. Below is a summary of what we found. The summary describes what people who used the service, their relatives and the staff told us, what we observed and the records we looked at. To see the evidence that supports our summary please read the full report. This is a summary of what we found.

Is the service safe?

People were treated with respect and dignity by the staff. People told us they felt safe. Safeguarding policies and procedures were in place and staff understood how to safeguard people they supported. One person told us that if they had a problem staff "See to it immediately". Systems were in place to make sure that both managers and staff learnt from events such as accidents and incidents, complaints and concerns. Policies and procedures were in place to make sure that good practice was adhered to and that unsafe practices were identified and people were protected.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes and people who do not have the mental capacity to make decisions regarding where they live. While no applications have needed to be submitted, proper policies and procedures were in place and staff were aware of the need to refer people for assessment if needed.

People told us that they were happy with the care they received and felt their needs had been met. It was clear from our observations and from speaking with staff that they understood people's care and support needs and that they knew people well. One person told us that staff were "very helpful". Another person told us that "staff are wonderful". Staff received the relevant training that ensured they had the skills and knowledge to meet people's care needs.

Is the service caring?

Staff were attentive and kind to the people who needed support. Staff told us they encouraged people to maintain their independence. We saw staff were patient and attentive to the needs of the people when supporting them. People's preferences, interests and diverse needs had been recorded in the care plans we viewed. People using the service were offered a resident quality assurance survey to complete. Where shortfalls or concerns were raised they had been addressed and discussed with the person.

Is the service responsive?

People's needs had been assessed before they moved into the home. Information had been recorded on detailed care plans. We saw that where a care need was identified it was acted upon swiftly. People told us they regularly discussed their needs with their keyworker. People knew how to make a complaint if they were unhappy. People living at the home completed a range of activities. One person we spoke with told us that if they had a problem "it's dealt with".

Is the service well-led?

The service worked with other agencies and services to make sure people received their care in a joined up way. A quality assurance system was in place which evaluated and monitored the service monthly. Where issues were identified these had been addressed. Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurances that were in place. Staff knew that they needed to report any concerns they had to a manager and told us that managers were approachable and responded immediately. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

On the day of our inspection we spoke with five people who used the service and one family member, all of whom told us that the care at Berry Pomeroy was of a good standard. One person told us that staff "Are very helpful" and that they were "Happy" living at Berry Pomeroy. When asked if they felt they were treated with dignity and respect this person told us 'Oh yes you are'. Another person told us in response to this question "I am a person here" and that they felt "Very well looked after".

Another person we spoke to told us that the staff were "Wonderful" and that they were "Sure there couldn't be anywhere better" to live. Another person told us about the staff, "They're lovely, all of them". A relative we spoke with told us that their family member was "Very well looked after".

People told us that they were offered choices and gave examples of menu choices, activities and choice of how their care was provided. People also told us that they were encouraged to be as independent as possible. One person told us, "Everyone seems to improve when they come here". Another person told us that they felt in control of their care and support. Another person told us "All the time I can do things on my own I will". We therefore saw that the people who lived at Berry Pomeroy were happy with their care and support and felt that they were offered choices and encouraged to be independent.

We spoke with five members of staff and they all gave us examples of how they treated people with dignity and respect. Staff we spoke with told us that they would always "Knock on the door" before entering and respect the "Do not enter card" if it was on someone's door. This card was hung on peoples' doors when they were receiving personal care and needed their privacy to be respected. Another person told us that they looked after people "As if they were my own parents". Another person told us that they always ensured they had conversations with people and asked how they were.

Staff we spoke with also told us how they gave people choices and encouraged them to be independent. One staff member told us that they didn't "Want to take independence away" and that they always asked the person if they needed help before carrying care tasks out. They gave the example of encouraging someone "To wash their face". Another staff member told us about their role, they said "I promote and encourage independence". They also told us "I also understand that talking and listening to people is very important". All staff gave us examples of the choices they offered in relation to clothes people wanted to wear, menu choices and activities.

We observed staff interacting with people who used the services and saw that they had warm and caring relationships. We observed that at lunch time people were offered choices of different food and asked if they needed any assistance. This demonstrated that offering choices was integral to the care that was provided for people at Berry Pomeroy.

When we looked at care plans we saw that individuals' personal histories and needs were recorded which showed us that people's individuality was respected. We also saw that recording was factual and objective which showed us that the delivery of care for people was documented in a respectful informative way. People showed us that they had copies of their care plans in their rooms. Care files are stored securely in a filing cabinet in the carers office, residents have access to personal documents at anytime when requested. People told us about the review meetings they took part in.

