

Key inspection report

Care homes for older people

Name:	St Bernard`s Residential Care Home Ltd
Address:	76 St Bernard`s Road Olton Solihull West Midlands B92 7BP

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Deborah Shelton	3 0 1 1 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	St Bernard`s Residential Care Home Ltd
Address:	76 St Bernard`s Road Olton Solihull West Midlands B92 7BP
Telephone number:	01217080177
Fax number:	01217076434
Email address:	info@stbernardscare.co.uk
Provider web address:	

Name of registered provider(s):	St Bernard`s Residential Care Home Limited
Type of registration:	care home
Number of places registered:	39

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	39
Additional conditions:		
The maximum number of service users to be accommodated is 39.		
The registered person may provide the following category of service only: Care Home Only (Code PC) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age not falling within any other category (OP) 39		

Date of last inspection	2	1	0	1	2	0	0	9
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Brief description of the care home
St Bernards provides 24 care support for people who are 65 years or older. It is situated in a residential area in Solihull. The house is approached via a private driveway with off road parking to the front, and extensive landscape gardens to the rear providing beautiful views from all aspects of the property. The house retains many of its original and elegant features, which people living in the home are particularly pleased with. Bedrooms have en-suite facilities, there are assisted bathrooms,two laundry rooms two dining areas, and two conservatories with

Brief description of the care home

beautiful views to the rear landscaped gardens.

A recent extension to the side of the main house has enhanced the home further, this has increased the number of people the home can accommodate to 39.

The current charge for living at the home start at £500:00 per week depending on the size of the room.

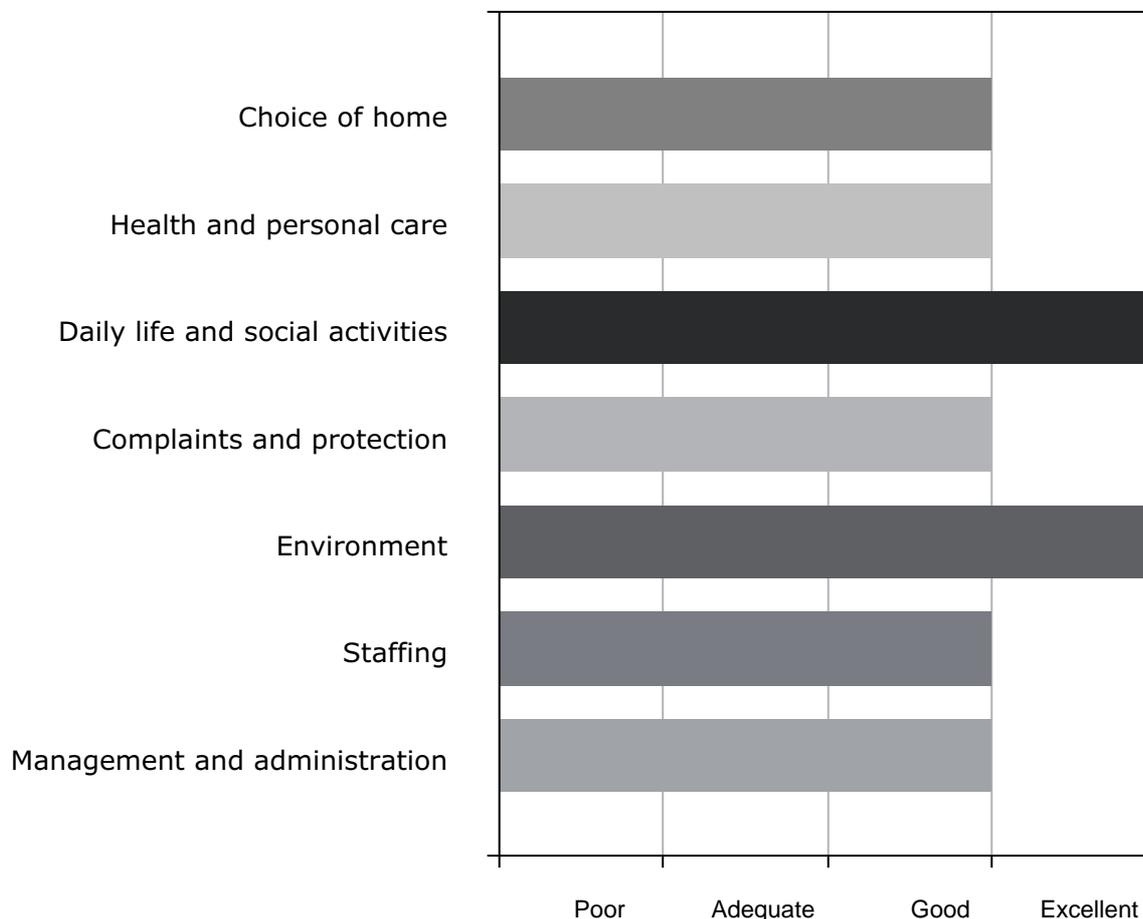
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This was a key inspection visit and was unannounced. This means that the Home were not aware that we were going to visit. This visit took place on Monday 30 November 2009 between 10am and 8.10pm.

