Bernhard Baron Cottage Homes

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 16 & 22 September and was unannounced. Bernhard Baron Cottage Homes provides accommodation and personal care for up to 60 older people, some of who may have a diagnosis of early dementia. At the time of inspection there were 59 people using the service. The home comprises a main building with 34 bedrooms and 24 self-contained cottages in the grounds. The service is a registered charity and managed by a board of appointed Trustees.

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

People who used the service said they were safe. Staff knew how to recognise the signs of abuse and what to do if they thought someone was at risk. However, not all of the appropriate recruitment checks had been completed before volunteers began work. A legionella risk assessment had not been completed and there was a potential of risk to the safety of people's medicines management.

People gave us very positive feedback about the care they received. People were able to express their views and preferences about their care and these were acted on. People were treated with respect and their privacy was protected.

The provider, registered manager and staff made sure they supported people to live fulfilled and meaningful lives in the way they wanted to. An extensive range of meaningful and enjoyable activities was offered, and people gave us enthusiastic and positive feedback about the quality of their lives living at the home.

People's care needs were regularly assessed and people were involved in making decisions about their care. People's support needs were assessed and care plans were developed to detail how these needs should be met. Care plans were detailed which helped staff provide the individual care people needed. People knew how to make a complaint or raise concerns with the registered manager and told us these were acted on when they did so. There was an appropriate complaints system in place and any concerns raised had been thoroughly investigated.

People were asked for their consent appropriately and staff and the registered manager had a good understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Care workers knew that any decisions made on someone else's behalf must be in their best interests.

There were enough staff to meet people's care needs and staff had regular training, supervision and appraisal to support them. Staff gave positive feedback about the quality of the training and people who use the service said staff were well trained.

Incidents and accidents were thoroughly investigated and action taken to reduce the risk of them being repeated. The registered manager and staff understood the importance of learning from incidents so they could make improvements to the service.

People who needed it were supported to eat and drink enough and food was nutritious and well made. Staff knew what to do if they thought someone was at risk of malnutrition or dehydration. People gave us positive feedback about the food. People's day to day health care needs were met.

The service was well led by a dedicated registered manager and management team. There was a commitment to provide high quality care which was tailored to people's individual choices and preferences. Feedback from people who use the service, relatives and staff was positive, and staff felt well motivated and supported in their role.

The provider carried out audits to ensure people experienced safe and good quality care. People were asked for their feedback about the quality of the service, and where areas for improvement were identified appropriate action was taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Recruitment practices were not robust and medicines administration practice was not as safe as it should be. People were not always protected from the risks of an unsafe environment.

Staff knew what they needed to do to keep people safe from abuse were clear about what they should do to safeguard people.

People had their independence promoted both in and out of the home and individual risk assessments and risk management plans were in place. There were always enough staff to meet people's needs in a flexible way

Is the service effective?

Good

The service was good at ensuring people were provided with effective care.

People experienced very effective care. Staff were well supported with training, supervision and appraisal. They were given further training to make sure they could meet the specific care needs of people with such as dementia

People were asked for their consent to care in a way they could understand. The registered manager made sure they and the staff had a good understanding of the Mental Capacity Act (2005) and they always acted in people's best interests.

People were well supported to have enough food and drink, People were well supported to make their own choices about what they wanted to eat and the food was home made and nutritious.

Is the service caring?

Good

The service was caring. People were well cared for by staff who treated them with kindness and compassion. Providing people with the best care possible was important for all members of staff and there was a strong person centred culture which put people first.

People were helped to be involved as much as possible in making decisions about their care. All of the feedback people gave about the care they experienced was positive. People were treated with dignity and respect.

Is the service responsive?

Good

The service was good at responding to people's needs and preferences.

People experienced care that was responsive to their needs and preferences. Staff were supportive in helping people live as full a life as possible, and were flexible with the hours they worked to enable this to happen.

People's care plans focused on them as an individual. When people's needs changed plans were regularly updated and staff informed. Staff made sure they actively involved people in making decisions about their care.