People who used the service had signed their care plans giving their consent to what had been written. On one care plan we saw that someone had been assessed as being able to self- administer medication and this assessment was signed by the person. We saw that whether people had the mental capacity to make decisions was considered and a mental capacity assessment proforma was available to complete if needed. On the day of our inspection no one living at Berry Pomeroy was subject to a Deprivation of Liberty Safeguard.

We saw that people had DNACPR (do not attempt cardio pulmonary resuscitation) forms in place that were signed by the relevant medical practitioner and that the home had a system in place that ensured all staff were aware of these and how to access the information in an emergency. We also saw that people had a document on file that called 'Instructions to be carried out in event of death' which detailed the person's wishes regarding their death and the arrangements that followed. This showed us that the provider had a robust system in place that ensured people's rights and wishes were respected.

We saw that people's opinion and feedback was gathered in a service user questionnaire. This questionnaire asked questions about how happy people were with the service at Berry Pomeroy and whether they were given enough choices and felt in control of their care. We also saw that there were residents meetings where people could voice their opinions. This showed us that the provider had methods in place to gather the opinions of the people who lived at Berry Pomeroy which in turn showed us that they value the opinions and individuality of the people who lived there.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The five people we spoke with who lived at Berry Pomeroy told us that the care and support they received was of a good quality. We were told "Staff are wonderful, kind and friendly" and that they would 'Do anything for you'. Another person told us that couldn't live "Anywhere nicer".

We looked at four peoples care files and saw that there was clear recording regarding people's daily routine and activities. These were person centred and specific to the individual. The care plans were detailed and included clear risk assessments. For example we saw that for each identified need there was clear information in place regarding the need and then how it would be met. We saw that care plans addressed needs such as continence, falls, personal hygiene, bowel health and skin care. There were recognised tools in place which assisted with assessing risk such as The Waterlow assessment tool which assessed skin integrity. There were also tools in place to asses risk regarding falls and nutritional intake. The care plans were reviewed monthly and adjusted accordingly if there had been any changes. We saw that every three months there was a care plan review with the individual. This meant that the provider showed us that they were able to assess peoples' care needs and had a system that ensured that when people's needs changed this was picked up and acted upon.

There was a care plan in place for one person who required support in relation to their continence needs. This included detailed instructions on how this was managed. There was printed health guidance on the file which supported the professional management of this task. We saw that for someone who was at risk of falls that this person had been referred to the falls prevention service and that this referral had been followed up with further telephone calls until an appointment was offered. The advice from the falls prevention service had been recorded and actioned by the registered manager. This person had a sensor mat in place and staff were advised to respond to this person's call bell as soon as possible. These examples showed us that staff proactively managed people's needs and ensured that care was delivered with the support from health research and input from external agencies.

There was a section in the care plan file that documented visits and telephone advice from

other agencies such as the GP, chiropodist and community nurses. On the day of our visit a community nurse was visiting someone at Berry Pomeroy.

We saw that there was program of activities in place at the home that included baking, exercise classes, computer group, quizzes and bingo. On the day of our inspection a Minister was visiting and carrying out a communion service. People told us that their religious and spiritual needs were met at the home. There was garden that people could sit in and people were involved in gardening tasks if they chose to be.

The registered manager told us that there was a 24 hour on call system for staff and residents in the case of an emergency and we saw a policy that addressed what to do in the event of bad weather. We also saw a detailed policy and procedure file that in particular had policies that addressed the care and welfare of the people who lived at Berry Pomeroy. For example policies that related to manual handling and pressure care.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The five people we spoke with who lived at Berry Pomeroy all told us that if they had a concern they would speak to someone about it. One person told us "I complain if I have to" and "They see to it immediately". Another person told us "I would talk to the manager" and another person told us "I'd have a quiet talk to someone". This showed us that people who used the service felt confident about reporting concerns and knew who to speak to.

We spoke with five staff members. They told us about their duty to safeguard people from abuse. They also told us that if they were told or observed anything of concern they would report this immediately. We were told that staff would "Go and talk to the manager", "Report that to management" and "Go to the senior on duty". This showed us that staff were clear about the need to report any concerns immediately. Staff were also aware that if they had any concerns regarding the manager they could raise these with the board of trustees or report these to the local authority or CQC.

Staff told us that they had received training in safeguarding adults and were able to identify the different types of abuse. They told us about how they would look out for changes in behaviour and mood that may indicate that someone was being abused. We looked at the training records and saw that all staff had received training in the last year. The registered manager told us that this was a half day training course that was facilitated by an external trainer. We saw that part of this training included basic awareness regarding The Mental Capacity Act. This demonstrated that the provider ensured the staff team were appropriately trained to safeguard people from abuse.

