Young@Heart (Bernash) Care Home Ltd

Bernash Care Home

Inspection report

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Date of inspection visit: 06 and 10 February 2015
Date of publication: 20/04/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 6 February 2015 and 10 February 2015 and the first day of our visit was unannounced.

At our previous inspection on 17 July 2014 we asked the provider to take action to make improvements in relation to;

- Consent to care and treatment
- Records
- Assessing and monitoring the quality of service provision

At this inspection, we found these actions had been completed.

Bernash Care Home is registered to provide personal care and accommodation for up to 23 people. On the day of our visit there were 14 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the care and support some people needed was not fully assessed and this meant for these people there was a risk support was not provided in the best way for them.

There was a lack of individualised activities for people to do to provide them with occupation and relaxation. We have made a recommendation about the development of activities that may be beneficial for people who are living with dementia.

People told us they felt safe and we saw staff provided care in a safe way to them. Staff understood what the signs of possible abuse were and they knew how to report concerns about the safety of people in the home. Staff understood about the Mental Capacity Act 2005. They knew how to properly seek consent, and when people could not give this they understood that a capacity assessment would need to be carried out.

Staffing levels were calculated based on the individual needs of people living at the home. Staff were caring and experienced and had received training to assist them to undertake their role effectively.

There were safe systems in operation when new staff were recruited. New members of staff completed an induction training programme before they began working in the home.

People were able to have their friends and families visit whenever they wanted them to. We saw people have lunch with their visitors. The visitors we spoke with told us they were made to feel welcome by the staff in the home. This meant people were supported to keep in close contact with people who were important to them.

The registered manager was supported in their role by a regional manager. Both managers were aware of improvements which still needed to be made and systems to monitor the quality of the service were in place. There was an action plan in place to address improvements with timescales to ensure action was taken promptly.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Staff knew how to recognise and report abuse.

People's medicines were managed in a safe way for them at the home.

People lived in an environment that was clean and was kept safely maintained.

There were recruitment procedures in place that aimed to ensure suitable staff were employed to work at the home.

There were enough staff to provide people with the support and assistance they needed.

Is the service effective?

Good

The service was effective.

Peoples' nutrition and hydration needs were met and they received enough to eat with suitable support.

The staff knew the needs of the people they were supporting and the care they required. The staff had received training and were competent to provide the support people required.

Action had been taken since the last inspection to help to ensure the requirements of the Mental Capacity Act 2005 were now being met. People were only deprived of their liberty with the necessary authorisation.

Is the service caring?

Good

The service was caring.

People told us that they felt the staff were caring. The staff were observed caring for people with a kind and compassionate approach.

People were treated in a respectful way and their privacy and dignity were promoted by the actions of the staff who supported them.

Staff were patient and warm in their approach with people, they took plenty of time to speak with people and to engage them in friendly, two way conversations.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Some people's needs were not properly assessed and this meant for these people support was not provided as agreed in their care plans.

Summary of findings

There was a lack of individualised activities for people to provide them with occupation and relaxation.

There was an effective system in place to respond to complaints or concerns.

Is the service well-led?

Good

The service was well-led.

There were effective systems to monitor and assess the quality of the service provided in the home.

Staff felt very well supported by the registered manager. They felt that the culture of the organisation was centred on providing people with high quality care.

People and their relatives were asked for their opinions of the service and their comments were acted on by the service.

Bernash Care 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.

We visited the home on 5 and 10 February 2015. Our first visit was unannounced and the inspection team consisted of one inspector. On the first day of our visit to the home we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were being cared for. We returned to the home to look in more detail at some areas and to look at records related to the running of the service.

At our last inspection we had found that the service was failing to meeting the regulations in relation to consent to care and treatment, records and assessing and monitoring the quality of service provision.

During our inspection we spoke with eight people who lived in the home, two visitors, three care staff, the deputy manager, the registered manager and the regional manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Good

Is the service safe?

Our findings

There were processes in place to help to keep people safe from abuse and free from harm. Staff were knowledgeable about abuse and were able to tell us what to do and who to report it to if they were concerned about someone. They had attended training to help them understand what abuse was. They also knew who to report concerns to if they had them. Staff also knew how to whistle blow about the service if they thought there was malpractice or illegal activities taking place. They said they would have no hesitation in reporting any concerns about the service if they had them.