Feedback was actively sought from people and concerns or areas for improvement identified were quickly acted on.

Is the service well-led?

Good

The leadership and management of the service was good.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group.

Leadership was visible at all levels and the registered manager and trustees representative were well regarded by people and staff. People experienced a high quality service because the registered manager positively encouraged staff to do so.

Bernhard Baron Cottage Homes

Detailed findings

Background to this inspection

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

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

We spoke with seven people who use the service, a visitor, five members of staff, the care manager who shared responsibility with the registered manager, the registered manager and the trustees representative. We observed staff supporting people who use the service. We reviewed the care records and risk assessments for three people who use the service, recruitment records for three staff, and the training and supervision records for all staff currently employed at the service. We reviewed quality monitoring records, policies and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke said they felt extremely safe and secure living at Bernhard Baron Cottage Homes. One person told us; "I cannot think of a safer place to be, the whole atmosphere is one of a secure environment." Although people told us they felt safe, we found examples of care and recruitment practice which were not safe.

Recruitment practices required improvement. Not all of the relevant checks were completed for people who volunteered at the service. Although volunteers had a Disclosure and Barring Service (DBS) check completed, other required information such as evidence of previous conduct where the volunteer had been employed in adult social care had not been asked for. However, volunteers were well known to the provider either because they had been a trustee of the charity or regularly visited a friend or relative living in the home. All of the proper checks for paid employees had been completed.

Although most of the relevant maintenance and safety checks had been completed around the main buildings and cottages, some had not. A legionella risk assessment had not been completed. The provider and registered manager are responsible for health and safety and must take the right precautions to reduce the risks of exposure to legionella. The presence of legionella bacteria can lead to Legionnaire's disease, which is a serious type of pneumonia. Anyone can develop Legionnaires' disease, but the elderly are more at risk. The provider was sending water samples for testing for legionella, the results of which had all been negative., but did not have a schedule in place for others activities to reduce the risk of legionella. This included areas such as flushing of showers and descaling water outlets. This is an area of practice that requires improvement and we recommend the provider reviews the current Health and Safety Executive's guidance on managing legionella risk.

A fire risk assessment had been completed in October 2014. There were some areas of the home that required some equipment, such as additional smoke detectors in an attic space, but the provider could not be sure if this work had been completed, as it had not been recorded. After further checks, the trustees representative confirmed the smoke detectors had not been fitted. These were areas of practice that required improvement.

We found some areas of medicines management required improvement to make sure risks to people's safety was reduced as much as possible. People's medicines administration record (MAR) did not contain a photograph of the person. Photos are important as they help staff to identify if they are administering a medicine to the right person. Body charts were not included in people's MARs so staff could not accurately record where and when a prescribed cream had been applied. People's blister packs of medicines were also stored by the time they should be administered rather than all together in one place. There was a risk that new or less experienced staff may miss a person's medicines dose because they were stored in different medicines trolleys. This is an area of practice that requires improvement.

People were able to self administer their medicines if they wanted to and they gave us positive feedback about how they were supported to take their medicines safely. Comments included; "I self-medicate, I don't

have any problems" and "They ensure (name) gets their medication and are on time and recorded". Staff were always available to provide support to people with medicines if it were needed, such as ordering repeat prescriptions.

Medicines administration records (MAR) showed people received their medicines as prescribed. Staff could not administer medicines unless they had been trained and there was a policy in place to support staff to safely administer medicines. Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had an assessment of their needs and a plan was in place to help staff identify when people might need their PRN medicines. Staff knew when to help people take their PRN medicine, and asked people if they needed them, for example, pain relief. There was a safe procedure for handling and disposing of medicines.

Risks to individuals were well managed. Every person had a risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible and minimising risks to their freedom. Managers and staff all demonstrated how they helped people lead a fulfilling life, because they assessed and reduced any identified risks as much as possible. One member of staff said; "life doesn't stop because you come into care". Examples of people's risk assessments included risk of falling or malnutrition. Where a risk was identified, a management plan was put in place. People's care plans gave staff clear information on what they should do to reduce the risks to people's safety as much as possible.

