

R & R Care Homes Limited

Bernash Care Home

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?

Good ●

Summary of findings

Overall summary

About the service

Bernash Care Home is registered to provide personal care and accommodation for up to 23 people who live with dementia type illnesses. On the day of our visit there were 23 people living at the home.

People's experience of using this service and what we found

People continued to be supported by staff who knew how to keep them safe. Medicines were managed and given to people safely. Medicines policies and procedures were up to date and easily available for staff. There was also best practice guidance.

Emergency procedures and contingency plans were in place. These help to keep people safe in an emergency.

To further support people to stay safe, staff had easy access to personal protective equipment (PPE). Infection control guidance was in place and staff had completed training in this area.

Safe recruitment procedures were in place and staff were supported in their role with appropriate training and supervision.

The staff and management team worked closely with health and social care professionals for the best outcomes for the people they supported. People continued to be well supported and their full range of needs had been assessed. Detailed and informative care plans and risk assessments were in place to support staff to meet people's needs and keep them safe.

Relatives had nothing but very high praise for the home. One comment was "We love it, X likes it she's comfortable with them. If she's a bit upset they will go and see her straight away. We love it here, we had heard a lot about this place and how good it was, they are all lovely there isn't one of them we don't like it's a lovely little friendly place this."

People were supported to receive highly personalised care. Care plans were very individualised and people and families were involved in regularly reviewing and updating them with the staff.

People really benefited because the staff team were very stable and had built up very close relationships with them and their relatives. They had a very good insight about how to meet each person's individual needs and really understood their routines and preferences.

People's privacy and dignity were very well respected. People enjoyed the food and their dietary needs were identified. Ways to support people with these were in place. People were well supported by staff who understood how to support them to eat a healthy diet.

People took part in a varied and dynamic range of activities. People were actively encouraged to maintain

contact with relatives and friends.

The quality of care and support was fully checked and monitored by a range of audit systems in place. These identified areas for development and improvement. When these were picked up swift action was taken to improve the care and service further.

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

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

Rating at last inspection: The last rating for this service was Good, (report published April 2017)

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Bernash Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

Bernash 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Staff we spoke with included the registered manager, a team leader and three care staff.

We met 14 people who lived at the home. 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.

We spoke to four relatives and two health care professionals who were at the home on the day of our visit.

We reviewed a range of records. This included three people's care records and medicine records.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be very well supported to stay safe living at the home.
- Staff had been on safeguarding training and there was an up to date whistleblowing policy. This meant they knew how to raise any concerns.
- Staff knew how to keep people safe from abuse and were fully confident to raise concerns with the registered manager.
- The registered manager sent us statutory notifications promptly. These inform us of any events where people were placed at risk of harm.

Assessing risk, safety monitoring and management

- People were supported to stay safe. Risks were minimised because staff knew how to reduce the risk of avoidable harm. For example, clear actions were put in place to support people who experienced frequent falls.
- There were individualised risk assessments in place that reflected people's unique needs. These gave clear guidance to staff to minimise or reduce risk and were reviewed regularly. For example, how to support people to stay safe when they left the home.
- Care plans contained clear explanations of the actions needed to support people to stay safe.
- Systems and checks were in place to check the safety of the environment and equipment.
- Staff received training around fire safety and how to reduce health and safety risks.

Using medicines safely

- People received support with their medicines from trained and competent staff.
- People received their medicines on time and staff explained what their medicines were for.
- There were effective systems in place which ensured medicines were ordered, stored, administered and disposed of safely.
- Policies and procedures for the management of medicines were available to staff. There was also up to date good practice guidance.

Staffing and recruitment

- Recruitment procedures continued to be safe. Pre-employment checks were always completed.
- There was a very consistent staff team and no use of agency staff.
- People's needs were met by enough staff on duty at any time. The team knew people extremely well and had a really good understanding of individual needs and routines.

Preventing and controlling infection

- People were supported to live in a clean and hygienic home.
- The premises was clean and free from any offensive odours .
- Infection control procedures were followed and staff had been on training about infection control.
- Staff used personal protective equipment (PPE) including disposable gloves and aprons.

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. This ensured the service and care continued to be improved.
- Accidents and incidents were regularly reviewed by the registered manager. This was to look for trends or patterns. For example, certain people's behaviours changed at different times of the day. How best to support those people if they felt angry and agitated in mood had been clearly identified. Further analysis was completed to minimise future risks and occurrences. Information from this process was used to ensure care was safe.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 and or their families had been involved in the development and review of their care plan. Relatives told us they felt fully involved in their care and were happy that staff understood their family member's needs very well.
- People's needs were fully assessed. This process fully looked at their mental health needs, the impact of their dementia type illness, physical and social needs prior to moving to the home. Staff worked closely with health and social care professionals in the development of these plans.
- Care plans reflected people's individual needs, preferences and personal choices. They included guidance for staff to follow.

