DES Healthcare Limited

Bernadette House

Inspection report

The Old Vicarage
South Park
Lincoln
Lincolnshire
LN5 8EW

Tel: 01522521926

Date of inspection visit:
03 March 2017

Date of publication:
25 April 2017

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 3 March 2017. This was our first inspection since we registered DES Healthcare Limited on 17 July 2015 to operate the service.

Bernadette House can provide accommodation and personal care for 35 older people. There were 34 people living in the service at the time of our inspection.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'.

Suitable steps had not always been taken to avoid preventable accidents and medicines were not consistently managed in the right way. Background checks on new staff had not always been correctly completed. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse and there were enough staff on duty.

Although some care staff had not received all of the training they needed, they knew how to care for people in the right way. People enjoyed their meals and were assisted to eat and drink enough. Staff ensured that people received all of the healthcare they needed.

The registered persons had ensured that whenever possible people were helped to make decisions for themselves. However, when this was not possible the registered persons had ensured that decisions were taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had not always ensured that people only received lawful care.

People were treated with kindness and their right to privacy was respected. Confidential information was kept private.

People had been consulted about the help they wanted to receive and they had been given all of the practical assistance they needed. They had also been supported to pursue their hobbies and positive outcomes were achieved for people who lived with dementia. Complaints had been quickly and fairly resolved.

Quality checks had not always effectively resolved problems in the running of the service. However, people had been consulted about the development of their home and the service was run in an open and inclusive way. Good team work was promoted and staff were supported to speak out if they had any concerns. In addition, people had benefited from staff acting upon good practice guidance.

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 consistently safe.

People had not always been protected from the risk of avoidable accidents.

Medicines were not consistently managed in the right way.

Background checks on new care staff had not always been correctly completed.

Care staff knew how to keep people safe from the risk of abuse.

There were enough staff on duty.

Is the service effective?

Good

The service was effective.

Although care staff had not received all of the training they needed they knew how to care for people in the right way.

Although decisions were taken in people's best interests care had not always been provided in a lawful way.

People had been assisted to eat and drink enough.

Care staff had supported people to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Care staff were caring, kind and compassionate.

People's right to privacy was respected.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the practical assistance they wanted to receive and this had been provided in the right way.

Care staff promoted positive outcomes for people who lived with dementia.

People were helped to pursue their hobbies and interests.

Complaints had been quickly and fairly resolved.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and care staff had been encouraged to speak out if they had any concerns.

People had benefited from care staff acting upon good practice guidance.

Bernadette House

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 registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since they were registered. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 3 March 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with 10 people who lived in the service and with three relatives. We also spoke with four care workers, a housekeeper, a senior care worker and the administrator who also supported the activities manager. In addition, we met with the maintenance manager, deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were not able to speak with us.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I'm okay here and I get on well with the staff." Another person who lived with dementia and who had special communication needs smiled broadly when we gestured towards a nearby member of staff and made a questioning sign. Relatives said that they were confident their family members were safe in the service. One of them said, "I chose this place out of many because it was homely and I could see that the staff were kind."

However, we found that there were shortfalls in some of the arrangements that had been made to prevent people from experiencing avoidable accidents. We noted that in one of the hallways there was a steep ramp that was used to change the level of the floor. The presence of the ramp was not highlighted in any way, there was no banister and we saw a person almost lose their footing when walking along the ramp. We noted a further problem in that a broken fitment had been left on the floor in one of the bathrooms. This obstacle created a trip hazard. Another shortfall involved there not being a safe and comfortable area for people to use when they wanted to smoke a cigarette. We were told that a shelter had been removed because people living in the service at the time had not wanted to use it. We were also told that garden seats had been provided as an alternative to the shelter. However, we saw a person having to stand outside struggling to stand up in heavy rain and high wind. There was nothing to indicate that they had agreed to there not being a shelter. Also, we noted that they did not attempt to sit down as the chairs were wet due to the rain.

Nevertheless, the registered persons had identified other possible risks that could lead to people having accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people had been being provided with equipment such as walking frames and raised toilet seats. Also, staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

People were confident about the way in which staff helped them to manage their medicines. One of them remarked, "The staff help me with my tablets and sort things out for me." We found that there were reliable arrangements for ordering and disposing of medicines.

