Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Bernards Residential Care Home Limited

76 St Bernards Road, Olton, Solihull, B92 7BP

Tel: 01217080177

Date of Inspection: 28 August 2014

Date of Publication: September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	St Bernards Residential Care Home Limited
Registered Manager	Miss Charley Jessica Liversidge-Nichols
Overview of the service	St Bernards Residential Care Home provides accommodation and personal care for 39 older people from Solihull and the surrounding area.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 28 August 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We last inspected this service on 22 January 2014. At that time we found that the temperature of the medication storage area consistently exceeded recommended levels. Staff were not recording how many tablets had been administered when the dosage was variable and when creams had been administered. There were no protocols for PRN medication. At this inspection we found that these issues had been addressed and the manager had made the required improvements.

At St. Bernards, there were 32 people at home on the day of our inspection. We observed people during the day. We talked with the manager and the owners of the home. We looked in detail at the care records of four people. We visited on a weekday and we spoke with three relatives. We spoke with three people and three members of staff. One person told us, "It is perfectly lovely here, the staff are very kind."

Below is a summary of what we found. The summary describes the records we looked at and what people using the service and staff told us.

If you want to see the evidence that supports our summary, please read the full report.

Is the service safe?

Staff understood their role in safeguarding the people they supported. This meant people were kept safe. We saw people were cared for in an environment that was safe and clean. There were enough staff on duty to meet the needs of people who lived at the home. There were procedures in place to safeguard people from abuse. The staff and manager had a good understanding of the safeguarding procedures.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. We saw that proper policies and procedures were in place. The manager had an understanding of these safeguards which ensured people's rights and choices were protected.

We saw that risk assessments and health and safety measures were in place to keep people safe.

Is the service effective?

The service worked well with other agencies and services to make sure people received their care safely and effectively. A relative told us, "Nothing is too much trouble for the managers." We saw that people were treated with dignity and care. Care plans specified people's individual needs, for example, a person's mobility, or food requirements. One member of staff told us, "I think we treat people beautifully, I'm supported to do my job." All the people we spoke with told us they were satisfied with the care and support they received.

Is the service caring?

We saw the staff and manager were patient and gave encouragement when they supported people. All staff were aware of peoples choices, preferences and support needs. We found the care and support was delivered with dignity and respect. A person told us, "They are very kind. They do what I want and talk to me. I'm quite alright." We observed people during the day and saw that people were treated kindly and affectionately. We saw that people looked comfortable and relaxed in their home.

Is the service responsive?

There were cooks and domestic staff to ensure good food was provided and the environment was clean. We saw clear and detailed recording that ensured the manager could make timely and informed decisions about a person's care and support. A relative told us, "Staff are very understanding of individual needs. They tell me straight away if there's a problem and they are on the ball."

Is the service well-led?

The manager was aware of their responsibilities in meeting the essential standards of quality and safety. We looked at quality assurance systems. There were systems in place to ensure the quality of the service was regularly assessed and monitored. There was a clear structure of supervision responsibilities within the staff team. Staff had regular training and learning opportunities. Staff we spoke with told us they thought the manager was approachable and provided good support. One member of staff told us, "The manager is lovely. They know what it's like here and they help me to do my job."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager was aware of the Deprivation of Liberty safeguards (DoLS) and the Mental Capacity Act 2005. The manager told us that no one who used the service was currently subject to these safeguards. The manager showed us the tracking system used which identified people who had Do Not Attempt to Resuscitate (DNAR) orders, and which people had relatives who had been given lasting power of attorney through the court of protection. This meant that the manager was aware of their responsibilities in relation to the law.

We saw people's preferences were taken into account as much as possible and their choices and preferences were clearly written for staff to read on each person's records. We observed that staff knew people and their preferences very well. A relative told us, I'm very pleased with it. All the staff are very respectful and very accommodating. They've always got a smile and get things sorted out." This meant that people were involved in their care and support as much as possible.

The care plans we looked at were signed by the person in most cases. The manager explained that one person could no longer physically write. We spoke with that person and they told us that they had verbally agreed to their plan of care. The manager might like to note that the date of the verbal agreement had not been recorded. We saw that all care plans were subject to a monthly review. We observed one member of staff reviewing a care plan with a person at a pace and in a way that was comfortable and appropriate for them. This meant that people were involved in their support and care on a regular basis.

