Berengrove Limited

Berengrove Park Nursing Home

Inspection report

45 Park Avenue
Gillingham
Kent
ME7 4AQ

Tel: 01634850411

Date of inspection visit:
12 April 2016
13 April 2016

Date of publication:
06 July 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Berengrove Park Nursing Home is registered to provide accommodation and personal care for up to 36 older people. There were 33 people living there on the day of our inspection. People living in the home required varying levels of nursing and personal care. For instance, support to manage conditions such as diabetes, living with dementia or help to move around. The accommodation was arranged over three floors. Most rooms could be accessed by using a small passenger lift.

At the last inspection, on 5 and 6 August 2014, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches were in relation to the safety and suitability of premises, cleanliness and infection control and assessing and monitoring the quality of service providers. The provider sent us an action plan telling us how they were going to make changes to improve the service.

At this inspection we found that the provider had taken action to address the breaches from the previous inspection and improved the environment in some areas. However, there remained a number of areas of concern where the provider had not effectively carried the learning from the previous inspection into other areas of the home. The premises were not adequately maintained to minimise risk to people using the service. There were areas that were not cleaned to a satisfactory level, such as the kitchen and corridors. Equipment such as mobile hoists had not been cleaned to an acceptable standard. Slings used with the mobile hoists were not stored in people's rooms, causing a cross infection hazard. The clinical room area had parts that were not maintained causing a potential infection control risk. Lighting was poor in an area that was a busy thoroughfare and had mobile hoisting equipment stored, causing a trip hazard. Auditing and monitoring mechanisms had not picked up any of these concerns, rendering them not fit for purpose.

Although care plans were in place and up to date, these were not person centred. There was no information recorded about the person as an individual or describing the person's life before they moved to Berengrove Park Nursing Home, who was important to them or their likes and dislikes. However, staff clearly knew people well and had good relationships with them.
We have made a recommendation about this.
There was little information around the home to tell people what was happening in the service. For example, what activities were taking place and when, so people had to rely on staff to let them know.
We have made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The manager had taken steps to comply with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. People were not being restricted and their rights were being protected. However, the registered person had not notified CQC they had made DoLS applications that had been authorised by the local authority. They are obliged to do this by law.

The manager at Berengrove Park had applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe living at the home. Staff had a good understanding of their responsibilities in keeping people safe. They could tell us their role in safeguarding vulnerable adults from abuse and were all clear they would always report any suspicions they had. Individual risk assessments were in place to keep people safe when receiving care and support.

There were adequate staffing levels in all areas of the home to ensure people received the care and support they were assessed as needing. Registered nurses were employed to make sure people's nursing needs were attended to by trained professionals. Suitable training was available to ensure people were supported well by staff who had the training and experience to fulfil their role. Staff were supported with their own professional development whatever their role through training as well as one to one supervision. The registered nurses were supported to maintain their professional qualifications.

People's health needs were met by registered nurses on every shift as well as referrals to specialist health care professionals. Initial assessments were carried out by the registered nurses to enable the manager to be sure the service was in a position to adequately support people. Care plans were developed with the involvement of people and their relatives where appropriate.
There was a caring atmosphere in the home and people and their relatives told us the staff were friendly, kind and considerate. Staff were happy and were singing and smiling while going about their work. There were good examples of people being treated with dignity and respect.

Complaints were investigated and responded to well. The provider personally addressed most complaints, responding quickly and feeding back to the complainant.

Surveys were carried out each year to gain the views of people, their relatives, staff and health care professionals. There was no formal mechanism for feeding back to people and their relatives about these and we have made a recommendation about this.

People, their relatives and the staff thought the service was well run and the provider and manager were approachable and supportive. There was an open and positive culture which focussed on people who used the service. The manager and provider were available, and people who lived in the
home, staff and visitors could speak with them at any time.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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.

The service was not adequately maintained. Poor lighting was evident in a busy area with trip hazards.

Cleanliness was an issue with some areas of the home not looked after to a suitable standard.

There were suitable numbers of staff to provide the care required by people.

Medicines were well managed by competent management and staff.

