Inspection Report

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

Bernadette House

The Vicarage, South Park, Lincoln, LN5 8EW

Tel: 01522521926

Date of Inspection: 25 July 2014

Date of Publication: August 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Records	✓ Met this standard

Details about this location

Registered Provider	Bernadette House Limited
Overview of the service	Bernadette House is situated in the city of Lincoln. It is registered to provide accommodation for up to 34 people who require personal care. It does not provide nursing care.
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

We carried out this inspection to check whether Bernadette House had taken action to meet the following essential standards:

- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 July 2014 and talked with staff.

We spoke with the provider.

What people told us and what we found

At the time of our inspection the home was without a registered manager. We spoke with the acting manager who told us they had submitted their application for registration to become a registered manager. We observed that they had arrangements in place to provide leadership and support in the interim period.

When we visited this service on 04 April 2014 we found that the service was not compliant because the provider had not ensured that accurate records were kept for people who used the service. We found this had a minor impact on people who used the service.

During this inspection we found that improvements had been made and the provider was now compliant.

We spoke with four care staff, the manager and the provider.

We saw there were systems in place to assess, record and monitor the care that people received.

We found that care records were accessible to staff and written in a format that was easy to follow.

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

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we visited this service on 04 April 2014 we found that the service was not compliant because accurate care records were not kept for people who used the service.

During this inspection we found that improvements had been made.

We found that since our last visit the method for recording most people's care had been changed from electronic records to handwritten records. This meant that staff had easy access to care files.

We were told that care files were stored in the deputy manager's office in a cabinet. We found that the office and cabinet were unlocked and the office was unattended. The provider told us that this was because they had been advised to ensure that care records were accessible to staff at all times and that was why the office had been left unlocked. However, for the remainder of our visit we observed that the office was locked when unattended. The provider has contacted us since our visit to confirm that both filing cabinets where people's records were stored are now locked.

There was a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) folder stored in the deputy manager's office with DNACPR orders for nine people. We noted that one person no longer lived at the service and four forms had not been completed fully. The provider told us they were liaising with people's relatives and GPs to complete the forms. A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly.

We spoke with four members of care staff and found that when they did not have access to a person's daily care log, fluid chart or food intake chart that they recorded the care they had given on a piece of paper. They told us that they later transferred the information into the correct record. We found that two staff did not destroy these notes appropriately. They told us that they tore them up and placed them in the waste paper bin in the carer's office.

The other care staff we spoke with told us that they shredded their notes at the end of a shift. This meant that records were not always destroyed safely. The provider told us that they would inform all staff that they must safely destroy their hand written notes which contained confidential information.

We found that people's food and fluid charts were completed daily with the amount offered and the amount taken. We spoke with four care staff who told us how they recorded people's food and fluid intake. One staff member said, "I record what they had, when they had it and how much they had." This meant that an accurate record of a person's food and fluid intake was kept.

We looked at the minutes from the staff meetings held on 02 July 2014 and 23 July 2014. We saw that the topics discussed included those areas of concern identified during our inspection on 04 April 2014. For example, good record keeping, completing food and fluid intake charts accurately and the allocation of a team member to check care files entries at the end of each shift. The care staff we spoke with confirmed that food and fluid charts had been discussed at the staff meetings.

We saw a record that all care staff had been trained in the new care file system.

We looked at the care files for two people. We saw that both care files were being changed from the old recording method to the new one. The care files contained risk assessments and care plans in both formats. The manager told us that once the change was completed the old care files would be archived. We saw that both care files had risk assessments and care plans to meet the person's individual needs. All the care plans we looked at had been reviewed each month by the manager.

We saw a quality monitoring tool had recently been developed which included a care file audit.

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