We saw that the staff provided the care people needed promptly and in a safe way. People who could tell us their views said that there was enough staff to provide the support they needed. We saw staff discreetly observed someone who was unsteady on their feet and staff supported them safely.

Staff understood the person's needs and said they were offering them extra support at this time because they were unwell. Where people were not able to make their views known, we saw staff responded to them appropriately and provided them with care and support in a safe way. For example, we saw staff assisted people to have their medicines while following a safe procedure.

Risks to people's safety were appropriately assessed and actions put in place to keep people safe where needed. The care records included a risk assessment for each person which identified risks people may experience. For example, one person was at risk of falling due to being unsteady on their feet and there was guidance for staff to help to keep them safe when they walked Staff were able to tell us what was in people's risk assessments and knew how to keep people safe.

There was enough staff at the home to meet peoples' needs safely. The registered manager told us they planned the numbers of staff on duty based on the needs of the people living at the home. They told us they increased the staff numbers when people were physically unwell and needed extra support. Our observations and the staff rotas demonstrated there was enough staff to meet the needs of people living at the home.

The medicines people required for their health and well-being were stored and managed safely. Up to date records were kept of all medicines that were received at the home and when they were disposed of. Medicine administration records mostly showed how people had received their medicines or why they had not been given. However, we saw three gaps at night on two records were there was no reason recorded for why people had not received their topical creams as prescribed. We brought this matter to the attention of the registered manager who agreed to address this with the staff concerned. All staff underwent regular medicines administration training to ensure they were safe and competent to give out peoples' medicines to them.

The provider had an effective recruitment system to ensure suitable staff were employed. All the necessary checks and information had been obtained before new staff were offered employment in the home. At least two references were obtained for all prospective new staff and gaps in employment were explored to ensure they were suitable to be employed.

Systems and checks were in place to help to keep the home safe for people. There were up to date maintenance checks of the premises carried out. These included checks of fire alarms, fire fighting equipment, water temperature checks and the hoists. There were also checks done of the fridge and freezer temperatures to ensure foods were stored safely.

We saw that accidents and incidents that happened in the home were being reviewed and actions were taken where needed to minimise the risk of a reoccurrence. The manager showed us how they looked for any trends or themes such as if a person had a fall at a certain time on a regular basis. We saw how care plans were updated after accidents and incidents had taken place that involved people at the home. The staff told us these matters were discussed with them at team meetings.

Good

Is the service effective?

Our findings

At our inspection in July 2014 we found that suitable arrangements were not in place to protect people when they lacked capacity to make informed decisions and this was a breach of Regulation 18. At this inspection we found action had been taken to bring the service up to the required standard.

The registered manager had attended Mental Capacity Act 2005 (MCA) training. The MCA is a legal framework for acting on behalf of people who lack the capacity to make their own decisions. We saw that a best interested decision had been made in relation to a person's safety if they left the home without suitable support We saw that they had taken appropriate advice about individuals to ensure they did not place unlawful restrictions on them. They showed us recent Deprivation of Liberty Safeguards (DoLS) applications they had made to the local authority in relation to some people who lived at the home. This was for people who were subject to a level of supervision and control that may amount to deprivation of their liberty. The staff also told us that the registered manager had recently spoken with them at a meeting about DoLS and how this legislation can impact on people.

Staff assisted people who needed extra support to eat their meals and this was done discreetly. We heard staff gently encourage people who needed to eat more for their health. Staff help people who needed support with their mobility by using the right equipment to properly assist them.

People were supported to eat and drink enough and choices were provided. Care records explained how to provide people with support with nutritional needs. An assessment had been completed using the Malnutrition Universal Screening Tool (MUST). This is a recognised screening tool to identify people at risk of malnutrition or obesity. Care plans clearly showed how staff should assist people with their particular dietary needs. For example, where people needed meals to be of a certain texture to ensure they were able to eat them properly this had been explained. It was also explained in care records when people needed staff to assist them. One person told us, "the food is lovely". People or their relatives had been asked by staff what meals and drinks they enjoyed. This information was known by the chef who kept a record of this in the kitchen. Some people needed to have their fluid intake monitored to check that they had enough to drink. Records showed that staff were completing these records accurately and were aware of the specific needs of people.

People and their relatives confirmed that the staff knew the support people needed and their preferences. Staff were knowledgeable about the needs of people they supported and what was important to them. They were able to describe how different individuals liked to dress, how they liked to spend their day what foods they liked and who was close to them in their life.

Staff communicated effectively with the people who they supported. The staff showed how they assumed that people had the ability to make their own decisions about their daily lives and we saw them give people choices in a way they could understand. They gave people the time to express their wishes and respected the decisions they made. For example, one staff member sensitively spoke with one person about how they could assist them to eat their lunchtime meal. Another staff member sat next to a person and spoke with them about the meal. They assisted the person to eat in a discrete way.

People were supported with their physical health needs. A GP from the local surgery visited the home on a regular basis to see people when needed. We met a district nurse and a GP who had come to the home for medical consultations with people. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. We read in people's care records when they had seen the dentist we saw appointments were made for people when required.

The registered manager had arranged a programme for staff to develop their skills and knowledge in specialist areas. They had put in place a supervision plan for staff and regular supervision sessions were taking place. Staff told us these supervision meetings were useful and helped them to fulfil their roles effectively.

Staff had completed a range of training relevant to their roles and responsibilities. This included training to keep people safe, such as moving and handling, infection control, food hygiene and fire safety. In addition staff were booked onto a specialist dementia training course in March 2015. New staff were supported to carry out their role effectively by undertaking an induction programme. We saw that the induction programmes addressed a number

Good

Is the service effective?

of areas including health and safety, safeguarding adults and how to care for people in a respectful and dignified way. The registered manager told us this training was run by an organisation that specialises in dementia care.

Good

Is the service caring?

Our findings

People made many positive comments about the care provided at the home. No one who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care. One visitor to the home told us, "this is meant to be the best home in the area. We looked at lots of different ones and this one stood out because the staff were so kind, attentive and caring".

One visitor told us that they had no concerns about the care provided to their relatives. They told us, "they have welcomed my relative in so and they have been very caring". Another relative was observed talking with the register manager who was explaining to them what their relatives needs were.

We spent time on both our visits sat in the main lounge. We observed how people who could not express their views were cared for. All of the staff were kind, caring and respectful to people they assisted. The staff spoke in calm and discreet way to people. They also anticipated people's needs. For example, staff prompted people with drinks and snacks in a sensitive way.

When people were not able to make their views known we found that they were supported so that their views were fully represented when decisions were made about their care and support needs. Relatives told us they were asked for their views of the care and support they thought their relatives would want to be provided with. We also saw that care records included a life history about people that included information about what they enjoyed and valued in their lives. Staff told us this information had helped them to get to know people and to understand what they enjoyed and what mattered to them in their life.

We saw staff showed respect to people and treated people in a way that maintained their dignity. This was evidenced in a number of ways. Staff spoke in a quite tone of voice if people needed help and support with their personal care. They also called people by their preferred terms of address and used a respectful tone when they spoke with them. People were called by their preferred terms of address by the staff who supported them. The staff told us the registered manager regularly worked alongside them and would monitor how they supported people to ensure they did so in a way that maintained dignity and was respectful.

We saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We observed consistently positive interactions and saw staff laughing and joking appropriately with people. People looked animated and relaxed with the staff. . We also saw that the staff gave gentle support to a person who became anxious. This helped the person to become less anxious and to be able to enjoy their lunch.

Requires Improvement

Is the service responsive?

Our findings

At our inspection in July 2014 we found that suitable arrangements were not in place to ensure accurate records were maintained and this was a breach of Regulation 20. At this inspection we found action had been taken to bring the service up to the required standard.

Since the last inspection we saw that the majority of people's care plans had been rewritten or updated to better reflect people's needs. People had been asked for their views as part of the planning of their care .We saw that peoples relatives were also involved in helping to ensure that the staff understand what their relatives needs were and how they would like to be supported.

Some people's assessments did not fully show what their needs were and how staff should support the person concerned. For example, one person who was physically frail required specific assistance when they got up each day. Staff were knowledgeable about how to provide assistance to people but care plans did not provide clear information to ensure the person received consistent and personalised care. **This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

During our observations of daily life we found that people did not always have enough to do at the home that was stimulating for them. One person told us "there is not enough to do here", another person said, "not a lot goes on". There was a visit once a week from a different weekly entertainer or singer. People told us they enjoyed these sessions. A local church service was run at the home regularly too. We saw staff engage with people and sit with them and talk to them about daily life and interests they had. We also heard music on both days of our vast One person who aw new to the home liked a certain type of music and this was playing for them. However we did not observe on either days of our visits any other meaningful and stimulating activities for people to be engaged with.