Is the service effective?

Good

The service was effective.

The personal development of staff, including registered nurses, was supported by suitable training to ensure they had the skills to support people well.

People's rights were respected by a good knowledge of the Mental Capacity Act 2005 within the staff team.

People were supported to maintain their health by good access to health care professionals, including registered nurses employed at the home.

Is the service caring?

Good

The service was caring.

People and their relatives said the staff were caring and kind.

There was a friendly and happy atmosphere in the service where people were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Personal information about the person as an individual, what and who were important to them was not recorded in care plans. However, staff clearly knew people well.

Good group activities were available for people to take part in, however, people did not have plans in place to make sure their individual social needs were taken into account.

People had detailed care plans describing their nursing and personal care needs.

Complaints were responded to quickly by the provider.

Is the service well-led?

Requires Improvement

The service was not always well led.

Actions from auditing processes were not monitored to make sure issues were observed or addressed.

The provider had not notified CQC of significant events.

Surveys were carried out but there was no mechanism to relay the results to those who had taken part.

The manager and provider were evident in the home and were thought to be approachable by people and staff.

Berengrove Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 and 13 April 2016 and was unannounced. The inspection team consisted of one inspector, a specialist nurse adviser 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.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with four people who lived at the home and five relatives to gain their views and their experience of the service provided. We also spoke to the provider, the manager, two registered nurses, four care staff and the chef.

We spent time observing the care provided and the interaction between staff and people. We looked at 12 people's care files and seven staff records as well as staff training records, the staff rota and team meetings. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in August 2014 we identified two breaches of regulations in this area. Environmental risks were found to be inadequate, with no lighting in some areas, creating a risk to people when using the corridors. The home had not been maintained to an adequate standard and was not free from offensive smells. There was a drainage problem creating a bad odour and bathrooms and toilets were poorly maintained.

At this inspection we found the provider had addressed the issues identified. New lighting had been installed in the areas of concern, windows had been replaced where the double glazing had blown and the drainage and bathrooms had been maintained to prevent odours. However, we found that people's safety was still compromised by a number of environmental issues.

People were very clear that they felt safe living at Berengrove Park Nursing Home. They could describe what to do if they did had concerns and felt unsafe. We had many comments from people, one person said, "The staff are a decent crowd, there are no problems with safety", and another told us, "Oh yes, I've felt safe".

People's relatives were equally clear that the home was a safe place for their relative to be. One relative told us, "She has been safe", and "She's never lost possessions", and another said, "As far as we know, she has been safe".

The cleaning schedule showed separate recording sheets for the downstairs and upstairs in the property for the domestic staff, and a night time checklist for the night staff. These showed that only the downstairs sheets had been completed. The upstairs sheet and the night time checklists had not been completed. The manager had not monitored these to make sure they were being completed or that the work had been carried out.
The standards of cleanliness posed a potential risk to the health of people living in the service. We found that although parts of the home were clean and looked after, some areas were grubby and were not cleaned thoroughly. There were lots of corridors and door thresholds between areas. These areas were of concern as the thresholds, in the corners and around edges, were grubby with cracked vinyl where dirt was collecting. The floors of the kitchen and dry food areas had not been adequately cleaned as areas under appliances had rubbish and fluff under them. Corners and edges of flooring were dirty. Posters and notices on the walls were old and grubby, held on with old tape that was peeling off. When these areas were pointed out to the provider and the manager, they arranged for the kitchen to be cleaned first thing the next morning.

People were not protected from potential cross infection. Slings were used for several people who required a hoist to move them. Slings should be used for one person at a time and not shared across people due to the risk of cross infection. However we found slings hung across all the mobile hoists stored in corridors. Each person who required this aid did not have their own sling. Staff would be unable determine which sling belonged to which person or be satisfied a sling had not been used by another person. This could also pose a safety risk as each sling is measured for each person. The manager agreed that this was a concern shared by her when we pointed the practice out to her. She told us that slings should be hung on the back of

people's bedroom doors to ensure they were only used by one person. Mobile and standing hoists stored in corridors were unclean, none of them had been cleaned for some time. There was no documentation to confirm when they had last been cleaned as part of a schedule.