All the staff we spoke with had an understanding of how to support people with reduced capacity, and they all understood the whistle blowing policy. We saw records of the home and other professionals being involved in an assessment of one person's capacity. The decision related to a person who might need to move to a different home that could provide a more intensive level of care and support. This meant there were safeguards in place to ensure people who had reduced capacity had their rights and choices met.

We saw that the care plans all contained information about how to support a person in the way they preferred. The manager told us that a person centred approach was used at all times and that if a person became unwell and did not verbally communicate then behaviours and gestures were used to indicate their consent. We observed a person being offered lunch. They declined the meal they had previously chosen, and were given an alternative. We observed people attending and leaving an activity within the home when they wanted to. This meant that people were able to decline or consent to their care and support as much as possible.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the pre-assessment process the home used before people moved in. We saw that if was comprehensive and included information around support needed at might, medication and daily routines. We saw the homes' information given to people before they moved in. It invited people to come into the home for visits and meals as part of the process of making them comfortable and ensuring that the home could meet their support needs. This meant that the manager had systems in place to ensure that people who moved in could have their needs met safely.

We looked at four peoples' care plans and saw they were individual and detailed people's likes and dislikes. We saw that the care plans were reviewed every month. The manager told us, and we saw, that there was a formal annual review of all the care plans and risk assessments. We saw that each aspect of the care plan had an associated risk assessment. We saw that the records also contained all the daily recording notes that were comprehensive and up to date. The manager told us that staff had time within their shifts to attend a handover. The handover related up to date information about each person and any changes needed to offer them the correct support. This meant all of the staff knew what peoples individual support needs and wishes were.

All the records we looked at were up to date and accurate. They all contained photographs of the person and risk assessments including those about pressure sores and falls. We saw staff using the files to record information during our inspection. We saw changes in people's care needs had been recorded in the daily recording sheets kept on peoples' individual files. A relative told us, "They've always included me in the care and the planning. They go out of their way to make people happy and safe." This meant that people were cared for in a safe environment by staff who had up to date knowledge about their support needs.

During our visit we observed staff supporting people with kindness and respect. We saw people being offered choices in areas such as food and drink and where they wanted to be within the home. During our visit, staff were welcoming and friendly. We observed that staff interacted calmly and warmly with people who lived at the home. The staff we spoke with had a very good understanding of peoples' care needs and how to support them in a

personalised way. The manager told us that staff did not wear badges or uniforms so that the home did not feel institutional. This meant people were treated with dignity and respect.

We saw that care plans reflected people's cultural preferences and that the monthly activity planner included visits from local religious establishments so that people could worship according to their chosen faith. People told us that they went on outings using the homes mini bus. We saw that these options were made available to people in the activity planner which was printed every month.

We saw that the home had recently had a fire risk assessment completed by an external company. We saw that the manager had already acted on some of the areas highlighted within the report. There were no major concerns. We spoke with the homes fire marshal who told us that the first phase evacuation plan had been finalised and was used as part of the fire drills. We saw records of regular fire drills. This meant that the provider had a procedure in place to keep people safe in the event of an emergency.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our last inspection we found that staff were not recording how many tablets had been administered when the dosage was variable, and when creams had been administered. There were no protocols for PRN or 'as required' medication. At this inspection we found that these issues had been addressed and the manager had made the required improvements.

During our last inspection we also found that the temperature of the medication storage area consistently exceeded recommended levels. At this inspection we found that the manager had taken steps to rectify this issue. However the air conditioning unit that had been installed to keep the medication at an appropriate temperature was inadequate. The manager had monitored the temperature of the room and had taken action in light of the continued concern. We saw that a powerful air conditioning unit had been bought and was due to be installed within two weeks. The new unit also required considerable building work to accommodate it safely, and we saw evidence that this had been arranged. This meant that the manager had taken appropriate steps to ensure the continued safety of the medication people took.

We saw an audit conducted by a local pharmacist on 27/8/2014. It did not indicate that there were any concerns with any aspects of medication within the home.