The registered manager had introduced a list of activities that were on display on the office notice board that were to take place each day. These included quizzes, bingo, and relaxation activities.

The staff told us these were not always taking place. It had not been identified if these were the activities people wanted to do, and there was no evidence in care records of whether these activities were relevant to people's needs, particularly those living with dementia.

Care plans included information about what name people preferred to be known by, and we saw that staff used these names. We also saw some information about people's preferences or personal history. Care plans were being reviewed and updated on a regular basis .This was to ensure they still accurately reflect what support people needed and how to provide it.

The staff told us about people's individual preferences and daily routines. Staff also told us they each supported a small number of people with their particular needs. For example they were allocated the care and support of certain people to help to get up each day .They were also allocated people to assist with their meals .Staff explained this helped them become familiar with people and what sort of care and assistance they required. They also said caring for people in this way helped ensure they received an individualised service centred on meeting their unique needs.

The registered manager told us they worked closely with staff to ensure they listened to what people's views were and supported them in a suitable way. Staff confirmed that the registered manager observed how they supported people to ensure they treated them respectfully and engaged them when they assisted them with their care. This was evidenced when we observed staff on both days of our visit. Staff spoke to people before they assisted them with their care needs such as with mobility support .They told the person what they wanted to do to help them and were patient and sensitive in the way they explained things. This way of communicating with people was also now clearly explained in care records.

Staff told us how they responded to complaints and understood the complaints procedure. A relative told us that if they did have a concern they were confident the registered manager would addressed the matter promptly. People and their relatives were given a copy of the complaints procedures when they came to the home. We saw people were relaxed in manner to approach the

Requires Improvement

Is the service responsive?

registered manager and we heard people talk about a range of matters with them. There had been two complaints since we last visited; both of these had been addressed by the provider and the registered manager.

We recommend that the service consider the research of current best practice around social and therapeutic activities that benefit people living with dementia.

Good

Is the service well-led?

Our findings

When we inspected the service in July 2014, we found the systems used to assess and monitor the quality of the service were not effective and this was a breach of regulation 10. At this inspection we found action had been taken to bring the service up to the required standard. Suitable systems were now in place for checking and monitoring the standards in the home. The registered manager and the regional manager had identified through the quality audit process that some care records did reflect an assessment of people's needs. They had also identified that there was a need for more purposeful and individualised activities for people living at the home.

The regional manager and the registered manager had commenced employment since our last inspection. We saw the completed audits they had carried out e to assess the quality of the service. The registered manager confirmed this information was then used to make changes. We saw there were audits on infection control, medicines and care plans. We found that these had picked up the issues and causes for concern that we found in each of these areas, for example, that care plans were not fully updated and activities for people needed improvement. There was an action plan that set out how the regional manager and the registered manager were going to ensure these actions were carried out and without delay.

The views of people and staff were listened to about how the home was run. The regional manager told us people had been actively involved in recruiting the registered manager for the job. They explained that people met all the candidates for the position and were asked to vote on each one of them before a final decision was made.

Staff said they felt able to raise concerns with both of the managers and felt listened to by them and the culture of the organisation was open and supportive. They told us the registered manager was extremely approachable and worked alongside staff and knew people who lived at the home very well. We observed the registered manager working closely with staff and supporting people who lived at the home on both days of our visit.

The registered manager had implemented staff meetings which were held on a regular basis. These were for all staff to raise issues in the home, risks, changes to people's health and actions for the day. Staff were also supported with regular supervision meetings with the registered manager. We also observed staff approach the registered manager and the regional manager during our visit. The staff were observed raising any issues or matters they needed guidance on with both managers.

People who lived in the home and their relatives were being regularly asked for their opinions of the service and their comments were acted on. The registered manager had introduced residents and relative meetings. The minutes of the most recent meeting showed that people were being consulted about the planned décor in the home and the registered manager confirmed their views were being acted upon. There was a programme of redecoration and there were planned changes to make the home more suitable for people living with dementia. For example by using colour schemes to help people recognise what part of the building they were in.