The clinical room area where the nurses kept medicines and clinical equipment was not clean. The cupboards under the sink had been wet and over time had started to disintegrate along the edges, leaving bare and cracked wood. Effective cleaning could not take place. The area was open to germs and therefore infection in what should have been a clean space.

The premises and equipment were not of an acceptable standard of cleanliness. People were at risk of infection by the lack of robust cleaning schedules and the lack of monitoring. This was in breach of Regulation 15 (1) (a)(e) (2)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and Equipment.

Risk within the environment was not being managed to protect people's safety. Mobile hoists were stored within the corridor areas, which did not leave enough space for people and staff to pass safely without potentially tripping over and harming themselves. Two mobile hoists were stored in an area used as a busy thoroughfare, outside of the main lounge door. The space was dark as there was minimal natural light and the electrical light was not switched on. When we turned the light on it was flashing as though the bulb was about to expire. When we went back to the room the light had been switched off again and the hazard remained. We spoke to the manager and the provider to alert them and they were unaware that the light was switched off or that it was in need of repair. The provider spoke to an electrical contractor who came out the next day and replaced the whole light unit. The area looked much better, the lighting was natural and the area was safer. However, later in the day the light had been switched off again by staff causing the trip hazard to remain.

We found other areas of environmental risk. A cable and a mobile hoist charger were plugged into an electrical socket on a used corridor causing a trip hazard for people and staff. A hoist that was out of order, standing in a corridor, had bare wires and had not had a service when all the other hoisting equipment had been serviced, in January 2016, suggesting it had been out of use for many months. When we went back later there was a notice on it saying 'out of order' but it was unclear how long the faulty hoist had been there without a notice. The manager or provider could not tell us this.

Environmental risks had been identified and assessed, were comprehensive and had been reviewed regularly. However, they had clearly not identified the hazards described and were therefore not effective.

Hazards had not been fully identified and managed meaning people, staff and visitors were at risk of potential harm. This was in breach of Regulation 12 (1) (2)(a)(b)(e)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

Staff had a good understanding of how to safeguard the people in their care from abuse. They could describe their responsibilities in keeping people safe. Procedures were in place to support staff with the guidance they needed and details of who they could contact outside of the organisation if they needed to report a suspicion of abuse. A member of staff said, "I would have no problems raising a concern with the manager or the owner. We are all here to look after people".

Risks were identified with people to assess potential risks to them as an individual, controlling and managing each situation. For example the risks around manual handling for those who require assistance to move around the home and to get in and out of bed. Staff were able to keep people safe from situations that

may put them at risk by having guidance and processes to follow.

The provider had a comprehensive emergency plan in place covering eventualities that could affect the home. Staff had guidance to follow if emergency situations arose that would affect people's care. For example adverse weather conditions affecting staff being able to get in to work.

Fire safety had been considered and all appropriate measures were in place to make sure equipment was serviced and risks assessed. Fire alarm tests were carried out and all fire equipment had been serviced regularly. A fire risk assessment was in place, identifying for example where fire extinguishers were sited around the building. People had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the home in the event of a fire. The risks of fire had been assessed to ensure people were safe and that staff were confident of plans to keep people as safe as possible if such an emergency occurred.

Regular servicing and testing had taken place such as gas safety, electrical installations, legionella and portable appliances. Manual handling equipment, for example hoists and bath chairs were serviced regularly and records kept.

Accidents and incidents were recorded within an accident book as well as within the relevant files, either peoples care files or staff personal files. Incidents were investigated by the provider and action taken where necessary.

Some of the bedding and towels were in need of replacement, clearly looking tired and stained. The manager said she was aware towels needed replacing more often as they do wear out quite quickly with the amount of washing they require. She said she had already spoken to the provider about this with a view to purchasing new ones.

We would recommend the provider develops a suitable plan to renew bedding and towels before they get to the stage of looking unkempt.

There were enough staff on duty and deployed around the home to make sure people received the care and support they had been assessed as requiring. As there were two domestic staff, three chefs and three kitchen assistants, the care staff were able to concentrate on their caring duties and not expected to carry out other tasks such as cleaning or cooking.

