

Young at Heart Care Homes Ltd

Bernash Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection

Bernash is a care home providing accommodation and personal care for up to 23 people. At the time of the inspection, 20 people were living at the home.

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

People's individual risks had been identified. Risk assessments were in place with regular reviews carried out to help keep people safe. Medicines were being managed safely and people received their medicines as prescribed. Effective infection control measures were in place. The principles of the Mental Capacity Act were adhered to when necessary. There were effective staff recruitment and selection processes in place. People and the staff we spoke with confirmed staffing levels were good. There were enough staff to support people and the staff worked well as a team.

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.

The registered manager provided effective leadership. They led by example and had a visible presence, with a good understanding of the day to day oversight of the home. The registered manager and staff team acted when learning from any incidents that may have occurred. Surveys to feedback on the quality of the care provided were completed by people and relatives.

Systems were in place to oversee and improve the quality of care, which helped to promote people's safety and wellbeing. The registered manager was supported by senior staff and a stable staff team. They worked in partnership with health and social care professionals to promote positive outcomes for people.

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

Rating at last inspection

The last rating for this service was good (published 21 February 2020). The rating at this inspection remains good.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We inspected two key questions, Safe and Well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the home remains good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bernash Care Home on our website at www.cqc.org.uk

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bernash Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Bernash is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who lived at the home, 1 relative, 3 staff, 1 team leader and the registered manager.

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 could not talk with us.

We reviewed a range of records. This included people's risk assessments, medication records, maintenance records, 3 staff files in relation to their recruitment, quality assurance surveys and a variety of records relating to the management of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at the home. Their comments included, "Oh yes, I feel very safe" and "I feel safe here. They have lovely staff."
- The staff were trained to understand the importance of safeguarding people from poor care and harm. They knew how to identify these risks to people. One staff member told us, "I would report any concerns straight away to the senior or my manager". Another staff member told us, "I know any concerns reported will be taken seriously by my manager."

The registered manager and the team leader were aware of the requirement to notify incidents that had occurred to the appropriate organisations. Safeguarding alerts were raised externally when required to the local authority and the CQC.

Assessing risk, safety monitoring and management

- Staff understood their role in helping people to keep safe and supporting them to make decisions to do this. Risk assessments were in place.
- Risk assessments contained clear guidance on how to reduce harm to people and to keep them safe. These included risks to people's skin integrity, mobility and nutritional requirements. Monthly reviews took place and assessments were updated when people's needs changed.
- Equipment checks were maintained and there were general risk assessments in place for the home, for example, using outside spaces. Fire systems and procedures were robust, this included equipment checks and practice drills.
 - Each person had an individual personal emergency evacuation plan in place. This contained information about how to support them safely leaving the building in the event of a fire.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The home was working within the principles of the MCA. DoLS were being adhered to and a tracker sheet was kept up to date by the registered manager. This helped them check the status of each person's DoLS

application. This showed 11 people had an authorised DoLS in place.

- The staff team had received regular MCA training. Staff asked people for consent to care and explained what they were doing. Capacity assessments were in place for people who lacked capacity.

Staffing and recruitment

- We received good feedback from people about staffing levels. Comments included, "I think staffing is ok" and "I have no concerns."

Staff confirmed there were sufficient numbers of staff to support people. Their comments included, "The staffing levels seem really good. We are quite well organised" and "We are a good team and pick up extra shifts covering annual leave. We help each other out."

- There were enough staff to support the needs of people. We observed the staff were visibly present, providing people with the appropriate care and support they needed.
- Recruitment checks were thorough. Important information about potential staff was collected, such as references, identification and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine systems were well-organised, and people received their medicines safely and as prescribed.
- The home had arrangements for the ordering, storage and disposal of medicines. Daily checks were made to ensure safe storage of medicines and temperatures were maintained.
- The staff responsible for giving out medicines had been trained and had their competency assessed by the registered manager. The team leaders which led each shift over saw the administration of medicines for people.
- Protocols were in place for "as required medicine" such as paracetamol and 'over the counter' homely remedies such as cough medicine.
- Medicine administration records (MARs) were accurate and detailed when people's medicines were administered or refused.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to see their relatives and friends without any restrictions. The home worked in line with current government guidelines.

Learning lessons when things go wrong

- The registered manager kept clear records of incidents and near misses that had occurred. A detailed report of accidents including falls were kept. 24-hour accident monitoring charts were in place for people. This helped the staff to monitor people's wellbeing post fall.
- Monthly audits of accidents and falls were carried out. This information was then used by the management team to put actions in place. These actions helped reduce the risk of recurrence.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff. The registered manager and staff team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation. The home had a friendly atmosphere that was welcoming and homely.
- Most people at the home lived with dementia. We observed at times some people became anxious. The staff were attentive, reassuring and listened to people's worries.
- The staff told us the home was well managed, and they received the support which allowed them to focus on providing high levels of care in roles they enjoyed. One staff member told us, "She is an excellent manager, and she is really organised which I like. We have a really good team of staff here. Morale is really good."

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 understood their responsibilities in relation to duty of candour.
- The registered manager worked in an open and transparent way to share learning with the staff regarding any areas for improvement. Staff we spoke with said they were encouraged to display positive values.

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

- The management structure at the home provided clear lines of responsibility and accountability across the staff team. The registered manager was supported by team leaders who led each shift.
- There was an ethos of continuous improvement and learning. The registered manager and staff spoke positively about their commitment to learning and making improvements to the care people received.
- The provider visited the home every other week and kept in daily contact with the registered manager. There was good oversight of the governance systems in place.
- Regular audits were undertaken by the registered manager, and the team leaders. Audits undertaken included of, medication, people's care records, health and safety, infection control and of the environment.
- The management team knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the home.

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

- People's relatives had the contact details of the registered manager. They kept in regular contact by phone and text.
- When people were admitted to the home some relatives were anxious and upset when leaving their family member. The registered manager showed us videos sent to relatives (with consent). The videos provided reassurances that their family members were settling at the home. One relative told us, "I was so worried about leaving them. I felt reassured seeing a video message. It was so nice to see her playing bingo. I cannot praise them enough here."
- The registered manager sought the views of people and their relatives through surveys and 'residents and relatives' meetings.
- The latest survey results were positive. Some of the comments the home received included, "They are looked after and reassured well", "The care for residents is exceptional" and "It's a safe environment where people are treated with dignity."
- Staff meetings were held regularly with the staff where a range of topics were discussed. A full staff meeting was held in November 2022 which discussed people's needs, staff roles and staffing at the home. The meeting minutes were shared with staff.
- Effective communication systems were in place to help promote effective discussions between staff. This helped the staff to keep up to date with changes in people's needs. This included handover meetings and keeping clearly written daily records.

Working in partnership with others

- The home worked proactively with health and social care professionals to ensure people received good care. This included GP's, district nurses, the dementia wellbeing team and the speech and language team.
- When needed referrals were made via the GP for people to receive support from occupational therapists and physiotherapists.
- The home worked closely with the local authority commissioners, safeguarding team and social workers.
- People were encouraged to go out within the local community. A local school, nursery and church supported the home.
- A local hairdresser visited the home weekly to style people's hair. On the day of the inspection, they were working at the home. We observed that people enjoyed having their hair done. One person told us, "It makes me feel really nice having my hair done. I feel glamorous too."