

Berkeley Home Health Limited

# Berkeley Home Health - Somerset and Wiltshire

## Inspection report

4 The Business Courtyard  
Marl Pits Lane, Trudoxhill  
Frome  
Somerset  
BA11 5DL

Tel: 01373836767

Website: [www.berkeleyhomehealth.com/berkeley-home-health-somerset-wiltshire/](http://www.berkeleyhomehealth.com/berkeley-home-health-somerset-wiltshire/)

Date of inspection visit:  
19 July 2023  
20 July 2023

Date of publication:  
17 August 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Berkeley Home Health - Somerset and Wiltshire is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 19 people using the service.

Not everyone who used the service received personal care. 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

People received safe and consistent care. Staff were supported well by managers and an out of hours on call system.

There were sufficient staff to meet people's individual needs. People told us staff usually turned up on time and stayed for the full duration of the visit. Staffing was planned flexibly to meet people's individual needs. Staff were recruited safely.

People's medicines were managed safely. Risks to people were assessed and mitigated. Lessons were learned and improvements were made when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems to engage people, their relatives, and staff in the service. Staff support, teamwork and staff morale was good. Staff were positive about their work and clear about the aims of the service. There were a range of quality monitoring systems in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 01 August 2018).

### Why we inspected

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

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Berkeley Home Health - Somerset and Wiltshire

## **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.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience who made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

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

### During the inspection

Inspection activity started on 17 July 2023 and ended on 21 July 2023.

We visited the location's office on 19 and 20 July 2023. We spoke with 3 people and 3 relatives on the telephone and visited 3 people in their home to receive feedback on the care provided. We spoke to 4 staff including the registered manager. We requested feedback from a further 3 staff via email. We received feedback from 1 professional. We reviewed a range of records. This included policies and procedures, 2 staff files, 3 people's care plans and records, medication records, training data and quality assurance records.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were supported safely. Individual risks to people were identified in areas such as skin integrity, mobility, falls and the use of bed rails.
- One person's bed rails risk assessment did not include the risk of entrapment in the rails, we discussed this with the registered manager who told us they would include this in the risk assessment. Another person had a known reoccurring health condition. Although this was known within the team and the registered manager explained the action they took if the health condition occurred, there was a lack of information in the persons care plan detailing this. We discussed this with the registered manager who confirmed they had recorded this in the persons care plan during the inspection.
- Staff were aware of the risk assessments. One staff member told us, "All risks are set out in care plans and within our app we can read the risk assessments. If someone's needs change [Name of registered manager] will send us an update. At the weekend I phoned on call and [Name of registered manager] went to a client's home to complete a risk assessment on a new piece of equipment within an hour."
- Care plans gave information around people's equipment and their personal environment to ensure they and staff were kept safe.
- The service had a business continuity plan which identified the actions that should be taken in the event of an adverse event.

### Preventing and controlling infection

- The provider's infection prevention and control policy had not been reviewed since April 2021, we discussed this with the registered manager who told us they would address this.
- There were systems to help prevent and control infection. People told us staff used personal protective equipment (PPE) when they were supporting them.
- People's care plans included some infection, prevention, and control (IPC) measures which staff should follow.
- Staff received training in IPC and confirmed they had access to enough PPE.

### Staffing and recruitment

- People were supported by a consistent team of staff who knew them well. One person said, "I see the same carers, they are like friends, you get to know them." A relative said, "[Name of relative] has the same carers coming each day. The times of some of the calls can differ day to day but we get a rota which has the times on and as far as I am aware they come at the time it says. [Name of relative] has never told me they are rushed during calls." One person told us they weren't always informed if carers were running late, we discussed this with the registered manager who told us they would ensure this was communicated to

people.

- Staff told us there were enough staff and their visits were well planned. A staff member said, "Rotas are planned well, there are no missed calls that I am aware of, the work is manageable, I think the staffing is ok."
- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included confirmations on previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We identified 1 short gap in a staff members employment history, the registered manager confirmed they would address this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe with the staff they know what they are doing." People's relatives also felt their loved ones were safe. One relative commented, "I know [Name of relative] is safe with their regular carers, we have both got to know them very well and they are all really nice people."
- Staff had received training in safeguarding and knew how to identify and report any concerns both internally and externally. One staff member said, "I definitely know people well so would recognise any changes, in the first instance I would report to [Name of registered manager] and I am confident they would take action. I would contact the head office if needed and there is CQC if things don't get sorted, I have never had to, but yes, I definitely would."
- The registered manager was aware of their responsibility to report safeguarding concerns to the local authority and the CQC as required.