People were protected from the risk of receiving care from unsuitable staff. New staff went through an interview and selection process. The provider's policy which addressed all of the things they needed to consider when recruiting a new employee was followed. We saw that any gaps in employment were explored by the manager and provider and recorded. If they were offered a position then the necessary proof of identity, reference checks and confirmation of previous training and qualifications were requested. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. The provider had checks in place to ensure all registered nurses employed kept their registration fully up to date with the Nursing and Midwifery Council (NMC). Registered nurses are unable to practice if they do not renew their registration each year.

People were protected from the risks associated with the management of medicines. People were given their medicines by registered general nurses (RGN) who ensured they were administered on time and as

prescribed. Medicines were kept safe and secure at all times. Temperatures of the clinical room and medicines fridge were checked daily to ensure they remained within the correct range. Medicine administration record (MAR) sheets were up to date, recorded and kept well. We observed an effective system for the storage and ordering to ensure that prescribed medicines would be available for people. The registered nurses used their professional skill to ensure people's medicines were administered in a safe and effective manner.

Good

Is the service effective?

Our findings

We asked people and their relatives if they thought the staff were skilled at doing their job. People gave good feedback about the staff. One person said, "The staff seem good at their jobs, even the new one who started yesterday". Another told us, "The staff are well qualified to this job". A relative of someone living at the service was positive, saying, "The staff seem to be competent". Another told us, "They are very good at their jobs. They really do care".

New staff joining the home received induction training before starting fully in their new role. They also shadowed a more experienced member of staff to get to meet people and find out what support they needed. The induction period also served to introduce the new employee to the providers policies and procedures and to familiarise themselves with the paperwork.

Staff had received all the necessary training to carry out their role well. Courses attended included safeguarding vulnerable adults, moving and handling, first aid, health and safety and infection control. The registered nurses were able to access the relevant training to uphold their clinical practice and carry out the role expected of them. They were aware of their legal responsibilities to maintain their registration through revalidation. Revalidation is a new requirement, from April 2016, to ensure registered nurses remain fit to practice and maintain their registration. The process demonstrates the nurse's ability to practice safely by staying up to date with clinical practice. Registered nurses were supported to maintain their professional skill in order to provide good nursing care to people living at the home.

Staff had the opportunity to have one to one supervision meetings with their line manager on a regular basis. The meetings gave the opportunity of a two way discussion about the staff member's performance and to address any issues and action required. The new manager had a supervision plan in place, making sure all staff received their one to one supervisions. Annual appraisals were carried out to discuss the personal development needs of each staff member. Some care assistants had been able to develop and take on more senior positions. One staff member told us they were planning to make an application to train as a registered nurse. Staff were able to develop their skills and the provider supported and encouraged staff to progress.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity showed that decisions had been made in their best

interests. The manager understood when an application should be made and how to submit them. Care plans demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People told us they made their own decisions, one person said, "I can make decisions for myself" and, "I can go to bed when I like and get up when I like as well". Relatives said that the staff supported people to make their own decisions when possible. One relative told us, "The staff are good, they do try and engage with her".

Capacity assessments had been undertaken to ensure people's rights were respected, making their own decisions whenever possible. If people lacked capacity to make certain decisions for themselves, best interest's decisions had been recorded. For example, some people had bed rails on their bed to prevent them from falling out. Bed rails could restrict people's freedom of movement so consent would be needed to have them in place.

People told us the food was good and that there was plenty of it. There were two choices of meals, however, if people did not want either of them the cook would make something else. One person said, "The food is lovely. Portions are fine and you get two choices". Another told us, "I like the meals here and the portions are big enough. As you get older you need less anyway". People's relatives were happy with the food and said that their loved ones also got plenty to drink and were helped to make sure they were able to finish their drinks. One relative said, "Before she came she was not eating well. Since being here she eats everything and has put on weight". The cook walked around the service at 11am each morning, speaking to everyone about what the choices were that day for lunch and tea. The cook had photographs of the meal choices to aid those who found it difficult to understand or to verbalise their choice.