Records showed that there had been three occasions in the past 12 months when a medicine had not been administered to the right person or had not been dispensed at all. Nevertheless, we found that in each case

the registered manager had promptly introduced improvements to reduce the likelihood of the same mistakes being made again. In addition, we saw medicines being dispensed in the right way and in accordance with national guidelines.

We also noted that medicines had not always been stored at the right temperature. This mistake had increased the risk of them not retaining their full therapeutic effect. These shortfalls had reduced the registered persons' ability to ensure that people would consistently benefit from using the medicines that had been prescribed for them in the right way. However, we noted that the registered persons had already taken steps to ensure that medicines were stored properly. This included arranging for a new refrigerator to be installed because the original appliance had not
been working correctly. In addition, the registered manager told us that increased checks would be completed to ensure that medicines were consistently stored and dispensed correctly.

We looked at the way in which the registered persons had recruited two care staff. Records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have relevant criminal convictions. However, we noted that in both cases the registered persons had not obtained a suitably detailed account of the applicants' employment histories. This mistake had reduced the registered persons' ability to ensure that they had obtained all of the necessary assurances about the previous good conduct of the people concerned. However, the registered manager told us that no concerns had been raised about any aspect of the performance of the members of staff in question. In addition, they said that the service's recruitment procedure would immediately be strengthened to ensure that similar oversights did not happen again.

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We found that people had been protected from the risk of financial mistreatment. This was because some people who needed help to manage their personal money were provided with the assistance they needed. Records showed that there was a clear account that described each occasion when senior staff had spent money on someone's behalf. This included paying for services such as seeing the hairdresser and chiropodist. In addition, we noted that there were receipts to support each purchase that had been made.

People who lived in the service said that there were enough care staff on duty to promptly provide them with the care they needed. One of them commented, "Yes, I'm looked after pretty well and if I need help I only have to ring the bell and the staff will come." Another person remarked, "The staff are busy but I've never had to wait too long." A relative remarked, "There must be enough staff because whenever I call I find my family member sitting up in their chair, neatly dress in clean clothes and their bed made."

The registered manager told us that they had completed an assessment of how many care staff needed to be on duty taking into account how much assistance each person needed to receive. We noted that during the week preceding our inspection all of the shifts planned on the care staff roster had been filled. During our inspection we noted that care staff quickly responded when people who were in the bedroom used their call bell to ring for assistance. We also saw that when people who were sitting in the lounge asked for help this was given without delay. We concluded that there were enough care staff on duty because people promptly received practical assistance that met their needs and expectations.

Good

Is the service effective?

Our findings

People were confident that care staff knew how to provide them with the practical assistance they needed. One of them said, "The staff give me the help I need and they know me really well and we have our own routines which suits me." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I'm very confident that the care staff know how to care for my family member. I can see the evidence with my own eyes every time I come. Another relative said, "I had to call quite early one day on my way to work and I found my family member to be well and comfortable."

Care staff told us that they had received introductory training before working without direct supervision. Records also showed that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way.

Documents showed that the registered persons considered that staff needed to regularly receive refresher training in key subjects. This was necessary so that care staff knew how to safely care for people in the right way. The subjects included how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. We noted that although several care staff had not completed all of the required training there were plans in place to address this oversight in the near future. We also found that care staff had the knowledge and skills they needed to consistently provide people with the assistance they needed. An example of this was care staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was care staff having the knowledge and skills they needed to help people keep their skin healthy. Care staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing. We also noted that most care staff had either obtained or were working towards a nationally recognised qualification in the provision of care in residential settings.

Care staff told us that the deputy manager and registered manager sometimes worked alongside them to provide care for people. This enabled them to give useful feedback to care staff about how well the assistance they provided was meeting people's needs and wishes. Records also showed that care staff regularly met with a senior colleague to review their performance and to plan for their professional development.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and care staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived

with dementia why they needed to use a medicine at the correct time in order to stay well. The member of staff pointed to a part of their own body to explain to the person how the medicine would relieve their symptoms. We noted how the person responded positively to this information and then indicated that they were happy to accept the medicine when it was next offered to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had consulted with relatives and with health and social care professionals. They had done this to ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's relatives and care manager (social worker) because a decision needed to be made about where it would be best for the person to live after they left the service.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager knew about the requirements of the Deprivation of Liberty Safeguards. However, in relation to one person they had not taken all the necessary steps to ensure that they only received care that respected their legal rights. This was because they had not sought a renewal of the authorisation for the person after the original authorisation had expired. However, we noted that the delay was only a matter of days. Furthermore, the registered manager assured us that the necessary application would immediately be made. We also noted that by the end of our inspection visit the deputy manager had introduced a new auditing system to ensure that the same mistake did not occur again.