People were supported to remain as independent as possible because risks to their safety were well managed. For example, some people lived independently in cottages within the grounds. If a person felt their health had deteriorated, they were supported to move to the main house for more regular support until they felt well enough to live independently again in their cottage. One member of staff said; "they (people) tell us what they want to do and we facilitate it".

Risks to the environment were managed and there was an appropriate maintenance schedule in place to make sure the environment remained safe for people, such as gas and electricity checks and fire equipment.

People were also safe because there were enough staff. There were always enough staff to support people safely and staffing levels were regularly assessed and were flexible enough to meet each person's care needs. One person said; "There is always someone I can turn to, if I need help"

Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, such as a fire or flood. There was also an emergency contingency plan in place to keep people safe in the event of the service having to close unexpectedly.

Incidents and accidents were well reported and documented and the registered manager conducted a thorough investigation of each incident. Any themes were identified because that managers and staff knew people very well, and action was taken to prevent any recurrence. The registered manager and staff understood the importance of learning from incidents so they could make improvements. Staff felt confident to report any incident however minor, and knew the registered manager would deal with it appropriately. Any incidents involving a person, for example, a cut to a person's skin, led to their care plan and risk assessments being reviewed and changed if needed. This helped to make sure the incident did not happen again.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were supported with thorough training. Everyone we spoke to said the staff were well trained and had "brilliant" skills. Comments included; "They carry out their duties with great efficiency" and "I know they have lots of training because I often see a notice on the door saying 'training in progress'".

The provider encouraged staff to empathise with the people they provided care for. They had organised bespoke training for staff to help them understand the care experiences of people living in the home. This included creative practical activities such as feeding each other, walking in a narrow corridor while wearing a blindfold and being moved in a hoist. This helped staff to understand how people felt when they received care and why it was important to make sure every person had their needs met in a kind and compassionate way.

Staff said the training was of a good standard and all of the relevant topics they needed to cover to meet people's needs were up to date, including areas such as moving and handling and dementia awareness. Staff also had a thorough induction. The induction programme followed the Care Certificate which is a nationally recognised training programme. New staff were well supported with regular reviews of their practice during their six month probationary period. This was to enable them to ensure people experienced safe and effective care. The provider also made sure staff were trained in additional specialist areas to make sure the needs of specific individuals were met. This included catheter care, and end of life care. Staff were also supported to complete additional further training such as NVQ level 2 and 3.

The registered manager also organised themed staff meetings where staff would talk about a specific area of care, such as dementia. Staff discussed strategies they could use to help support specific people in an effective and caring way, as well as communicating with people with dementia. The service had a dementia lead, who was supported by two other members of staff. They had all received additional training which enabled them to train and support other staff in caring for people with dementia. The additional dementia training had been done with another home in the local area. The two homes continued to meet regularly to share best practice and ideas. The dementia lead told us that after the training they "came back so full of ideas and enthusiasm". For example, they spoke to colleagues about helping people use 'twiddlemuffs'. These are knitted muffs with interesting 'bits and bobs' attached such as ribbons, buttons or zips. People with dementia have been found to find them comforting and therapeutic as the twiddlemuffs can help encourage movement of the hands and activity in the mind. The dementia lead was hoping to encourage people living in the home to make the twiddlemuffs, and then share them with other people who may find them beneficial.

Staff said they were well supported by managers and they received regular one to one support during supervision sessions with senior staff. Staff were encouraged to discuss any issues they had, including meeting people's care needs and any training requirements. There was a good balance between discussing person centred care and meeting the development needs or personal issues for each member of staff. Staff said supervision meetings were open and friendly, and they felt comfortable discussing their work.

Staff and the registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs).They knew what they should do to protect people who did not have the mental capacity to make some decisions for themselves. The MCA provides a legal framework for acting and making particular decisions on behalf of adults who lack the capacity to make decisions 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 decisions made on their behalf must be in their best interests and the least restrictive as possible. DoLs referrals had been made where appropriate.