Using medicines safely

- Medicines were managed and administered safely. People told us they were given their medicines as prescribed and on time. One person said, "They help me with my medication, yes its fine, they know what they are doing."
- Electronic medicine administration records (MAR) were completed and regularly audited. Staff were clear on procedures to follow in the event of an error or any medicines concerns. Care plans detailed how people liked to take their medicines.
- One person was prescribed a pain patch which staff supported them to apply on alternate legs weekly. Staff were not recording which leg they were applying the patch on, which meant they may not have the information required to know where to apply it when it required changing. We discussed this with the registered manager who told us they would ensure this was recorded.
- Staff received medicines training and assessments of their competency were conducted. One staff member told us, "We have [medicines] training and our competency checked, 6 weekly spot checks are carried out."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Actions were taken to prevent recurrence and keep people and staff safe.
- Communication systems ensured information and learning was shared with the staff team. One staff member told us, "Learning is shared in the team, new staff can ask questions, communication is very good, we have a learning culture in the team."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the service. People were provided with a reliable, consistent service with caring staff. One person told us, "I don't have any problems with anything, the carers come when they should, and they are all very nice." A relative told us, "Absolutely brilliant service, I cannot find a negative comment to make. I have total confidence in everything the carers do for [name of relative]. From my point of view, I don't think anything could improve."
- The registered manager led by example, was visible and approachable. People and relatives knew the registered manager. One person told us, "I get regular phone calls from the [registered] manager to check that everything is okay, and I know if I need anything I can ring [name of care coordinator] and they sort it for me." One relative told us, "I feel I have a good relationship with the [registered] manager, I get told about anything I need to know, and they regularly ring to check we are ok."
- Staff were positive about working for Berkeley Home Health - Somerset and Wiltshire and they told us they felt valued. One staff member told us, "The [registered] manager is excellent, they are very supportive, I feel very valued by the managers." Another staff member told us, "We are a fantastic team, the [registered] manager is approachable and friendly, we are well looked after and appreciated."

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 registered manager was aware of their responsibility to act openly and honestly when things went wrong.
- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.

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

- There were systems in place to monitor and improve the quality and safety of care provision.
- The registered manager and provider had a range of quality assurance checks in place, areas covered included medicines, incidents and accidents and safeguarding. An action plan was in place detailing where improvements to the service were required. The action plan demonstrated where they had made progress.
- The provider had arranged for an external company to carry out an audit on the service in May 2023.
- The registered manager also carried out a range of spot checks on care provided and staff.
- Statutory notifications were submitted as required. Statutory notifications are important because they

inform us about notifiable events and help us to monitor the services we regulate.

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

- People and their relatives felt engaged in the service. One person told us, "If I need to get in touch with the office I usually can, and who ever answers is very helpful and does help me." A relative told us, "The communication is excellent, I can always get to speak to [registered manager] if I need to."
- The registered manager had arranged an 'amaryllis competition'. This involved people growing an amaryllis plant and engaging in the service's social media pages to share progress and pictures. One person told us how they had really enjoyed this. The registered manager commented, "We learned that we could bring joy into people's homes as a lot of the clients are not able to leave their home. The clients would also share their secrets of gardening with the support workers, which was interesting to learn from the clients. This brought out some confident engaging conversations for some clients that would struggle to find something they thought was interesting to talk about."
- The registered manager conducted regular calls and visits to people to seek feedback on the service received and acted upon this.
- Staff meetings were arranged for staff to attend. Minutes demonstrated areas covered included, safeguarding, health and safety, medicines, training, risk assessments and thanking staff. Staff felt able to voice their opinions and felt listened to. One staff member told us. "I can tell them [managers] what I think and find them very approachable."

Continuous learning and improving care; Working in partnership with others

- There were systems in place to promote learning. Managers meetings were held and the registered manager told us any lessons learnt were shared. Staff told us learning from incidents was encouraged and shared with the team.
- The registered manager gave examples of where they had applied learning, for example, for complaints and feedback from people and relatives.
- The service worked in partnership with other organisations to support care provision. For example, social workers and occupational therapists. One professional told us, "I found them to be very thorough in their care planning, and quick to communicate about concerns and risks."