We found that people were receiving their medicines as prescribed by their doctor. A relative told us, "They always get her medicines right. She is happy." There were systems in place to account for medicines prescribed, received into the home and either administered or returned to the pharmacy. Medication administration records (MAR) were maintained with initials alongside each prescribed dose time. The MAR sheets we looked at were accurate and up to date. This meant the home had a safe process for receiving and administering medication.

We saw that the storage room for medication was locked and all cupboards and trolleys inside it were also locked. We examined the procedures for the safe administration and storage of controlled medicines. These procedures were robust. The majority of medicines came in blister packs and we saw that other medication was clearly labelled and stored

safely. This meant the home had measures in place to ensure medication was stored safely and correctly.

Some people were on medicines to be given 'as needed' e.g. painkillers. We saw guidance for staff relating to each person about when and how these should be given. We saw these medicines and any other homely medicines were appropriately recorded and monitored. We saw a separate recording of any creams or lotions used by people. We saw that it was up to date, accurate and contained body maps to tell staff exactly where creams should be applied. The manager explained to us the process of auditing that staff had applied the creams and recorded it on a daily process. We saw that the process was robust. This meant that the home had a system in place that checked that people were receiving their prescribed medication correctly and safely.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The home employed eight senior staff, 28 care staff plus three activity coordinators and 10 staff who supported the home with housekeeping, cooking and administration. We saw people were cared for and supported by suitably qualified, skilled and experienced staff. All the staff records we looked at contained appropriate information for the purposes of staff recruitment. We saw that these included Disclosure and Barring Services (DBS) checks and employment references.

Records sampled showed that there was information about previous employment history which was gained through the application form and interview. We saw all members of staff had their photographs on their files and the manager was in the process of updating them, and making sure they were available electronically. All the records we looked at included information relating to staffs' fitness to work in the home. This meant that staff had appropriate checks undertaken before they began work. There were effective recruitment and selection processes in place.

We saw the provider's induction training programme that was split into two parts. All staff went through the induction before they started to support people. We saw that one part of the induction focussed on making sure staff had the values and attitudes appropriate to support vulnerable people. The other part of the induction was of a practical nature and showed staff how to operate equipment, what their responsibilities were and how the home ran. The manager and staff told us that the induction included shadowing senior staff members who then checked that the new staff member was competent before they began to work alone with people.

We saw the staff handbook and information pack that they had signed to say they had received. It included more information about manual handling, nutrition, diversity and hand washing techniques. One member of staff told us it was used for reference and to supplement their training. Of the staff records we sampled all of them had supervision records. The manager showed us the process that the home used to track which staff had received supervisions. This meant that staff received regular support and supervision.

We saw the training matrix that the manager monitored. We saw that it was up to date and had a clear system to alert the manager when refresher training was required. The training

included safeguarding, first aid and medication awareness. All the people we spoke with told us that they felt staff had the necessary skills to support them well. This meant that people were supported by staff who had the necessary skills and qualifications to meet their individual care and welfare needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at what systems were in place to ensure the quality of the service was regularly assessed and monitored to ensure any shortfalls were highlighted and rectified. We saw satisfaction surveys people and their representatives had returned. We saw that they had been completed every six months. The manager showed us the analysis of the results of the most recent survey, and actions taken in light of the information. People told us that they went to meetings that the home held. People told us they had opportunity to discuss any concerns and plan their menu and activities. This meant that the provider had considered feedback from people in order to improve the quality of care being delivered.

We saw that several audits were completed by the manager. These included spot checks of medication, checking that rooms had been 'deep cleaned' every six months, and staff supervisions. The provider might like to note that where issues had been identified there were no written action plans to address these. The manager showed us the process that the home used to check people's care files were accurate and up to date. This monthly review process was evident on all the records we looked at. This meant that the provider had an effective system to regularly assess and monitor the quality of service that people received.

We saw that senior staff undertook a regular audit of call alarms. These included looking at the times people had to wait for staff to attend them, and how many times people were checked in the night. We saw that this audit resulted in improvements on how long people had to wait before they received support. This meant that people could be sure their care was being delivered in a way that met their and kept them safe.

The provider took account of complaints and comments to improve the service. We saw that there was a copy of the home's complaints procedure available to the people who lived in the home and those who may represent them. We found that a record of complaints and compliments had been made. We saw that there were six compliments since our last inspection and no complaints. These processes helped the provider to monitor what had happened in the home and improve outcomes for people.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk