

Complete Care Homes Limited

St Bernadettes Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Bernadettes is a care home, which provided personal and nursing care to 18 people aged 55 and over at the time of the inspection. The service is registered to accommodate a maximum of 27 people.

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

People and visitors said there had been improvements to the cleanliness of the service, the number of staff on duty was more consistent and they felt safe in the service.

All areas were tidy and there was sufficient cleaning taking place to keep people safe from the risk of infection.

The provider followed robust recruitment checks, and sufficient staff were employed to ensure people's needs were met.

Medicines were managed safely and people said they received them on time and when needed.

The uptake and completion of staff training had improved, and staff had started to receive regular support and supervision.

Communication with families had improved and we received positive feedback from relatives, which indicated this was now consistent and effective.

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

People ate nutritious, well cooked food, and said they enjoyed their meals. The monitoring of people's nutritional intake and weight loss had improved. Their health needs were identified, and staff worked with other professionals to ensure these needs were met.

Care plans and risk assessments had all been reviewed and updated. Staff were more aware of people's changing needs and amended their care records accordingly.

People were involved in all aspects of their care and were asked for their consent before staff undertook support tasks.

Activities within the service had improved. People said they enjoyed the entertainment and activity sessions provided. There were group activities and one to one input with individuals on a regular basis.

The recruitment of a new manager had resulted in significant improvement around leadership, oversight and management within the service. People and staff said the registered manager was open, honest and approachable. The quality assurance and monitoring processes within the service were thorough and the service had moved forward. The assessment, monitoring and mitigation of risk towards people who used the service had improved. This meant risks to people's health and safety were reduced.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Bernadettes Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

St Bernadettes is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with six people who used the service and two visitors/relatives about their experience of the care provided. We spent time observing the environment and the dining experience within the service. We spoke with ten members of staff including the provider, nominated individual, registered manager, clinical lead, a nurse, senior care staff, care staff and ancillary staff. We also spoke with a visiting health care professional.

We reviewed a range of records. This included three people's care records and eleven medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to infection prevention and control, safe management of medicines and health and safety of people. These were breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff identified and assessed risks; care plans contained guidance to support staff on how to safely meet people's needs. This included information on how to avoid restrictive practices and safely support people if they became anxious or upset.
- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager monitored these to reduce the risk of reoccurrence.
- The environment and equipment were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.
- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. Staff received medicine management training and competency checks were carried out.
- The service was well-maintained, clean and tidy throughout. Staff had received training and followed the provider's infection prevention and control policy and procedure to ensure people were protected from the risk of infections spreading.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff had the qualifications and skills needed to carry out their role and did not complete robust checks on agency staff before they started work. These were breaches of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Improvements had been made to the recruitment process and it was now safe. Thorough employment

checks were carried out before staff started work.

- The provider had developed employment profiles for agency staff. They ensured recruitment and employment checks had been carried out by the agency and were complete and satisfactory before they worked in the service.
- There were sufficient staff on duty meet people's needs and to enable people to take part in social activities and to attend medical appointments. People told us they received care in a timely way. A person told us, "I certainly feel safe. They (staff) don't leave you unattended in the garden or in the home. They are pretty good."

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this topic area.
- People felt safe, confident and happy when being supported by staff. A person said, "Not a bad old place. Staff use equipment well, as I am hoisted they know how to use it and I always feel safe."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to have a robust staff induction, training and supervision programme in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- A comprehensive staff induction and training programme was in place. Staff told us the amount of training had improved, with external and internal trainers delivering relevant sessions.
- Staff were up to date with training that the provider deemed as mandatory. Specialist training based on people's specific needs had been completed. For example, catheter care, end of life care and stoma care.
- Staff had access to regular supervisions and appraisals. The registered manager was monitoring these and ensured staff received feedback on their working practice.

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

At our last inspection the provider failed to ensure the care and treatment of people was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The registered manager and the clinical lead had reviewed people's support and care needs. They had ensured the care plans and risk assessments were rewritten and updated. People, their families and relevant health care professionals had been involved in this approach.
- Communication with families, and between staff, had improved and was more effective. One relative said, "Staff are more relaxed, responsive and welcoming."
- Staff had improved knowledge and skills to meet people's health needs. People were receiving care and support in line with best practice.

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

- People had access to a varied and balanced diet. They told us, "The food is delicious" and "The food is so much better."
- People received fluids on a regular basis and staff made them a hot drink when asked. People had juice and water provided in their bedrooms and in the communal areas.
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and sought medical support when needed. A visiting professional told us, "The nurses are skilled, and I have no concerns with their practice. The clinical lead is very good and they all work well as a team. [Name of one nurse] is sensible with a very caring ethos. There is always a trained nurse provided on my visits to help and I have seen positive improvements in people's health."
- Information was recorded and ready to be shared with other agencies if people needed to access other services.