People could choose to eat their lunch in the lounge area, with their lap tables, or in their bedroom. The cook was fully involved in serving the food, standing behind the warming trolley with people's menu choices and dietary list. Lunch time was a well organised and relaxed affair, everyone got their meal when it was hot and had the individual support needed to assist them. The cook asked for feedback from staff how much people had eaten and how they enjoyed it. People were able to change their mind about the choices they had previously made. One staff member said to the cook, "(name) has changed her mind and wants trifle now", as she brings back the fruit crumble the person had previously chosen. The cook immediately said, "OK then, no problem, get me a bowl". People could also ask for a second helping of food, a person said to a staff member, "I've finished all that" and the staff member said, "Do you want more? I'll fetch it". The staff member went off to the kitchen to get a second helping even though the food and trolley had been cleared away by then. All the staff were chatting away, some were singing and dancing and making people laugh. Everyone got lots of attention and were given encouragement and support. A person's relative was helping their loved one to eat their meal. They came in every lunchtime and clearly knew the staff well, joining in with the chat and banter.

People were happy that their health care needs were taken care of and healthcare professionals were contacted when necessary. One person told us, "They organise visits from the doctor and chiropodist" and another said, "If I was unwell, I'm sure they would call the doctor". Relatives were also confident about the support their loved ones received with their health care needs. One relative said, "The GP gets to see her and the dietician and Parkinson's nurse have been in".
People's nutrition and hydration was carefully assessed and monitored by the registered nurses to maintain safe health. Nutrition risk assessments were carried out and available in the individual care plan files. These were reviewed monthly so changes were easily noticed and acted upon. People's weights were also recorded monthly, or more often if needed due to concerns. Food and fluid intake were recorded daily

where necessary. Records showed, for example, if the person was able to feed themselves, or if they had needed help, how much food they had eaten or how much fluid they had taken.

Care plans included comprehensive recording of people's health care needs. Registered nurses ensured care staff knew what to look for and when to report potential concerns regarding people's health. For example, ensuring people's skin remained in good condition was considered within every care plan, individual to the person. How to care for people's skin and how to avoid pressure areas was part of the assessment and plan. People's health care needs were monitored closely and a range of specialist advice was sought at the earliest opportunity by the registered nurses to preserve the quality of good health. Such as a specialist Parkinson's disease nurse, end of life care facilitators, tissue viability nurses and speech and language therapists (SALT). Local GP's visited the service often and detailed records were kept of their visit and advice. The registered nurses liaised closely with visiting health care professionals. The manager supported people to maintain their health by seeking the advice of healthcare professionals at the earliest opportunity.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the care given at Berengrove Park Nursing Home. They told us that that they always found the staff to be caring as well as being friendly and respectful. A person living at the home said, "The staff are dedicated, they are very good". Another person told us, "The staff are very good, kind and considerate" and a third said, "Oh yes, they look after me well". A relative who was visiting felt the same, they said, "The general attitude of staff is pleasant, supportive and the majority are very understanding towards her and other residents"

Staff were welcoming and friendly. There was a nice ambience in the home where people and staff were happy and relaxed. Some staff were singing and occasional dancing as they went about their duties supporting people. Other staff told us this was a normal occurrence and this cheered everyone up, people and staff. One member of staff told us, "I think the most important thing about caring for residents is that they should be happy and content all the time".

People told us that staff were aware of maintaining their dignity while giving assistance. When discussing this with people we were told, "They (Staff) are respectful towards me. They are very good at giving me privacy when dealing with me". Staff described how they delivered support to people while maintaining their dignity and respect. For instance, they told us they would always shut the door when supporting people with their care. A relative confirmed this was the case, they said, "They do treat her with dignity, by shutting the door and drawing the curtains when dealing with her".