Records showed that some people had made specific legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the registered manager and care staff. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

People told us that they enjoyed their meals with one of them remarking, "The food is very good here and we always get enough. I never feel hungry and have put weight on since living here." We asked a person who lived with dementia and who had special communication needs about their experience of dining in the service. We saw them point towards the dining room, motion as if they were eating and smile.

Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to dine were discreetly assisted by staff so that they too could enjoy their meal.

Records showed that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. We also noted that staff were tactfully checking how much some people were eating and drinking each day. This was being done to make sure that they were having sufficient nutrition and hydration to maintain their health and wellbeing. In addition, we saw that the registered manager had arranged for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A relative spoke about this and said, "The staff are definitely on their toes about this and get in touch with the doctor straight away if they're needed."

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "The staff are lovely to me and I don't have any problems with any of them." We saw a person who lived with dementia and who had special communication needs holding hands with a member of staff and dancing a jig. After this they both walked slowly along one of the hallways so that the member of staff could make the person a hot drink. Relatives also told us that they were confident that their family members were treated in a compassionate way. One of them said, "I would know immediately if my family member wasn't well cared for by how they were in themselves. I can see how they're relaxed when staff are around." Another relative remarked, "They seem to be able to recruit the right staff here. It's friendly while being professional at the same time. I've no concerns at all."

We saw that people were treated with compassion, kindness and respect. Care staff took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their joint experiences of living and working in the area. The person concerned was pleased to reflect upon how changes had occurred over the years in and around Lincoln.

We saw that care staff were understanding and supported people to engage with parts of their lives that were important to them before they moved in. An example of this involved a member of care staff speaking with a person about some of their grandchildren who they did not see regularly because they did not live in the area. The member of staff encouraged the person to enjoy looking at photographs of their grandchildren and recounting what each of them was doing at college and at work.

We noted that care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. We saw that care staff knocked on doors to bedrooms and waited for permission before going in. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas. We saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that care staff had assisted people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private. Speaking about this a person remarked, "I could have my own telephone installed in my room but I don't really need it as I can use the home's mobile handset."

We saw that the registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

We saw that written records which contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We noted that care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Good

Is the service responsive?

Our findings

During our inspection we found that care staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of care staff supporting people to make choices. One of these involved a person who lived with dementia and who had special communication needs. The member of staff used a number of methods to ask the person if they were warm enough. This was because they had noticed that the person had been standing close to a large window for some time. The member of staff pointed to the cool and blustery weather outside and then gestured that it was important to stay warm by wrapping their own cardigan around them. The person was able to engage with this communication and we saw them walk off hand in hand with the member of staff away from the window and into one of the lounges.

People said that care staff provided them with a wide range of assistance including washing, dressing and using the bathroom. One of them remarked, "The staff are good because they don't mind if you ask them for help. I don't feel like I'm being a nuisance at all. They're always there when you need them." Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. We saw an example of this when people were helped to reposition themselves when sitting in their armchair or when in bed so that they were comfortable. Another example was the way in which care staff had supported people to use aides that promoted their continence.

We noted that care staff promoted positive outcomes for people who lived with dementia and helped them to avoid becoming distressed. An example of this occurred when a person was becoming anxious about the number of people who were gathered in one of the lounges where they usually chose to sit. This had resulted in the area being rather more noisy than usual. A member of care staff responded to this by suggesting that the person might enjoy using an alternative lounge until the room became less busy. We saw the person taking the advice of the member of staff who accompanied them to another room. We also noted that later on the member of staff went back to the person to let them know that their preferred lounge was now quieter should they wish to use it again.