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

- Appropriate equipment was in place to assist staff when moving and handling or supporting people with their care. This included specialist beds, hoists and sensor mats; which helped staff provide safe and effective care.
- People were able to access outdoor space. Two people told us they had just come back from a lovely walk with a member of staff. One said, "I really enjoyed looking at the lovely flowers."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Appropriate applications had been made to deprive people of their liberty.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff spoke with people in a caring and compassionate way. People were well looked after. A person told us, "Things have improved, it's lovely."
- Staff listened to people and provided sensitive support to ensure their needs were promoted. People were happy and relaxed in the company of staff. A person said, "Everything's changed, the manager keeps having new ideas to make things better. Carers come to see me – I've always got somebody popping in."
- The provider had a policy and procedure for promoting equality and diversity within the service and staff had received training on this.
- Staff treated people as equals. They showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People said they were able to make choices and decisions about their care and support. A person told us, "I get up and go to bed whenever I want. Staff come in and see me every now and again, no bother. I don't join in much, but that's my choice."
- Communication between families and staff had improved. The registered manager had made a determined effort to establish good links with relatives to enable them to keep up to date with their loved one's care and health. A relative said, "I've been informed when the GP has been and yes they call me when required."
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity; staff helped people meet their personal care needs and dress according to their personal preferences. A person said, "The staff are brilliant they know me well. They respect my privacy and dignity, they're lovely you couldn't fault them."
- Staff spoke with people in a polite and respectful way and showed an interest in what people wanted to say to them. They called people by their preferred name, knocked on bedroom doors before entering and ensured people had privacy when supporting them with personal care.
- People were supported to be as independent as possible. Staff encouraged people to do what they could for themselves and helped when they needed it. A person told us, "I get up and go downstairs and come back again when I want to. Sometimes carers take me into the garden for a bit."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider failed to have appropriate and up to date care records for each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to the quality of care records. They were detailed, up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file.
- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A member of staff told us, "We sit and talk to people and ask them about what they like and dislike. We then write it in the care record with them and let them say what they would like, so it's done with them. It's their care plan not ours."
- People and their representatives were involved in reviews of their care. Communication had improved between staff and families and we received positive feedback about this. One relative said, "We cannot always get in when they are looking at the care plans. However, staff inform us of how things are and have a catch up with us. If they need any information, such as for the life history sheet, they ask us."

Meeting people's communication needs

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

- People were supported to tell staff about their wishes and views; their care plans included detailed information about how they communicated.

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

- Improvements had been made to the quality and frequency of activities taking place in the service. Work was ongoing to make further positive changes so everyone had the opportunity to take part in social events

they enjoyed. Staff told us, "Activities are much better. The activity person is new and is the right person for the role. They are very good and know people well. If someone doesn't like to play games, they go in and chat with them."

- People and relatives were happy with the changes to the activities. A relative told us, "Staff come and interact with [Name of resident] every day. They are really happy when staff spend time with them and have got to know them all."
- People were busy doing crosswords, chatting to staff about their hobbies and interests and spending time in the garden.

Improving care quality in response to complaints or concerns

- The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- People and relatives told us the registered manager was open to receiving feedback and acted on their concerns. A person said, "I'm very fond of the registered manager, they always pop in to see that I'm okay. They listen to me and sort things out."

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- End of life care plans were in each care file and included details of people's wishes and decisions.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to have effective and established systems and processes to assess and monitor for quality and safety within the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The nominated individual and the registered manager carried out robust checks to ensure the service was assessed or monitored for quality and safety. One member of staff said, "Everything has improved across the board from morale to the environment. The way the home is run in general is so much better. [Name of registered manager] has done an exceptional job over the last five to six months."
- The management team had worked their way through the action plan sent to CQC after the last inspection. All areas of concern had been addressed and improvements made. People and relatives told us, "The manager always makes themselves available when you want them," and "This manager is working hard to improve things. It is getting better. They help out and get stuck in – they are very good."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was committed to providing good quality care to people. In a recent satisfaction questionnaire one relative commented, "We have noticed the considerable and significant improvement in all aspects of care since the beginning of the year 2019, in particular communication."
- Staff morale was high. They felt listened to and told us the registered manager was approachable. They understood the provider's vision for the service and worked as a team to deliver high standards of care.
- The service was well run. It was welcoming and friendly; people were treated with respect and professionalism.

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

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings,

satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.