The registered manager knew which people had given another person valid and active lasting powers of attorney (LPA). An LPA is a legal tool that allows people to appoint someone to make financial or health and social care decisions on their behalf. The registered manager understood what an LPA was and made sure they seen a copy of any LPA and recorded it in people's care plans. The registered manager and staff knew that any decisions made on someone else's behalf should always be in their best interests. The registered manager also knew who had an advance decisions in place so they could respect people's choices about the end of life care they wanted to experience. An advance decision (sometimes known as an advance decision to refuse treatment, an ADRT, or a living will) is a decision people can make to refuse a specific type of treatment at some time in the future, such as cardiopulmonary resuscitation (CPR). An advance decision lets people's family, carers and health professionals know whether they want to refuse specific treatments in the future. This allows them to know people's wishes if they unable to make or communicate those decisions themselves.

To help people who use the service understand the importance of considering an LPA or ADRT the registered manager organised special training specifically for people who use the service. The purpose of the training was to advise people about what an LPA was and to give them the information they needed to put an LPA or ADRT in place. One person said; "I am impressed by the talks they had about Power of Attorney. This really informed the residents. I have one now". The provider made sure people were involved in decisions about their care, and that their human rights were protected.

People were also invited to take part in other training to help them understand conditions such as dementia. People had said to staff they were concerned about what would happen if they or a fellow resident developed dementia. The registered manager told us the purpose of the training was to "dispel the myths" and help remove "the fear factor" of developing such a condition. People said this helped them to understand why some people may behave in a different way, and this was nothing to be worried about. There was a variety of other training that people could take part in, covering topics that may affect them or others around them. These included falls prevention and common health conditions in later years, among others.

People were asked for their consent before staff provided any care. One person said; " "The carer says 'Can I do anything for you today?. Yes they do ask for consent before they do anything and they make sure I'm happy before they start". Staff explained how they would ask for people's permission before providing care, and what they would do if someone declined the support offered.

People described the food as excellent and the provider had a strong emphasis on the importance of people eating and drinking well. Food was freshly prepared and nutritious and there was a varied choice of menus offered to people. Meals were a communal experience and people and staff sat and ate their meals together. The atmosphere in the dining room was very happy and relaxed and we saw people laughing, smiling and enjoying a joke together. The chef came out from the kitchen to serve food to people, and asked people for feedback about the meal as they did so.

While the décor and furniture was practical so the dining room could be kept clean, it was also homely. The provider had made sure they had used soft furnishing and table tops to reduce noise levels so people could enjoy a conversation with everyone they were sitting close to. The importance of people having a positive relationship with staff was acknowledged, and people who had difficulty eating or drinking were discreetly supported by staff sitting next to them. Staff knew what level of support each person needed, such as helping them if they were confused about the cutlery, or falling asleep.

People who had special dietary requirements due to a health condition were very well supported. One person said; "I have allergies to gluten but it is managed very well". Another person described how they were supported to manage their diet so they did not eat certain foods which affected their medicines. Staff demonstrated a detailed understanding of people's dietary needs and preferences when serving food, and made sure people ate what they had asked for, for example a vegetarian option, or alternative to the meal being served. When one person changed their mind as the meal was being served, the chef immediately offered an alternative and went to the kitchen to get it.

People who lived in the cottages were supported to remain as independent as they wanted to be with food preparation. They were provided with a wide-ranging choice of foods for breakfast and supper which they could take to their cottage to eat if they preferred. Choices included quiche, chicken and salads. There was a range of homemade foods as well as shop bought, as this was what people had said they liked.

People were very well supported with their hydration needs. The provider had identified that not everyone was drinking enough during the day to ensure they maintained good health. Older people are at particular risk of dehydration especially those in care homes, and dehydration can cause people to become unwell. The provider researched ways of helping support people to increase or maintain the amount they drank during the day. A small drinks area had been installed in the lounge area. People were able to help themselves to low sugar, high vitamin juice, tea and a range of coffees such as latte or cappuccino. Juices flavours were changed every day and people were encouraged to try new flavours. Feedback was asked for and any flavours or drinks that people did not like were not provided again. Staff also took drinks to people who were less mobile or who did not like to use the juice machines.