Staff support: induction, training, skills and experience

- People all told us they felt staff were well trained and experienced.
- Staff also spoke very positively about the support from the registered manager and the training they did. Comments included, "We have a one to one supervision with the manager and she is very approachable. It's a positive talk about you and how you feel about work," and "I have done recent training on food hygiene, manual handling infection control, dementia. I learnt on the course that many people in the community have dementia who don't live in care."
- Staff completed an induction at the start of their employment.
- Staff had the necessary knowledge, skills and experience for their roles.

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

- People looked very happy with the food and we saw they were offered choices at each mealtime.
- Tables were set with tablecloths and there was specialist cutlery and plate guards for those who needed them.
- Staff were discrete when they encouraged certain people to eat their food.
- There were menus in pictorial format to help people make a choice from the meals to be served.
- There was a choice of water and other soft drinks available in the lounge and people were offered tea and coffee throughout the day.
- There was information in care records that set out how to support people with their nutritional needs. Some people needed a diet that was of a softer texture. We saw this was provided for them.
- Catering staff had nutritional records to show when people had any specialist needs or dietary

requirements. Staff had a very good understanding of people's food and drink likes and dislikes.

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

- A visiting health professional praised the service and told us, "They are very good here there have been a few issues and these are always resolved ."
- The local dementia wellbeing team came to the home regularly. This was to support people and staff with their range of dementia type illnesses.
- People went to see their GP and other healthcare professionals when needed. The staff gave them support to get there.
- A practice nurse came to see people and told us they had been coming to the home for around three years. They visited regularly as a preventive model of health care. The nurse spoke very highly of the home and said the care and service staff were giving people was of a very high standard.
- Informative records were maintained for all healthcare visits. This meant staff had access to the most up-to-date information to support people with their health needs.
- Staff worked with external agencies and professionals including the commissioners of the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection there were a number of people at the home under a DoLS application.
- The registered manager and team understood if people had been assessed to not have capacity to make specific decisions, systems were put in place. This would be to ensure they retained maximum choice and were supported by staff in the least restrictive way.
- Staff had been trained about the MCA and DoLS. They were very aware of the importance of assuming a person has capacity to make decisions, unless assessed otherwise.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us how well the staff treated people. For example, one said "The care was absolutely amazing, to us the staff and residents are like family." Another relative said on a thank you card we saw, 'Thank you for all the care and attention you gave to X. We really appreciate the care and attention you give it softens our heart that X was so well looked after.'
- Staff were observed at all times communicating with people in very caring and very respectful way. For example, one person at the home liked to brush staff's hair and give them back massages. We saw a staff member letting the person brush their hair. There was real warmth and kindness between the person and staff member during this activity.
- Relatives told us the staff team and registered manager treated their family members very well and were very respectful. One relative said, "The care was absolutely amazing, to us staff and residents are like family." Another relative said "We love it, mum likes it she's comfortable with them if she's a bit upset they will go and see her straightaway. We love it here, we had heard a lot about this place and how good it was, they are all really lovely there isn't one of them we don't like, as it's small we get to know the other residents too, it's a lovely little friendly place."
- Staff told us one way they ensured they always treated and supported people respectfully was always to use a very calm approach with people.
- There were a number of positive comments made on an independent online care home review website about the home. The service had been rated the highest for care on the website. One person wrote, 'Bernash Care Home has the most caring and compassionate staff. So very helpful to friends and families of the people they care for. Always ready to listen and advise usually over a cup of tea. So good with interacting with patient's activities. I cannot rate this caring care home more highly.'

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

- Staff told us how they offered people choices and supported them to express their views and be involved in making decisions about their care.
- Every person also told us the registered manager was very approachable and they could speak to her at any time about anything.
- People's specific communication needs were clearly documented, and guidance was in place for staff to meet these needs.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to choose what they wanted to wear and ensure clothes were suitable to the season.
- Staff knocked on bedroom doors and waited before entering people's rooms. When staff were supporting people with personal care, people's doors were closed to keep dignity.
- Staff spoke to people with respect using the person's preferred name.
- As was the case at our last inspection, the home had a courtyard and small garden where people could walk safely. People used all the communal areas of the home and were able to have privacy when they wanted it. Each bedroom was a single room, and this gave people privacy. Some people had their own key to their room.
- Rooms looked personalised with people's own possessions, photographs, paintings and personal items. This helped to make each room personal and homely for people.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff told us they knew people very well and understood each person's needs very well. Relatives also said staff knew their family members very well and their care needs.
- The staff told us in depth about people's life histories, families, as well as their care needs and how they liked their care to be delivered.
- Care plans were very person centred and detailed about each person. They contained very helpful and clear information about people. This meant their individual needs could be met. For example, information about likes, dislikes and what was important to people.
- Assessments and care plans took account of people's protected characteristics under the Equality Act.
- Information about people's preferences relating to culture, religion and sexuality was included. Staff told us many examples of how they supported people using the information in people's assessments.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had been given information in format they understood. This meant their communication needs were well met. For example, at lunchtime photo cards of meals were used to help people choose.
- Staff understood how people communicated and used sensitive methods when communicating with them.
- There was clear guidance on how best to communicate with each person recorded in their care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had been decorated for Christmas. All the communal areas looked very festive. Christmas carols were playing and people were singing along to them.
- People were well supported to develop and maintain relationships and to take part in activities that were socially and culturally relevant. For example, on the day of our visit a regular music and movement session took place with a volunteer. They used feathers, dance and music. People were very engaged with this activity.