We noticed a person who became upset, a bit tearful while in the lounge area. A member of staff spoke quietly to the person in a really nice, caring manner. The staff member was touching the person warmly on the hand and arm. They then said, "Shall we go somewhere private where we can have a chat. Do you want a nice cup of tea?" Another staff member came into the lounge and saw the situation and immediately went to the person, talking to them in a caring and compassionate manner. We later saw the person back in the lounge looking happier and relaxed. Staff were careful and considerate when reacting to people's distress. Making sure they were not only supportive but also respectful of their privacy and dignity.

One person had a birthday on the day we visited and the cook had made a birthday cake. The cake was brought in to the lounge with candles. The person's family were visiting and all the staff came into the lounge, everyone sang 'happy birthday' and were clapping. The manager told us, "I think it is very important we make a fuss of people on their birthday as it may be their last".

Staff knew people well and had taken the time to get to know what is important to them. Each person had an activities record in their care file. One person liked a sixties pop star and had a poster of the star stuck on the wardrobe in their room. One recording in the activities record of this person said how a member of staff sang one of his songs to the person, describing the positive reaction received. A recording in another person's activities record described when a staff member told a person a joke and how they were laughing together. Staff clearly understood the importance of knowing people well so that they could tailor the time they spent with them to be able to leave a positive effect.

People were supported to maintain their independence as much as possible by staff listening to people, taking their time and not rushing them. One person said, "The manager is going to get me an electric shaver, so I can do it myself".

The staff were seen to communicate well between themselves and there was a sense of cooperation and goodwill between them. This encouraged a positive atmosphere that would be of benefit to the people living at the home, who would see a team enjoying their work.

Relatives were visiting throughout the day and were made to feel welcome at any reasonable time they chose to visit. Staff knew the family members and chatted to them with ease.

Staff understood their responsibilities in respecting people's privacy by maintaining their confidentiality. All records, for people and staff were stored securely in an office that was also locked when not in use.

Good

Is the service responsive?

Our findings

People told us they thought they received the care they needed. One person said, "I do what I can for myself, but I do get what I need". A second person told us, "I certainly do get the care I need here".
People, and their relatives where appropriate, were involved in the initial assessment of their needs and their on-going care plan. People told us they were involved in planning their care and their relatives also confirmed their involvement. One relative said, "I am aware of her care plan and she hasn't had a review yet".

People's basic needs had been assessed by a registered nurse, covering all the areas of nursing and personal care required by the individual before moving to the service. The assessment helped the manager to identify if the service was able to meet the person's nursing and personal care needs. This informed the decision whether Berengrove Park Nursing Home was the most appropriate place for the person to live and be cared for. The assessment helped to form people's care plans once the person moved in. Care plans were full and complete, covering every area of nursing care and personal support required by the person. For instance, the specialist needs requiring the professional skill of a registered nurse, medicines, nutrition and hydration or family involvement. Registered nurses reviewed people's care plans on a monthly basis to ensure their needs, nursing and personal, continued to be met.
Although it was evident staff knew people well and what was important to them, this was not always reflected in care plans. A lot of detail was included in the care plans but little information about the person themselves, their likes and dislikes. Care planning focussed on nursing and personal care needs and omitted to consider the person's previous life and experiences. This included the daily recording carried out by care assistants, they concentrated on being care task orientated and did not indicate the individual interactions that had taken place. However, it was clear that staff did know people well and had good interactions based on personal relationships.
We recommend the manager encourages staff to include the personal aspects of people's life and care when recording in care files, reflecting the individual.

People were generally happy with the activities on offer. One person said, "There is enough to do and I have the choice whether I join in or not". However, another said, "There is no entertainment". This was reflected in what relatives said about the activity opportunities on offer. A relative told us, "There is an excellent motivator who comes in on a Tuesday and Thursday and another person comes in at other times". Another relative said, "There are activities on Tuesdays and Thursdays and they try to engage residents". However, another said, "Sometimes someone comes round to entertain her".
The provider employed an activities coordinator who worked Monday, Wednesday and Friday. The activities on the remaining two days, Tuesday and Thursday, were provided by an external organisation. The activities on these two days concentrated on motivation such as mental stimulation, quizzes, visual stimulation and chair based exercises. There was good attendance at these sessions. The motivational session was in progress on the day we visited. The group running the session displayed a good understanding of people's individual abilities. People taking part were given an evaluation sheet at the end of each session. We looked at a number of these and most people scored ten out of ten. The activities coordinator providing the other three days activities also concentrated on interests that would stimulate the

