R & R Care Homes Limited

Bernash Care Home

Inspection report

544-546 Wells Road
Whitchurch
Bristol
BS14 9BB

Tel: 01275833670

Date of inspection visit:
26 April 2017

Date of publication:
31 May 2017

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

The inspection took place on 26 and 27 April 2017 and was unannounced. This was the first inspection of the service since it was registered with us.

Bernash is a care home registered to provide personal care and accommodation for up to 23 people, some of whom were living with dementia. The home is located in a residential area in Bristol. There were 22 people living there on the day of our visit.

There was a registered manager for the service. 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.

Some areas of medicines administration recording were not safe. This meant there was a risk that some people were not always being given their medicines correctly. Other aspects of medicines management in the home were found to be safe.

The provider's governance system for auditing the service was being used in a way that made it effective. There had been action taken when medicines concerns were identified.

Staff demonstrated that they were knowledgeable about their responsibility to protect people from possible abuse. They were able to explain how to recognise abuse and report concerns following the provider's safeguarding procedure. Where risks to people were identified suitable actions were put in place to minimise the risk of people being harmed when receiving care.

Staff were kind and caring, and they supported people to live a varied and fulfilling life. Staff understood the needs of the people they supported and knew how to provide them with effective care.

People were supported to eat and drink enough to be healthy and were able to eat a varied diet. People were consulted in menu planning. Meal preferences and individual preferences were included in the menu options available. Choices were available every day at each meal time.

The staff understood the needs of the people they supported. People were well supported so that they could make choices about their care and to become more independent in their lives.

Staff were being well supported in their work. This was in an informal way and by formal staff supervision meetings. These were up to date for all staff. This meant there was an effective system in place ensure that staff were provided with the support they needed to provide care that meet properly met the needs of people at the home.

Care plans were up to date and helped guided staff so that they knew what actions were to be followed so that they were able to meet the full range needs of the people who lived at the home. Staff were aware of what was written in each person's care records. The staff knew it was important to provide care that was flexible to each individual and met their needs.

People knew how to make a complaint and make their views known .The provider was actively seeking the views of people and their families. The provider had uploaded details of the service on to an independent rating website. This was to seek objective feedback about the home. Suggestions were acted upon and changes were made to the services when needed. New activities were introduced for example as well as new menus.

Staff spoke positively of the registered manager. The staff told us that the registered manager and provider gave strong and supportive leadership. Staff felt there was an open culture at the home and they felt able to raise any concerns and these would be dealt with properly.

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

Some aspects of the service were not safe

Not all medicines had been signed for .This meant there was a risk people may not be given the medicines they needed. Other aspects of medicines management were safe.

There was enough staff on duty at any time to provide safe care for people. There were recruitment procedures in place that aimed to ensure only suitable staff were employed to work at the home

People felt safe living at the home. They also felt safe with the staff that provided them with their care and support.

Staff understood their responsibilities in relation to safeguarding people from harm and abuse.

Is the service effective?

Good

The service was effective

People were supported by staff who understood how to provide them with the care they required.

Specialist health care support was provided by relevant health care professionals to support people to maintain optimum health and wellbeing.

The rights of people were protected because the Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards were followed.

Is the service caring?

Good

This service was caring.

People were treated in a kind and caring way and their independence was promoted and privacy respected.

Care plans reflected the views of people and families about their care and what type of care they received.

The staff who supported people understood how way people preferred to be assisted with their care.

Is the service responsive?

Good

The service was responsive

Care plans set out how to meet the needs of people and what actions were required to provide them with the support that met their needs.

People took part in a variety of different social and therapeutic activities. Activities were run based on what people enjoyed doing and benefited from.

People were asked to give feedback about the home. This information was to be used to improve the service where needed.

There was a complaints procedure in place so that complaints and concerns were properly investigated.

Is the service well-led?