- Staff played a game with quiz cards in one lounge while a visual simulation game took place in another lounge.
- Two activities organisers come to the home five days a week and did a range of stimulating activities with people. These were all well planned around the unique needs of each person and their dementia type illnesses.
- The home had joined the 'postcard of kindness group'. This is a free initiative that sends kindness cards and packages for free to people of any age in the UK who have any illness, disability or mental health condition. This charitable initiative meant people at the home receive postcards from around the world all with positive messages to them.
- Volunteers from local Church came in and sat with people and talk to them and played dominoes
- A local nursery came in weekly and brought the infants and activities to do
- A local school came in to do activities with people too.
- The home had a private Facebook site and we saw how families can use it and interact with each other for support and friendship.
- A regular Karaoke night took place and people and staff all joined in. There were many photos of people and staff engaged in this and other activities.
- Beauty and pamper sessions took place regularly. We saw staff painting people's nails. People were very engaged with the staff throughout this activity.

Improving care quality in response to complaints or concerns

- Everyone told us they had no complaints or concerns about the service. However, they also said they would go straight to the manager if they did.
- The registered provider had a complaint policy and procedure available in different formats.
- Complaints were investigated and responded to in line with the service's policy.
- Any complaints were analysed and used as opportunities to further improve the service.

End of life care and support

- The home had supported people on a number of occasions who were receiving end of life care (EoLC).
- A relative told us their family member had received exceptional EoLC. They said the whole family were able to stay at the home through this time and were extremely well supported by the registered manager and staff.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff felt the registered manager promoted a positive culture that was person-centred, open, and inclusive. One staff member said, "The manager is easy to talk to and you can go to her about anything." A relative said "The manager is lovely and a friendly girl and she said come in when you like and stay as long as you want, there are no restrictions on visiting."
- Relatives also said they see the registered manager every day when they visit. They said, "If there was a problem the registered manager would ring us up. I have already recommended the home to people."
- To further promote a positive person-centred culture a Christmas fair was due to take place the following week for residents and families. We met families who had come in to donate gifts for the fair.
- We saw, and staff and families told us, how the registered manager was always very warm and engaging with people.
- Staff meetings were held for staff to make their views known. Staff told us they felt very able and empowered to say exactly how they felt about the home to the registered manager, and the provider.
- At Christmas the provider gave all staff a gift voucher as a thank you.
- Relative feedback was sought regularly, and relatives also told us this. A most recent annual survey showed that there was excellent feedback. A suggestions box had also been introduced after the survey.
- The staff and management team had developed positive relationships all the people they supported and their relatives.
- Staff told us how they really valued their work and enjoyed working closely with people to achieve good outcomes in their daily life. For example, staff said "We all work as a good team and there's not one person in the team we can't rely on."
- The quality checking system being used was based on our five key questions we use when we inspect services

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 had a clear vision for the service. They said this was to empower and enable people to live independent lives. Staff understood and embraced this value. This meant they provided people with the support they needed to live a fulfilling life.

- The registered manager had a clear understanding of their responsibilities and acted on the duty of candour. People told us they were kept informed of any changes in the home and around their care and support.
- The rating from the last inspection was on display in the home.

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

- There were systems in place to check the quality of the service. For example, there were checks in place to make sure people had their medicines safely. Care Plan audits took place monthly. We also saw that accident forms were fully and regularly reviewed
- A quarterly health and safety audit of the premises was done quarterly. Records showed where needed maintenance and repair work was carried out.
- Checks on other areas were completed daily. This included checks on the building, cleanliness and care plans. There were also regular spot checks carried out on staff which were effective in driving improvements.
- The registered manager ensured notifications to the Care Quality Commission (CQC) were completed. These were to inform us of certain events, in line with the requirements of their registration.

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

- Staff and relatives said the registered manager spoke to them daily and asked how they felt about the care and overall service at the home. Care plans included family members and people's responses. There were actions plans developed when needed. For example around peoples choices in their daily life.
- Staff told us there was excellent collaborative team work. They said, and we also saw how the registered manager worked with them every day.
- The staff said the registered manager always engaged the team when making decisions about the service. This was also confirmed in staff meetings records.

Working in partnership with others

- The registered manager told us they worked in partnership with other agencies and sought advice about people's care from health professionals. They also worked with health specialists to ensure people had the best help and support.
- The practice nurse we met said staff were "Really really happy and they are always doing lots of activities, the staff are really professional I can see a lot of progress and it's a really nice atmosphere."
- The local pharmacy worked closely with the home and came recently and audited the systems for medicines management. A monthly medicines audit we saw also showed very low errors.
- People and staff told us, and records showed there were other health professionals involved in their care. We saw guidance in place written by other healthcare professionals.