Care staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. We noted that people were offered the opportunity to meet their spiritual needs by attending a religious ceremony that was held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

There was an activities manager who was supported by the service's administrator. Records showed that people were being offered the opportunity to enjoy taking part in a range of social events. These included activities such as arts and crafts, quizzes and gentle exercises. During our inspection we saw a group of people enjoying participating in a crafting session in the lounge where they were making decorative collages. We also saw people being assisted to pursue individual activities such as reading and watching

television. In addition, records showed that the activities manager made a point of spending time with people who preferred to rest in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. We also noted that people were regularly being supported to enjoy going out of the service to visit local places of interest such as garden centres and wildlife attractions.

People told us that there were enough activities for them to enjoy. One of them said, "The activities ladies are very good and they're always suggesting things for us to do." Relatives also gave positive feedback with one of them remarking, "The atmosphere in the service isn't sombre at all. Most days when I come there are things going on and I think it adds to everyone's quality of life. It doesn't all have to be about care and commodes."

People said and showed us by their confident manner that they would be willing to let care staff know if they were not happy about something. We noted that people had been given a complaints procedure that explained their right to make a complaint. In addition, relatives were confident that they could freely raise any concerns they might have. One of them said, "If there's a problem I'll just have a word with the manager or the deputy and they're both very helpful." Another relative remarked, "There have been one or two things I needed to raise and they've been put right with no fuss."

We also saw that the registered persons had a procedure which helped to ensure that complaints could be quickly and fairly resolved. Records showed that the registered persons had received two formal complaints in the 12 months preceding our inspection. We saw that the registered persons' had promptly investigated each matter so that lessons could be learned to help prevent the same thing from happening again.

Requires Improvement

Is the service well-led?

Our findings

People told us that they considered the service to be well managed. One of them said, "Things seem to run quite well here and people seem to know what they're doing." Relatives also considered the service to be well run. One of them remarked, "I do think it's quite efficient. There are always bugbears such as laundry going missing but I know it's a challenge to always get everything right."

The registered manager said that there were robust systems to check on the quality of the service people received. Records showed that a number of quality checks were being completed in the right way. These included suitable audits to check that care was reliably delivered and that good standards of hygiene were maintained. They also included checking that equipment such as the stair lift and hoists remained in good working order. However, we noted that other quality checks had not always been effective in quickly putting problems right. In more detail, we found that each of the problems we have described earlier in our report had not quickly been put right. These included the mistakes relating to preventing avoidable accidents, managing medicines, completing recruitment checks and complying fully with the Mental Capacity Act 2005. In addition, we found that other routine checks had not always been completed in the right way including making sure that emergency lights were working correctly.

We raised our concerns with the registered manager. They assured us that they would further strengthen the way in which quality checks were completed in order to address each of the shortfalls we had identified.

People said that they were asked for their views about their home as part of everyday life. One of them remarked, "I like chatting with the staff and I can tell them if I need anything." In addition, records showed that people had been invited to complete an annual quality assurance questionnaire. This was so that they had the opportunity to suggest improvements to the running of the service. We saw that when people had suggested improvements action had been taken to introduce them. An example of this was a small shop that had been set up within the service. This had been done in response to people telling staff that they wanted to buy things for themselves rather than having to always rely on relatives. Another example was the service having acquired two guinea pigs for whom people who lived in the service had chosen the names of 'bubble and squeak'.

People and their relatives said that they knew who the registered manager and the deputy manager were and that they were helpful. During our inspection visit we saw both of them talking with people who lived in the service and with care staff. We noted that they had a thorough knowledge of the care each person was receiving. In addition, both of them knew about points of detail such as which members of care staff were on duty on any particular day. This level of knowledge helped them to run the service so that people received the care they needed.

We found that care staff were provided with the leadership they needed to develop good team working practices so that people received safe care. There was always a senior member of care staff on duty and in charge of each shift during the day and the evening. In addition, during out-of-office hours either the registered manager or the deputy manager were on call if care staff needed advice. Care staff said and our

observations confirmed that there were handover meetings at the beginning and end of each shift. At these meetings significant developments in each person's care were noted and reviewed. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that care staff had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Care staff said that they were well supported by the registered manager and deputy manager. They were confident that they could speak to them if they had any concerns about another staff member. Care staff told us that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

We noted that the registered persons had provided some of the leadership that was necessary to enable people to benefit from staff acting upon good practice guidance. An example of this was the activities manager who had researched national guidance about how best to engage the interests of people who lived with dementia. As a result of this, appropriate activities were being provided to engage the interests of the people concerned so that positive outcomes could be promoted for them.