When we looked at the policy and procedure file we saw that there was a comprehensive organisational policy regarding safeguarding adults.The policy clearly outlined the different types of abuse, recognising the signs of abuse and how to respond. There was a policy regarding The Mental capacity Act and how this piece of legislation is used to protect those people who may lack the mental capacity to make decisions about their lives. From files viewed we saw that there were risk assessments in place that identified the extent to which people were at risk of abuse which enabled staff to be aware of this.

The registered manager told us that they had participated in safeguarding investigation training provided by the local authority. They had the contact details for the local authority in their office. This demonstrated that they knew who to contact if they needed to raise a concern. The registered manager showed us a recent incident that she had contacted the local authority about but which was not taken further by them. We saw that the registered manager had investigated the incident. This demonstrated that the registered manager looked into potential concerns and contacted the appropriate agency to seek advice.

When we looked at staff files we saw that staff members had appropriate criminal record checks (CRB/DBS checks) in place and two references. This showed us that the provider carried out employment checks that safeguarded people who used the service from abuse.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with four staff that all told us that they felt supported to carry out their roles at Berry Pomeroy. One staff member told us "We are supported". Another staff member told us that the registered manager was "Very supportive" and that "Any concerns we tell them and they give us answers". Another staff member told us "If there's anything I need I ask". This showed us that staff felt supported by the management team to do their jobs.

Staff told us that they received appropriate training to carry out their roles. We saw that from the training records staff had received training in manual handling, infection control, first aid, medication management, food hygiene, fire safety and safeguarding. We saw that one member of staff had completed an NVQ (national vocational qualification) in care and another member of staff was waiting to start and apprenticeship in care. This showed us that staff received training that supported them to carry out their role at Berry Pomeroy.

Staff also told us that they received supervision approximately six times a year. We looked at supervision records and saw that this was documented. We saw that different methods are used to support staff in supervision and these included observations of practice, one to one meetings, knowledge papers and group supervision. We also saw that there were team meetings for different staff groups. We saw the minutes from three meetings held in March 2014. This showed us that the provider had a variety of methods for supporting staff to carry out their roles effectively.

Staff told us that there were three handovers a day. These were used as forum to share information and ask questions regarding the needs of the people who lived at Berry Pomeroy and about any practice issues. Staff told us that the management team often attended these which they found very helpful. All the staff told us that if they had queries or needed to ask questions there was an "Open door" policy where staff could approach a manager whenever they needed to.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

When we looked at people's care and support files we saw that care plans and risk assessments were reviewed monthly and three monthly or as required. This ensured that the care provided was up to date and appropriate. People's views about their care were recorded. We saw that there were resident meetings where people's opinions and views were taken into account about the provision of the service. There was a service user questionnaire which had been completed in July 2014 by people who used the service. The manager told us that the outcomes would be analysed and actions taken as needed. We also saw that relatives questionnaires had been carried out in April 2014 and those relatives who had raised issues had been responded to. Where it had been identified that a person who used the service's laptop was broken this had since been repaired. We also saw that surveys were completed by professionals visiting the home that all gave positive feedback.

Incidents were recorded and where there was a repeat pattern for example of falls this was picked up and an appropriate care plan devised to address this. We saw that where there had been medication errors these had been addressed via the disciplinary process, training needs had been identified and the appropriate training delivered. The provider showed us copies of the daily boxed medication audits that had taken place. This showed us that the provider had systems in place for monitoring medication administration and was able to address concerns in a timely manner.

The registered manager told us that a monthly audit was carried out by a member of the board of trustees and a committee member for the organisation. This process included talking to residents and their families, looking at admissions, activities, speaking to staff, checking policies and procedures, checking complaints and care pan documentation. We saw that that these had been completed over the last year and that where actions had been identified the registered manager had documented the action taken and signed this.

For example where it was identified that a piece of furniture needed to be repaired and medication trolley had been left unattended the action taken to address these had been recorded. We therefore saw that the Berry Pomeroy had a process in place for scrutinising the quality of the service and that where issues were raised these were addressed.

We looked at the policy and procedure file that had a comprehensive range of policies which described best practice for delivering care and support. All members of staff were required to read these and sign to indicate that they had done so. The provider had a risk assessment file that addressed environmental risks for the property. This showed us that the organisation had information and guidance to support staff in delivering a high quality service.

We also saw that environmental health had awarded Berry Pomeroy a five star rating for hygiene which demonstrated that an external agency had verified quality in relation to food hygiene.

This meant that the provider had a variety of systems in place that ensured the quality of the service they provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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