

St Bernards Residential Care Home Limited

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Inspection report

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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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: St Bernard's Residential Care Home provides accommodation and personal care for up to 43 older people. At the time of the inspection 38 people were living there.

People's experience of using this service:

People told us they felt safe and happy living at St Bernard's Residential Care Home. Staff understood people's needs, how to keep them safe and their responsibilities for reporting any concerns.

People told us they enjoyed the food and that staff helped ensure they remained healthy and received their medicines correctly.

People had been involved in developing their care plans, but recently, due to short staffing, these had not all been kept up to date and fully completed. A new key worker system was being implemented to resolve this.

People had several options regarding how and where to spend their time. People's views on planned activities were sought and a new staff team was taking responsibility for ensuring people had meaningful days based on their individual preferences.

People and staff confirmed staff were competent and well trained. People described staff as professional and valued the way staff protected their dignity. People were relaxed in the presence of staff and shared laughter and jokes, as well as hugs throughout the day.

The provider was keen to identify ways to improve the experience of people living in the service. They spent time researching different ideas that might benefit people. They shared their philosophy of 'feelings based care' with staff by encouraging them to take time to sit with people or to sit observing people. This helped staff see where improvements could be made to people's day.

Some checks and audits were completed of the service, however these did not always look at the detail of records and had not identified the gaps we found during the inspection. We have made a recommendation about this. We also made a recommendation about recording people's consent.

Rating at last inspection: Outstanding. 25 June 2016.

Why we inspected: This was a planned inspection based on the previous rating.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
The service was not always safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below.

Requires Improvement ●

St Bernards Residential Care Home Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by an adult social care inspector and two experts 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. The experts by experience's areas of expertise was older people.

Service and service type: Residential care home

St Bernard's Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People living in St Bernard's Residential Care Home received any nursing needs from the local district nursing team.

The home accommodates 43 people in one adapted building over three floors. Various internal and external areas were available for people to use, including a spa.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The two providers and the registered manager were present in the home on most days.

What we did:

Before the inspection we reviewed information we held on the service such as the provider's information

return and notifications submitted by the provider.

During the inspection:

We spoke with:

- twelve people
- six relatives or visitors
- thirteen staff
- the registered manager
- the providers
- a district nurse

We looked at included:

- six people's care records
- four staff and two volunteer recruitment files
- training for all staff
- records of accidents, incidents and complaints
- records showing how the registered manager and providers reviewed the quality of the service

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "The people who look after me make me feel safe" and "If I need help there is always someone available."
- People were protected from the risk of abuse. Staff had received training on safeguarding and understood their responsibilities for reporting any concerns they had.

Assessing risk, safety monitoring and management

- People's records detailed risks to people relating to their need and gave staff guidance regarding how to reduce these risks.
- People had personal evacuation plans in place to help ensure their needs were known in an emergency.
- Prescribed creams and spa treatments were, at times, left in communal areas of the service. The registered manager assured us these would not pose a risk to anyone living in the service at the time. However, they acknowledged an assessment of the risks should have been completed. Following the inspection the provider confirmed creams were no longer left in communal areas.

Staffing and recruitment

- People were supported by suitable staff. Checks had been undertaken to help ensure the right staff were employed to keep people safe; however staff had not always provided their full employment history and these had not been sought by the provider. The registered manager told us they would ensure these were in place in all recruitment files.
- The service had recently recruited several new staff members who were in the process of being trained.
- Staff were not rushed during our inspection and acted promptly to support people when requests were made.

Using medicines safely

- People told us they were happy with the way staff managed and administered their medicines.
- A new, electronic medicines administration system was being used. Staff had received training on it and had requested further support if they had any queries or problems with it.
- Staff ensured they offered people choice about how they took their medicines.

Preventing and controlling infection

- People told us they were happy with the cleanliness of the service. One person explained, "I have just left my room and I know it will be lovely and clean when I go back."

Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred.

- Actions were taken following incidents to help ensure similar incidents were not repeated in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us staff understood their needs and preferences; and that these had been requested before they moved into the service. A relative confirmed, "They asked things like what [...] likes and dislikes and what she likes to eat. I made a list"
- People confirmed they were happy with the way their needs were met by staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the food and were able to make choices about what they had to eat.
- A new staff role had recently been designed that would monitor which food was popular, and involve people more in planning what meals were on offer.
- Some people were supported to eat, and this was done in a respectful way.
- There were systems in place to alert kitchen staff to any changes to people's dietary requirements.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.
- A healthcare professional told us staff always accompanied them on visits to see new people and were knowledgeable about people's needs and any changes or concerns.

Staff working with other agencies to provide consistent, effective, timely care

- A healthcare professional told us they thought the staff communicated well with them and helped ensure their visit was effective; for example, by asking the person in advance, if they could help them to prepare for the visit.

Adapting service, design, decoration to meet people's needs

- The service was regularly adapted and changed to meet people's needs. The provider spent time researching the options that would best suit the people living in the service.
- People had been involved in choosing soft furnishings for the service and were involved in discussions about any changes through monthly resident's meetings.

Ensuring consent to care and treatment in line with law and guidance

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.

- Most people living in the service had the capacity to make their own decisions; however, staff had received training on the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Appropriate applications had been made. A staff member had been allocated to help ensure any conditions were met and review dates were noted.

- One person had recently had a door alarm installed to alert staff, to help ensure they were safe if they got up at night time. The registered manager told us they and their family were happy with this; however there was no record to show that the person had consented.

We recommend the provider ensures people's consent to their individual care and support is recorded.

Staff support: induction, training, skills and experience

- People felt supported by knowledgeable, skilled staff who effectively met their needs. One person told us, "There's always training going on. I have seen several training sessions." A relative told us they had been able provide training to staff on equipment their loved one used. This had helped staff understand the person's individual needs.

- Staff served food to people and supported some people to eat but had not received food hygiene training. The registered manager told us staff would receive food hygiene training in the future.

- New staff completed an induction before they provided care to people. One staff member told us, "It covered everything I need to do my job. I shadowed people on six shifts."

- People and relatives told us staff always acted with professionalism. Comments included, "You would never be able to tell if staff have had a bad day because it makes no difference to how they do their jobs. They are never grumpy and always very professional."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they and their loved ones were treated with care. Comments about staff included, "Very kind, respectful and compassionate" and "Always treated with respect, my visitors"
- People told us they were able to speak openly with staff. It was clear by the joking and laughter in the service that people and staff enjoyed each other's company.
- Staff were warm and loving with residents, held their hands and rubbed their backs affectionately. People told us staff took the time to sit and chat with them.
- Staff understood what was important to each individual and this enabled them to support people's wellbeing. One staff member told us, "I made a resident a stand for his cricket ball and bat"; and another staff member shared, "This morning while supporting a resident we had the radio on and had a dance!" A relative confirmed about their family member, "Her mood has lifted since she has been here."

Supporting people to express their views and be involved in making decisions about their care

- People told us staff listened to them and took appropriate action to respect their wishes. Comments included, "I am involved in planning my care. They ask what I want and don't want," "They listen to me and act on my requests" and "If I'm worried about anything, I know there's someone there to explain things to me."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff placed a strong emphasis on protecting people's privacy and dignity. Comments included, "They are extremely good on privacy" and "They wait till we come out of the bathroom" and "They always knock my door."
- However, confidential information about what type of safety alarm people had in their room, was displayed at various places in the service and staff had left people's creams outside their bedroom doors. A folder containing details of people's personal care had also been left in the dining room. This meant other people or visitors could have access to people's confidential information. The registered manager made immediate plans to remove this information from communal areas.
- People told us staff understood the importance of helping them maintain their independence. A relative confirmed, "When dressing her they will do as much as she asks and will ask her what help she wants; rather than assuming what she wants done."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they had been involved in developing their care plan. They confirmed staff understood their needs and provided care in line with their preferences.
- Staff were able to describe people's needs and their preferred routines.
- Some people's records provided information about their routines and preferences, their background and what was important to them; however this was not present for all people.
- People's care plans were reviewed regularly but some had not been updated with changes to people's needs, during these reviews. For example, one person's loved one had also lived in the service for several months, but their care plan still stated they missed this person a lot.
- The provider told us they were aware that information about people was held in different places and that this needed collating and updating for each person. They told us following a period of short staffing, they were re-introducing key worker roles which would help ensure people's records remained up to date and reflective of their needs.
- There was a wide range of options for people to pass their time. An activities co-ordinator was responsible for planning daily activities people were invited to take part in. One person told us, "We can pick up leaflets which tell us what is on."
- New roles had recently been added to the staff team to enhance the options available to people throughout the day, based on individual's preferences. For example, one person told us they had worked on the service's switchboard; other people had attended fire training at the service.
- The provider's aim was for staff to be observant of people throughout the day and identify if their day was meaningful and based on their interests; or whether staff needed to do more to engage them in their day. They would also identify which pass times or activities people enjoyed and gather ideas for the future.
- The provider was aware of various options to introduce new technology into the service. However, they were keen to only introduce things that would have a positive impact on people's lives.
- The registered manager had not been aware of the Accessible Information Standard (AIS). The AIS is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. At the time of the inspection, there was no-one living at the service who required information presenting in different formats. By the end of the inspection, the registered manager had made plans to include information reflecting the AIS in their initial assessment of people's needs.

End of life care and support

- The service was in the process of completing the Gold Standards Framework for end of life care.
- Where they had consented, people had detailed information recorded about their wishes for the end of their life. One person confirmed, "Yes we have discussed end of life care and they know what I want."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. Staff were clear about their responsibility if someone reported a complaint to them.
- Most people told us they had no complaints and had never had to complain. One person explained, "Oh yes, I have made a complaint. It was dealt with quickly."

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Checks had been completed of some aspects of the service, however checks had recorded only the dates records had been reviewed; rather than whether the content of the records was accurate. For example, checks of recruitment records had not monitored staff's employment history; and checks of people's records had not monitored whether they were reflective of people's current needs.
- When audits had identified that improvements needed to be made, staff had been reminded of their responsibilities.
- The provider had completed a mock inspection of the service and told us they aimed to develop it further to help them identify where improvements were needed.
- The areas requiring improvement found during the inspection had not all been identified through checks, audits or the mock inspection completed within the service. For example, an environmental risk assessment had not been completed to identify any hazards to people in the service and the unprotected confidential information had also not been highlighted.
- The registered manager and providers had not been aware of the accessible information standard and had not notified the commission of one person being subject to a DoLS authorisation.
- Staff of all levels were clear about their roles and responsibilities. The provider regularly reviewed staff roles to identify if any improvements could be made to enhance people's experience of the service.

We recommend the provider reviews their quality assurance systems to ensure it is fully effective and identifies areas for improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- People and relatives were happy with the quality of care they were receiving. A relative commented, "I'm very pleased with the level of care. My mum came in for respite and decided she wanted to stay. She loves it here"; and a compliment to the service included, "St Bernard's is a wonderful care home, with care in the real sense of the word. You run an exceptional home." A staff member added, "Residents needs are met, they are thriving."
- The provider's ethos was based on delivering individualised, 'feelings based' care. They were constantly researching ways to improve the experience of people living in the service. This included visiting other care homes, engaging with organisations that were providing innovative services, and seeking advice from

people who had similar philosophies or expertise.

- The provider sought to share their ethos with staff by encouraging them to sit and watch what was happening in the care home. They told us this was, "So they can see whether people are receiving enough interaction." They also requested that staff ate with people as everyone was part of the same community.
- Time was allocated for non-care staff to get to know people who lived in the service. These staff were then asked to reflect on their time with people and how it had made them feel.
- People and relatives were aware of the provider's drive for improvement and commented, "[Provider], he always has new ideas to improve the home" and "They are constantly improving processes."
- Staff had also adopted a philosophy of continuous improvement. A healthcare professional confirmed staff were always asking if there was anything they could do better.
- The provider told us it was important to create the right ambience for people, so had created several smaller lounges and areas, where people would find it easier to engage with others. A visitor they had invited to the service, had commented on the noise levels, so staff pagers had been switched to vibrate. This had resulted in a more peaceful atmosphere for people.
- The registered manager and providers were open and honest during the inspection and were keen to use information from the inspection to make improvements to the service.

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

- People had a variety of ways to influence the design of the service. One person told us, "There are residents' meetings once a month. Sometimes what we want is unnecessary, but they listen!"
- Surveys were distributed to people to collect their views of the service and action was taken on any improvements people highlighted.
- People's views had been sought during the recruitment of new staff to help ensure the right staff were recruited.
- People told us they regularly spoke with staff including the registered manager and providers and could share any feedback they had about the service. A relative confirmed, "A member of staff sat down with us and asked what else they could provide. They are always asking for input."
- The providers had recently become aware that some relatives did not always raise ideas or suggestions they had; so a new email address was created for friends and relatives to ask questions, make suggestions or just keep in touch. The registered manager told us this had been successful and resulted in improved contact.
- A family forum had recently been set up. The provider told us relatives had fed back that they had found meeting up with other relatives useful, particularly if their loved one had just moved into the home.
- Staff meetings were held as an opportunity to share best practice and for staff to raise any concerns or ideas.
- The provider valued staff and thanked them by giving them treats, such as vouchers at Christmas and Easter eggs at Easter. They were also intending to implement a wellbeing commitment developed by the local authority.
- The people living in the service were not reflective of the cultures and races of the local population. The provider told us they would welcome anyone to the service. However, literature produced by the service only contained images of white people which may lead people from minority ethnicities to think the service would not suit their needs. The provider added following the inspection that the staff team had always been diverse but that they recognised the need to promote their approach to diversity more widely.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision. A healthcare professional told us the service worked in partnership with them, followed advice and provided good support. They confirmed they thought it was one of the best homes they visited.

- The service had taken part in a St Bernard's in bloom celebration which had involved them welcoming the community into the service.
- The provider had also worked with a local charity to create a recipe book filled with the favourite recipes of the people living in the service. The recipes were accompanied by some of the person's life history and why that recipe was meaningful to them.