People were supported to maintain good health. People needed varying levels of support and the provider made sure they met everyone's needs. Some people were completely independent with making and attending health appointments such as the GP. Other people needed support from staff and this was readily provided. Some people told us they were very independent and they liked to make their own appointments for visits to GPs, dentists and opticians while another person said; "We have access to all health care. Staff will make the appointments for you". Staff understood people's health conditions, such as a heart problem or visual impairment and what to do if there was a change to a person's health needs. They made the appropriate referrals when needed or if a person asked them to do so. One person said; "They think about everything… They ensure I see a physio who recommends exercises which I do with a carer three times a week".

Good

Is the service caring?

Our findings

People gave us nothing but positive feedback about the caring approach of staff. Comments included; "I cannot think where there could be a better place for caring than Bernhard Baron" and "Care at Bernhard Baron is a privilege. It is balanced with dignity, respect and friendliness without familiarity. It is just right". Another person told us; "The Staff really care. They brought me some hot milk in the middle of the night". While we were speaking with the registered manager a relative arrived to give them chocolates and a card, to thank them and the staff for the quality of care provided to their family member. A visitor told us; "every carer cares".

People said staff were kind and compassionate and they were always treated with dignity and respect. People's privacy and dignity was respected and maintained by staff. When talking about staff, one person said; "I cannot fault the carers they are polite and considerate at all times". Another said; "our privacy is well respected". Care workers told us how they made sure they gave people privacy and protected their dignity while supporting them with aspects of their personal care. Examples included making sure curtains were drawn or keeping people covered when they liked to be.

People were supported to express their views and remain involved in decisions about the care they wanted to experience. They were involved in their care planning and were encouraged to make their preferences known. One person said; "I have a care plan which is made when you arrive. My key worker comes in every four to six weeks and discusses it with me." People were given as much choice about their daily life as possible from when they got up, what they ate, activities they enjoyed, and whether they actually wanted support from care staff. One person said; "I can choose the times I go to bed or get up." Staff demonstrated a detailed knowledge and understanding of people's care and support needs as well as their preferred daily routines.

People were supported to be as independent as they wanted to be. Some people drove, and would go out shopping or to a nearby town for the day. If a person decided they no longer wanted to drive, the provider would help them to arrange the sale of their car if the person wanted them to.
One person told us about aspects of their personal care and said staff; "supervise my shower but they let me be as independent as possible". Another person said that living in "the Cottages give us independence and peace of mind because we know if the time comes and we cannot manage we only have to move to the main building. It is very reassuring."

Staff had developed positive relationships with people and we saw many occasions where staff were chatting with people about things that were important to them. People valued their relationships with staff and one person said; "Every carer makes me feel part of a family". Staff spoke with people in a polite and respectful way and took every opportunity they could to communicate and interact with people. People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff. For example, we observed people returning from a trip to town and stopping for a chat with staff to tell them where they had been and what they had done. Staff were encouraging and friendly and genuinely interested in what people had been doing.

Staff knew what to do to make sure people's preferred care needs were met. They described how they would support people in a person centred way, and help people to make their own day-to-day decisions. All of the staff we spoke to including senior managers knew the people they cared for very well and spoke about them in a kind and caring way. One member of staff said their colleagues "are so approachable they would do anything for anyone". When talking about staff the registered manager said; "they're special" and "they buy into what we want-everything here is about the residents. They are so caring and they go that extra mile."

Visitors were warmly welcomed, and encouraged to maintained contact with their friends or family members. We saw many people coming and going throughout the inspection, and everyone was welcomed with open arms and in a friendly way. It was clear staff knew people's visitors well and they frequently stopped for a chat to see how they were. People could meet their visitors privately, either in their cottage or in a private room or bedroom in the main house.

The provider had acknowledged that not every person was able to see their relatives or friends in person. To make sure these people were also able to keep in touch, the provider helped them to use technology. People had access to a 'tablet' and were helped to use 'video chat' to keep in regular contact with those people that were important to them. Some people who did not like to use video chat told us phone calls were also offered and encouraged.

When someone new moved into the home, they were encouraged to take part in a buddy system. The provider had recognised that the process of moving into a care home could be stressful and upsetting for people, so they wanted to make the transition as easy as possible for them. Other residents had suggested the buddy system and the provider helped them to set this up. People were also encouraged to make and maintain friendships with other people living in the home. We saw many occasions where people were sitting together, reading the papers or chatting. We were told of one couple who had met and married at the home.

The provider had changed the call bell system in the home to make the environment more homely for people. The trustees representative told us "we're not an institution, we're a home" and described how they had changed the alarm system to facilitate this. Previously there had been a call bell system which rang an audible alarm around the building. The provider now used a phone system, where each member of staff carried a mobile phone which alerted them silently if a person needed them.

Some people who used the service were receiving end of life care and staff had received training in supporting people with this type of care. The registered manager and provider also understood that as people's residential care needs in general changed, this might be an area of care they would need to provide more frequently for people in the future. They were keen to enhance the end of life care they provided and the training of an end of life lead was planned, as part of the service's on-going improvement plan.

Good

Is the service responsive?

Our findings

All of the people we spoke with were keen to tell us about how much they enjoyed taking part in activities on offer. People gave us very positive feedback about the quality and variety of activities available. One person said; "They have a mini bus and we are taken on some very good trips, National Trust properties, an animal Sanctuary and next week Towner Art Exhibition".

The provider, registered manager and staff demonstrated an excellent understanding of the importance of helping people to remain as active as possible. They knew that supporting people to take part in a variety of stimulating activities helped them to maintain good mental and physical health. The provider ensured people could lead satisfying and stimulating lives, and aimed to make sure every individual enjoyed an excellent quality of life. Whilst most people were independent and able to make their own decisions, the provider ensured they proactively planned a varied and fulfilling range of activities to make sure everyone's needs and preferences were met. Activities were all decided in consultation with people, and the provider ensured there was an activity available that everyone would enjoy.

The provider, registered manager and staff all understood the importance of helping people to join in with a wide range of activities and interests that were important to them. They also understood the importance of helping people to continue with hobbies or interests that were important to them before they moved into the home.

There was an extensive activity programme which everyone was welcome to participate in as they chose. Staff developed the programme based on their knowledge of people and were responsive to people's wishes and preferences finding new ways to enable people to live as full a life as possible. A particular favourite was the regular 'mystery evening pub drive'. People were encouraged to socialise and talk to people they would not normally talk to over a meal and a drink. Activities included trips out in the home's minibus to local attractions or nearby towns, music for pleasure, jewellery making and talks from interesting groups, such as the coxswain of the local lifeboat crew. People who had visited the cat sanctuary decided to get together to knit blankets to donate to rescued cats. People told us how much they enjoyed doing this, and they were looking forward to taking the blankets along to the sanctuary themselves in the near future.

Indoor activities included a film night, where the main hall was converted into a cinema and films were shown on a big screen. The provider had installed an induction loop system to help people who wore a hearing aid listen to the film. Induction loop systems help people who are deaf or hard of hearing pick up sounds more clearly, by reducing background noise.

During the inspection, we saw people enjoying a 'Pimms and Croquet' afternoon in the attractive and well-presented gardens. It was a hot sunny day and people had been supported to join in the game, and seated in the sun or shade, whichever was their preference. There were home made cakes available and everyone was having an enjoyable afternoon. One member of staff commented it was "more Pimms than croquet" and that everyone was having had good fun.

The provider also made sure that people could participate in individual activities when this was important to them. For example, one person said they wanted to go to an art exhibition. This was arranged by the activities co-ordinator, who used the home's car to drive them to the exhibition. Spare seats in the car were offered to other people who may have also had an interest in this particular exhibition. The activities co-ordinator told us; "I can take one person out or I can take 14 people out" and "it's normal life".

People who use the service were helped to set up their own groups and activities which they ran independently from staff and managers. These included a bible study group and poetry group. There was also a residents' discussion group, where people were invited to make suggestions about what activities they would like to do as well as a topic of the month. These included 'the person who had the most influence in my life' and 'schooldays'. The staff also understood that people who were quiet or less confident might not like to take part in energetic activities, so they arranged a relaxing coffee and social group, which was less formal.

Staff regularly took part in 'activity co-ordinator meetings' with other providers in the area. This was so they could discuss and share ideas about good practice and new entertainers. They also observed what activities other homes were doing, to see if there was something new that could be introduced at the Bernhard Baron Cottage Homes. The activities co-coordinator was very enthusiastic about their role and was motivated to make sure people experienced stimulating, rewarding and relaxing activities. When we asked if there was anything the provider could do to improve things they replied; "I really can't think of anything. I go home and think 'what a place'".

People were well supported to meet their spiritual needs. The home offered a universal Christian church service as well as a Quaker meeting every week. There were no people with other religious needs, but staff knew they should be aware of this in the future, when new residents arrived. People were also supported to attend a church of their choice if they wanted to.

The residents had their own forum of four elected representatives who met every month as well as at an AGM once a year. A variety of topics were discussed such as menus, refurbishment projects and activities. Key members of staff were invited to attend the meetings when forum members had specific feedback they wanted to give. For example, there had been discussions with the provider about the change of use of some rooms within the buildings. People were invited to give feedback about this. The provider said the forum "gave a full and honest response. They are not afraid to say what they want". As a result of this, the provider has continued to keep this issue under consideration.

People said they felt they could complain if they needed to and the provider responded to their concerns properly and in good time. All of the people we spoke with knew how to make a complaint. One person said; "all that information is in the Welcome pack we receive" when we move into the home. People said they would complain directly to managers themselves or approach a member of the resident's forum to act on their behalf. One person told us they could approach the forum if problems arose but they preferred to; "go straight to the top" and "Complaints are always followed up". None of the people we spoke to had ever raised a formal complaint and any minor issues they raised were dealt with before the formal complaints procedure were needed. The provider had an appropriate complaints procedure in place and staff knew what they should do if anyone raised a concern with them.

The provider consistently and frequently asked people who use the service and staff for their feedback about how they could improve the service they offered. One member of staff said; "they (people) tell us what they want to do, and we facilitate it". One example was staff uniforms. People and staff had been given the opportunity to decide if they wanted staff to wear a uniform or not. After consideration, it was agreed that

staff would wear a uniform, but it should not be too formal. This was to help maintain the homely atmosphere of the home, but also help people identify staff members easily. The provider sourced several uniforms in different colours and styles. The staff then took part in a 'fashion show' so they could try them out and people could give their opinion on their preference. The colours and style had been narrowed down and the final decision on colour was to be made in the next few weeks.

People and their relatives, where appropriate, were involved in developing their care plans and were well supported to make their preferences and choices known. The registered manager and senior staff reviewed people's care plans very regularly to ensure people were happy with the support they received. When talking about their care plan, one person said; "My key worker comes in every four to six weeks and discusses it with me." A keyworker is someone who works on a one to one basis with a specific person and discusses there care needs and preferences with them. People's care plans gave clear information about the support they needed and had information about what was important to the person. The plans were person centred and included what people liked and disliked and staff made sure they asked people the right questions to ensure plans were person centred.

Most people living at the home were quite independent and managed their own health needs, such as visiting their GP or hospital. If people needed support to manage their day to day health needs this was always offered by staff. If a person became unwell or their health needs changed unexpectedly, the provider made sure their needs were met. There were rooms available in the main house for anyone who needed them, particularly people who lived on their own in one of the cottages in the grounds. People were enabled to remain as independent for as long as possible because they experienced a higher level of care when they needed it, and were then supported to return to independent living when they were well enough.

The service had recently moved to an electronic care records system as the provider had recognised that people's care plans had "room for improvement". The electronic system enabled staff to keep more detailed information about people, which was easier to access. Changes to people's care needs were updated more quickly so staff always had the most up to date information about people.

Good

Is the service well-led?

Our findings

The service was well led. Feedback about the registered manager and the provider was extremely positive from people who use the service, visitors and staff. Comments included; "They are all hands on and very approachable" and "the management are very open in their management style". The registered manager was very aware of the culture of the home and the attitudes and values of staff. They clearly understood what they needed to do to ensure the high levels of compassion and dignity already achieved were maintained. The registered manager had an excellent understanding of their role and responsibilities and ensured that they supported staff to understand what was expected of them. The registered manager met with managers from other homes in the area to share good practice and provide support to each other.

The registered manager and other senior staff ensured there was a person centred, open and caring culture in the home. They provided excellent support to staff through training and good supervision, as well as ensuring staff felt comfortable and able to raise any concerns they may have. The registered manager was very aware of the quality of all of the staff at the home and understood that it was important acknowledge the hard work everyone did.

The service was very proud of the achievements of people who lived there, and celebrated special events whenever they could. For example, one person had recently been presented with the Legion d'Honneur for his services in WW2, and another resident had celebrated their 100th birthday by opening the local pier. Parties were organised and the local community were invited to share in the celebrations. The home also had an annual fund raising garden party, which everyone in the local community were invited to attend.

Leadership was visible at all levels and the registered manager said the provider was supportive and very approachable. The trustee's representative and trustees were familiar faces as they visited people in the home frequently. They were also very involved in quality monitoring and had an extremely good overview of the key achievements and challenges at the home. The trustees' representative had a business background and described the quality of care at the service as their 'product'. They said, "my care product has to be the best on the market". The registered manager and trustees representative were clearly very passionate about providing the best care they could and they described wanting to make sure that people had the best quality of life possible.

Senior managers and the trustees had spent time considering how they could best support people who already lived at the home remain there until the end of their life. Previously, if a person developed dementia, began to lose their mobility or showed signs of memory loss, the service thought people needed to move to a nursing home. The provider reviewed their practice in this area and took steps to ensure they could provide care to meet the increasingly complex needs of an aging population. This involved updating themselves on supporting people with dementia and mobility needs, and making sure staff were well trained in this area. They also provided dementia awareness training to people who use the service, to help them understand the changing needs of people who would continue to live in the home. Equipment was also being updated, such as introducing electric beds, and the provider was in the process of refurbishing the décor to make it more appropriate for people with dementia.

An ongoing theme throughout the inspection was the continuous efforts to improve practice. Where areas of practice were identified during the inspection that required improvement, such as recruitment practices, the registered manager took immediate action to identify what they needed to do to ensure their practice was as safe as possible. The trustee's representative and registered manager gave many other examples of how they were continuously improving the quality of service they offered. A distressing event occurred when a person fell ill but did not have an ADRT in place. This meant paramedics were initially unable to follow the person's wishes for their end of life care. The registered manager and other senior staff reflected on this incident and discussed what they could do to make sure no one else experienced an incident like this. Senior managers decided to arrange for an accredited external training to provide information for people who use the service to help them make informed decisions about the care they wanted if they lost capacity to make decisions for themselves, as well as the treatment people wanted to receive at the end of their life.

Other examples of ongoing improvement included updating the hairdressing salon and refurbishing all of the en-suite bathrooms. Before any work like this was carried out, the provider made sure they asked for feedback from people, so they could get things right first time. Small details were important, for example, a specific type of tap was used on washbasins in people's rooms, as people said they wanted to be able to wash their face without the tap getting in the way.

Records were robust. They were up to date, accurate and kept securely. All of the registration requirements were met and the registered manager ensured that notifications were sent to CQC when required. Notifications are events that the provider is required by law to inform us of.