Good

The services was well led

The staff understood the values of the provider and the company they worked for. These included treating people in a very respectful way and as unique individuals .

There was a system to monitor the quality of the service and ensure improvements where made where needed.

The staff and people who lived at the home felt well supported by the registered manager. Staff told us the home had an open and relaxed culture. They felt able to make their views known to the registered manager at any time.

Bernash Care Home

Detailed findings

Background to this inspection

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

We reviewed information we had received about the service such as notifications. This is information about important events, which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority.

We read the Provider Information Record (PIR) and previous inspection reports before our visit The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

We met with nine people who were living in the home, and three visitors Staff we spoke with included the registered manager, the provider, and five care staff, domestic and catering staff. We observed how staff interacted with the people they supported in all parts of 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 viewed the care records of three people, 10 people's medicines records, staff training records staff recruitment files, supervision records and staff duty rotas. We checked a number of other records relating to the way the home was run.

Good

Is the service safe?

Our findings

We saw eight 'gaps' with no staff signature in different administration records. The gaps were times when staff had not signed to say a person had been given their medicines. This meant these charts were not complete and accurate and people may not have been given their medicines at all times. The providers own medicines audits had picked this up .Further staff training had been booked for all staff who gave people medicines in the home . Medicine records included people's photographs and a profile of how the person preferred to take their medicine. We saw the staff gave people their medicines and they did this by following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines. The service used a mix of monitored dosage system and administering medicines from packages and bottles. These systems of medicines management and storage aimed to make it safer and easier to give people their medicines correctly.

Medicines were kept safely and the trolley was locked away inside a locked cupboard with the rest of the medicines. Medicines that required additional security were regularly checked by staff. There were accurate stock checks and remaining balances of medicines, which had been administered. There were daily records of the fridge and room temperature to ensure medicines were stored at safe temperatures. There were guidelines in place for people who had medicines prescribed to be taken as and when required. Staff were able to describe when 'take as required' medicine would be given, for example to help people manage pain. Body maps charts were in place to guide staff when to apply creams and lotions. This helped to ensure people were given these medicines correctly.

People told us they felt safe with the staff and living at the home. To gain entry to the home people had to ring a secure front door bell and wait for staff to let them in.

Many of the people who lived at Bernash could not say if they felt safe living there. However, we saw how people interacted with staff. We saw that people were comfortable with staff and looked relaxed with them. This helped to convey that people felt safe with the staff.

People were supported by staff who were knowledgeable about abuse and knew what to do and who to report it to if they were concerned about someone. The team had been on training to help them understand what abuse was. They also knew who to report concerns to if they had them. There were procedures in place to help to keep people safe from abuse and free from harm. A copy of the provider's safeguarding procedure was displayed in the home so that people would know how to report abuse if they suspected someone was at risk of harm.

Staff knew how to whistle blow about the service. This law is used if an employee thought there was malpractice or illegal activities taking place. They said they would have no hesitation in reporting any concerns about the service if they had them.

People were protected from the risks of unsuitable staff being employed because the provider had a robust recruitment system in place .This aimed to ensure only suitable staff were employed to work with people.

The necessary checks and information had been obtained for all new staff before they were offered employment in the home. At least two references were obtained for all prospective new employees. We saw that any gaps in employment were explored to ensure they were suitable to be employed. Disclosure and Barring checks(DBS)were carried out on all the staff. The DBS service aims to ensure that only staff who are safe and suitable to work with vulnerable people are recruited. We saw proof of identification in the form of passports, were also checked for all staff.

There was enough staff on duty to meet the needs of people. Staff said numbers were based on the individual dependencies of the person using the service. When people required one to one support this was provided. We saw staff spend time supporting people and assisting them in an attentive manner .The staff were able to respond promptly to people when they wanted their assistance. The registered manager told us staffing numbers were assessed and could be increased when needed. If someone's health deteriorated for example and they needed more care. There was information confirming that staff numbers were worked out based on the needs and dependency levels of people at Bernash. This was to ensure there was enough staff to provide safe care. There were a range of different grades of staff on duty for every shift. They were supported in their work by catering staff, domestic staff and maintenance staff.

To help to keep people safe in the home there were systems and checks carried out to identify risks and help to keep the premises safe. Regular maintenance checks of the premises were undertaken. These included checks of fire alarms, fire fighting equipment, water temperature checks and the hoists. There were also checks done of the fridge and freezer temperatures to ensure foods were stored safely. There were also checks carried out to ensure sure that electrical equipment and heating systems were safe and able to be used. Maintenance staff were carrying out routine checks on the day of our visit.

To try to minimise the risks to people from cross infection there were systems in place in the home. The staff had policy and procedures to follow to try to maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. Cleaning equipment for example that was used to clean toilets was not used to clean bedrooms and communal areas. The staff were required to wear protective plastic gloves and aprons when giving personal care. This was to reduce risks of cross infection.

Good

Is the service effective?

Our findings

We saw the staff assisted people with their care needs in way, which demonstrated they understood how to support them effectively. The staff used a supportive approach with people for example, encouraging them to make decisions about how they wanted to spend their day. They used a calm and gentle tone of voice and took plenty of time to make sure people understood what they were saying. The staff also responded when certain people became anxious in mood. The staff used techniques such as distraction from what was on the person's mind. This was done in a sensitive way and we saw that staff diffused anxiety that certain people were experiencing.

People were happy with the food and we saw they were offered choices at each mealtime. People were sometimes offered a glass of wine with their meals. Tables were set with tablecloths and there was specialist cutlery and plate guards in place for those who needed them. This was to maintain independence and allow people to eat meals without staff support. Most people were supported to eat their meals in the dining room.

We heard staff offer people a choice of where to sit for their meals. People were encouraged to eat their food. When needed the majority of staff sat next to people and helped them eat their meals in a discrete way. The staff talked with people and told them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were menus available in pictorial format and to help people make a choice from the meals to be served. We observed a choice of water and other soft drinks were 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. An assessment had been completed using a recognised assessment tool. This is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition or obesity. Care plans clearly showed how to assist them with their particular dietary needs. Some people needed a diet that was of a certain softer texture. We saw this was provided for them.

The catering staff understood people's different nutritional needs and told us special diets were readily catered for. They said they were given information from staff when people required a specialised diet. Catering staff also kept nutritional records to show when people had any specialist needs or dietary requirements. For example, diabetic needs. The chef also gave people who needed to increase weight a fortified diet with butter, cream and full fat milk as part of their diet.

People were effectively supported with their physical health care needs. Each person had a health care plan in place that explained how people were to be supported with their physical health and well-being. Some people for example, were diabetic and a diabetic nurse came to the home during our visit to offer guidance and support. A psychiatrist also came to the home during our visit. They spent time with a person who they supported at the home who was a patient of theirs .The records also confirmed staff monitored the health

and well-being of people. People were supported to see their doctor if they were concerned about their health.

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. 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. The application procedures for this in care homes are 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 were in place.

Staff understood the key points of The Mental Capacity Act 2005. They were able to tell us that people had the right to make choices in their lives and what some may think were unwise decisions. The staff demonstrated that they understood about the need to offer people choices in their daily life. They gave examples of what they did in order to ensure people who were using the service were given choice. We saw staff offer people choices and seek consent. This included what time people wanted to get up, what they wanted to eat, and how they wanted to spend their day.

The registered manager told us how they ensured Deprivation of Liberty Safeguards (DoLS) were used appropriately. They told us that completed application had been made for people at the home. This was to ensure that there were safeguards were in place to protect the interests of people in the least restrictive way. There was also DoLS guidance available to help staff to make a suitable DoLS application if needed.

Staff explained how to obtain consent and understood the importance of ensuring peoples' rights was upheld before they offered them support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. We heard staff ask people before they carried out any part of their care. Care records showed people had signed consent to care where able to do so. Families were involved when people were not able to sign their care plans and were involved in planning of their care. Mental capacity assessments were in place and best interests decisions had been held that were carried out in relation to a person who had been assessed as not having mental capacity .The staff knew about this information and a best interest decision meeting had been carried out for specific matters related to the person's daily life when needed.

People were cared for staff that were suitably qualified and experienced to meet their needs. Training records confirmed that there was regular training provided for the staff. Training session's staff had been on included understanding dementia, nutrition, infection control, safeguarding adults and medicines management. The training in place was to ensure staff had the skills and knowledge to effectively meet people's needs.
There was an effective system of staff supervision for monitoring the staff performance and their development. The staff told us they met with the registered manager to look at how they were performing and discuss the needs of people at the home. The supervision records we saw showed that people were assisted by staff that were well supervised and motivated in their work.

Newly employed staff said they had completed an induction programme and had "shadowed" another member of staff before being able to work unsupervised. This meant they had worked closely with a more experienced staff member to learn about the service and the needs of people at the home. New members of staff said they read care plans, policies and procedures. This was to find out about the needs of people and

to know how to provide safe and effective care.

Good

Is the service caring?

Our findings

People made many positive comments about the care provided at the home. No one who lived in the home, their visitors or the staff we spoke with had any negative comments about the staff and the caring nature of the service. One visitor told us, "This is the best home around and the staff are very kind, attentive and caring".

People were consistently supported by the staff with a caring and kind approach. We saw that staff were friendly, polite and kind in manner when they provided support to people. Staff spoke with people in a gentle and attentive way at all times. Staff assisted people in a way that demonstrated they were caring in their approach. Staff maintained a calm kind approach with people who were anxious and agitated in mood. The staff also used gentle humour and encouragement to motivate people with independence The staff for example helped people to do household chores. People responded in a positive way to staff when they used this approach and looked relaxed and comfortable with them.

There were a number of positive comments made on an independent online care home review website about the home. One person wrote, ' My relative spent a couple of weeks respite at Bernash Care Home and they loved it that and didn't want to leave. We as a family were extremely happy with the care provided. The staff were always helpful as well as the management'.

Other comments were 'We have been very happy with the care my relative has received since she moved in last August. The staff have always been very helpful and informative of my relatives needs whenever we have spoken to them. The staff treat everyone as an individual, it is a very inclusive environment which is lovely'. 'I have always been very pleased with the looking after my relative, myself and family are most grateful for all the support that my relative and us get at the very hard time of life'.

We saw staff knocking on bedroom doors and waiting before entering people's rooms. When staff were supporting people with personal care people's doors were closed to maintain dignity. We saw how staff spoke to people with respect using the person's preferred name.

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, artwork and personal items. This helped to make each room feel more personal and homely for people.

Each person had an identified keyworker, a named member of staff. They were responsible for ensuring information in the person's care plan was up to date and they spent time with people individually.

Staff were able to tell us how they provided personalised care .They said this meant they cared for people in a way that respected them as unique individuals because they got to know people very well. They said that care plan information helped them to ensure they put people at the centre of all decisions made. The staff

cared for people in small teams and they had got to know people very well. The staff said that as a result of knowing people very well, they knew how to meet their full range of needs. The staff also said they had built up close trusting relationships with the people they supported.

Care records included plans that were in place for end of life care wishes. These plans were reviewed regularly. They set out people's preferences and wishes for preferred place of care and specific funeral plans. Staff we spoke with knew peoples wishes.

Good

Is the service responsive?

Our findings

The care records we viewed contained information that showed that an initial assessment of what the person needs were was completed before they moved in to the home. There was also a detailed person centred care plan in place. Care plans were informative and contained detailed information that reflected how each person wished to be supported with their needs. Care records provided guidance for staff on how best to support people. We saw staff assist people with their care in the ways that were set out in their care plans. Plans had details of the person's likes, dislikes and preferences. They included how often and when they wanted support with personal care, their bedtime and rising routines.