mind such as quizzes and similar activities.
There was little evidence of information for people around the home which included no notices about the activities that were planned to take place. This meant that people wouldn't necessarily know what was happening in the home to be able to make decisions about what to get involved in. People were reliant on staff telling them what was on when. People did not have activity plans in place to plan for their individual social and occupational needs. Those who preferred to stay in their rooms or were nursed in bed due to frailty were regularly visited by staff to engage in social activity on an individual basis. However, activities were mainly based on group activities for those people happy to sit in the lounge area.
We recommend the manager looks into ways to engage people more fully with individual activities to provide further stimulation for those who choose not to take part in group activity or are unable to due to frailty.

People knew how to make a complaint and who to speak to if they needed to. One person said, "I've no complaints. I would go to the staff if I needed to" and another said, "I've never complained". Relatives were in agreement, one relative told us, "We've never needed to complain" and, "If we did we would speak to matron". Another relative said, "We've not made any complaints".

Complaints that had been made were recorded well with details of the complaint, how it was investigated and what had been done to resolve it. Verbal (informal) complaints were responded to quickly and appropriately. For example, a person's relative spoke to the provider about their loved ones night clothes and underwear that had gone missing in the laundry. The provider spoke to the relative with an explanation of what might have happened. The provider advised the relative to go out and buy new items to replace those that had gone missing. She asked them to bring the receipt to her and she would refund them the cost. The relative went out to buy new items and was refunded the next day.

The service had lots of compliments too. There were lots of thank you cards from many grateful families and friends.

The provider sent a survey to relatives once a year. The 2016 survey had recently been sent out. Ten responses had so far been received but as the date for return had not yet been reached, no formal evaluation had taken place. However, we looked at the ten that had been returned so far to gain a snapshot view. Comments included 'Quality of care second to none' and 'warm, friendly, homely and with good care'. We also looked at the previous year, 2015, and found there had again been primarily good feedback. Relatives were given the opportunity to voice their opinions and make suggestions for improvement.

Residents and relatives meetings were held regularly. The last meeting had been in February 2016 when the relatives of five people attended. Suggestions were seen to have been made and all had been actioned by the provider. The provider had also attended the meeting. One suggestion made had been to put a notice up so that people know when the hairdresser was visiting. A previous relatives meeting held in July 2015 showed a good discussion. An action plan was in place for the relevant member of staff to progress, either the manager, the nurses or care staff.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in August 2014 we identified one breach of regulation in this area. The provider had failed to make sure effective auditing and monitoring processes were in place to ensure the safety and quality of the service.

The provider sent us an action plan. However, we found they had not addressed all of the issues. A range of monthly audits were in place but these had not been carried out since December 2015 or January 2016 when the previous manager had left. The new manager told us they plan to start these again now she has settled in to her new role. The audits previously undertaken showed that although the audits had been recorded well and found some areas for improvement, it was clear from the concerns we found that many issues had not been picked up. The audits did not include action plans, so there was no recording of what action needed to take place, who was responsible or when it should be completed by. This meant that although issues were found, there was no clear way of ensuring these concerns were actioned and no way of monitoring that they actually had. Audits previously completed included medicines, infection control and prevention and catering. There was no evidence of identified issues having been actioned. People were at risk of practice that was not safe and at risk of receiving care that was not of good quality.
The provider had failed to ensure adequate auditing and monitoring processes were in place to check the safety and quality of the service provided. This was a breach of Regulation 17(1) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

It is the responsibility of the registered person to make a formal notification to CQC when an application has been made to the local authority for a Deprivation of Liberty Safeguards (DoLS) standard authorisation and this has been granted. The registered person at Berengrove Park Nursing Home had not made any formal notifications to CQC despite receiving eight DoLS authorisations.