Care records had been reviewed and updated regularly, where possible with the involvement of the person who they were written about. Staff were knowledgeable about people's individual care needs and were able to tell us how they used the care plans to ensure care was given in the way the person preferred.

Staff provided one to one and group activities for people. The registered manager told us a new full time activities coordinator was planning to organise a varied activities programme. Activities included ball games and exercises, arts and crafts activities and social afternoons. Other activities included visits from external entertainers and outings during the warmer weather. Church services were held regularly which helped to ensure certain people's spiritual needs were respected.

People were actively encouraged to make their views known about the service. For example, people were asked for their suggestions for activities and the meal options. The home had produced a private Facebook page for people using the service and their relatives. The most recent events that had been posted included updates on recent events that had happened, dates of meetings and outings as well as new staff joining the service and birthday celebrations.

Family members knew how to raise concerns and were confident actions would be taken to resolve them. One person told us "I've never had to complain but I would see the manager and they would help me". Staff told us their role was to assist people to complain and make sure their views were heard by management. One staff member said, "I'd make sure people saw the manager".

The complaints policy was displayed and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly in line with the provider's policy.

People at the home and those who represented them were going to be invited to take part in a survey at least once a year to find out their views of the service. and suitable for them. The provider and registered manager aimed to review their findings and put in place any actions that may be needed to improve the service.

Good

Is the service well-led?

Our findings

The provider visited the home regularly. They completed quality checks on the overall quality of care and service people received. When it was needed they had identified actions for the registered manager to implement to improve the service.

The registered manager showed an open and transparent approach. They clearly explained to us how they wanted to improve the service even more. They told us how their own audit checks had picked up the need for staff to ensure they completed medicine administration charts at all times.

Other quality audits carried out included regularly checking the quality of care planning processes, management of medicines, staffing levels and staff training. When shortfalls were identified, we saw the registered manager put in place an action plan to address them. Meals for example, had been reviewed to ensure that people were satisfied with what was provided. New ways of presenting meals had been introduced to help people to make a choice at each meal time

We saw that the registered manager was open and always accessible to people who lived at the home and the staff. People regularly went to the office to see the registered manager and approached them at other times during our visit. When people wanted to speak with the registered manager they made sure they gave them plenty of time to be available for them. One staff member said the registered manager was, "Very supportive. "Another member of staff commented that they were "Always very willing to help out ". We also saw the registered manager spent time with people assisting them with their needs.

The registered manager kept up to date with best practices and current research in dementia care by attending meetings with other professionals working in the same type of care for older people. They also shared information and learning from these meetings with the staff team and read journals about health and social care topics in the field of dementia.

Accidents and incidents, which involved people living at the home, were analysed and learning took place. The registered manager ensured that learning took place. They also looked for any trends and patterns, actions were put in place to minimise the risk of re-occurrence where these were identified. We read about one person who had experienced several falls in the home. We saw guidance was in place from other health and social care professionals to offer the person specialist advice. When for example certain people became anxious guidance was in place from mental health specialists to assist staff to support people to become calmer in mood.

People, their families were involved in their care and were sent a survey to find out their views of the service. The registered manager and the provider reviewed the answers people gave. Areas people were asked for feedback about included their views of the care from the staff and their attitude and manner, did they feel involved in planning their care, what activities they were took part in and the food.

The staff demonstrated that they had a good understanding of the provider's visions and values. They were

able to explain these, which included being person centred in their approach with people, supporting independence and showing respect. The staff told us they made sure they put these values into practice when they supported people at the home.

Staff told us they were easily able to make their views known when staff meetings were held. These took place regularly. Where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up. Care plans had recently been updated after a staff meeting had been held.