This was a breach of Regulation 18 (1) (2)(4A)(4B) of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

People and their relatives were happy with the way the home was run and thought the manager and provider were approachable. One person told us, "The matron pops in to see if I'm OK" and "She is approachable. If you have any queries you can go to her". Another said, "The Home seems well organised". A person's relative said, "She seems quite comfortable here. The place suits her, it is run well". Another relative told us, "Most residents are happy, so it seems it is well run".

Staff said they would have no problems raising concerns of any nature with the manager or the provider. They found them both to be approachable and available. They were aware who to contact outside of the home should this be necessary if their concerns were not taken seriously.

The service had a caring atmosphere and staff confirmed this was the approach expected. The provider had a statement of purpose that set out the vision and values of the provider and their expectations of the staff they employed. One member of staff said, "I like working here. It's satisfying knowing you are doing a good

job".

The provider was visible in the home every day and had her own office in the property. She was involved with the day to day running of the home and knew everyone well, people and staff. She was regarded by staff as being supportive and in touch with the home. Although not from a nursing background herself, she had owned Berengrove Park nursing home for many years so had a good insight into her own responsibilities and those of the nurses she employed. The registered nurses found her to be a good source of support. Her willingness to support them in ensuring they could maintain the standards required to maintain their clinical practice and registration was evident.

The manager was new in post, since February 2016, and had not yet completed their application to register with CQC. However, they told us they had started the application process. The manager herself was a registered nurse, supporting her team of nurses to maintain the nursing standards within the home as well as becoming familiar with her responsibilities as a registered manager.

The last staff meeting had taken place in June 2015. The planned meeting following this one had not taken place due to the departure of the previous registered manager. The new manager said she planned to reinstate staff meetings as a priority as she understood the importance of keeping good communication within the team, of keeping them updated and ensuring the personal development of staff.

The provider had all the relevant policies and procedures in place, all up to date, to guide staff to follow the correct processes when needed. There was a good understanding within the staff team of their own role and the roles of others. For example, the care staff knew what the responsibilities of the registered nurses were and where their own role fitted in with this. They were clear of the tasks allocated to them and their own professional relationship with people as opposed to the nurses.

The provider sought feedback of the services provided from various sources. People told us they had been asked their views, one person said, "There is a yearly questionnaire" and "Things have not got any worse". Relatives had also had the opportunity to give their feedback through a questionnaire. A relative said, "There has been a questionnaire and I think they would respond to a suggestion". A second relative told us, "There are questionnaires".

As well as asking people and their relatives for their views of the service, the provider also asked staff for their views by sending out a questionnaire. 24 questionnaires were sent to staff in August 2015 with only nine returned. The provider said they had not analysed the staff questionnaires as those that had been returned gave very little comment. Staff had told the provider that they always raised concerns or ideas and would continue to do so.

A survey of health and social care professionals who had contact with the service was sent out annually, the most recent in July 2015. Of the 13 questionnaires sent out, seven were returned. Mostly good feedback and comments were received. Comments made included, 'Berengrove is a caring home. They go the extra mile to make sure their service users are comfortable' and, 'they take up challenges and meet them appropriately'. When asked about the accommodation provided, scoring was mainly 'OK' or 'poor'. Comments included, 'some of the carpets and furniture look a bit tired' and 'I feel the environment does not reflect the care given'.

The provider discussed results of relatives and stakeholder surveys with staff, particularly areas for improvement and how they would respond. However, no formal mechanism was in place to feed back to people and their relatives about the surveys they had carried out. The provider told us a memo would be

posted on the home notice board for visitors to see what actions would be taken to make improvements.

We recommend the provider evaluates the results of all surveys and uses a formal mechanism to provide people, their relatives, and stakeholders with their findings and their plans for improvement.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not made any formal notifications to CQC despite receiving eight DoLS authorisations. Regulation 18 (1) (2)(4A)(4B)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Hazards had not been fully identified and managed meaning people, staff and visitors were at risk of potential harm. Regulation 12 (1) (2)(a)(b)(e)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate cleaning and maintenance. Regulation 15 (1) (a)(e) (2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure adequate auditing and monitoring processes were in place to check the safety and quality of the

service provided.
Regulation 17 (1) (2)(a)(b)