The inspection process concentrates on how well the service performs against the outcomes for the key national minimum standards and how the people living there experience the service.

Before the inspection we looked at all the information we have about this service such as previous inspection reports, information about concerns, complaints or allegations and notifiable incidents. This helps us to see how well the service has performed in the past and how it has improved. An Annual Quality Assurance Audit (AQAA) was completed by the manager to a good standard. This document gives information on how the Home thinks it is performing, changes made during the last twelve months,

how it can improve and statistical information about staffing and residents.

During this key inspection we used a range of methods to gather evidence about how well the service meets the needs of those people who use it. Time was spent sitting with people in the lounge watching to see how they were cared for and how they spent their day. No surveys were sent out before this inspection but face to face discussions were held with people who use the service, staff and the management team. Information gathered was used to find out about the care people receive. We also looked at the environment and facilities and checked records such as care plans and risk assessments.

Three people living in the Home were identified for case tracking. This involves reading their care plans, risk assessments, daily records and other relevant information. Evidence of care provided is matched to outcomes for the people using the service; this helps us to see whether the service meets individual needs.

What the care home does well:

Very detailed pre-admission assessments are undertaken before a decision is made that someone can move in to the Home if they wish. People are encouraged to have a look around and the day to day routines of the Home are explained at this time. People are given information to enable them to make an informed choice as to whether the Home would be suitable for them. This helps people to make the right decision and to settle in to the Home once they have decided to move in.

Care files contain information which was regularly reviewed and up to date. Care plans are linked to risk assessments as needed and short term care plans have been developed to give staff information about short term care needs. Information was detailed and the manager had audited records and recorded further information where she felt details were lacking. The care planning system should ensure that people receive the personal, health and social care that they require.

Activities are provided to meet people's needs as discussed at resident's meetings. Regular organised weekly activities take place and ad hoc one to one activities. People have the opportunity to go out of the Home on trips in the Home's minibus if they wish. Dedicated activity staff are employed to ensure that people's social and recreational needs are met. People commented "there are lots of things going on every day", "there are activities, we do painting and we go to the hairdressers, there are lots of things to do".

The Home's complaints procedure is easy to understand, available in large print and accessible to people and their families. People spoken to said "if I had any worries I would speak to staff, they would sort it out", "I have no problems but if I did I would speak to the manager".

Work continues to take place at this Home to ensure that it is well maintained, comfortable and homely. The number of small lounges available allows people to sit quietly with family or friends if they wish or to undertake activities, watch the television or listen to music. People have a choice of communal area and are not restricted to their bedroom if they do not wish to, for example watch the television in a lounge. The Home is clean, hygienic and well decorated. Fixtures and fittings provide a homely feel and were all in good working order and well kept. People commented that the gardens were lovely and said that they enjoyed spending time in them.

Staff receive training to enable them to care for the people living in the Home. Staff supervision takes place regularly and professional development and other issues affecting day to day life at the Home is discussed at this time.

Staff recruitment policies and practices are robust and help to minimise the risk of harm to people who use the service.

The manager has worked at the Home for over six years and has the qualifications and experience to manage the Home in the best interests of the people who live there.

People have the opportunity to attend meetings and their views regarding the service are recorded and acted upon. Quality assurance systems ensure that audits of working

practices and systems take place, people views of the Home including ideas for improvement are obtained through regular satisfaction surveys. People were happy about the quality of care provided at the Home and said "everything is good, its like home from home", "you can do what you want, when you want. They call the GP quickly when needed, the staff come quickly to help you out, its all excellent".

Staff have a good relationship with those people living at the Home. Staff were attentive to people's needs and appeared to enjoy their work. People said "staff are all lovely, they are friendly and polite, they don't rush you, everything is good".

What has improved since the last inspection?

Care planning systems and documentation has improved since the last inspection. New care plan documentation has been introduced which was easy to read and understand. Information was up to date and contained enough detail to enable staff to provide care.

Risk assessments had been completed and care plans developed where a risk was identified. These assessments had been reviewed on a monthly basis and updated as necessary.

All staff have undertaken manual handling training since the last inspection and no evidence was seen of poor manual handling practices.

What they could do better:

Out of date information in care files should be easily identifiable as such. Up to date information was also available but staff may follow out of date information in error if it is available in with the current information.

Medication audits should be completed on a more regular basis to ensure that medication available matches with records.

The door in the basement which gives people access to the garden should be alarmed to alert staff if someone is leaving the building.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who are considering moving into the Home benefit from having their care needs assessed so that they can be sure the Home can meet their needs. People receive information about the service before they move in. This allows them to make a decision as to whether the Home will be suitable for them.

Evidence:

Three people were chosen to case track during this inspection. This involved looking at their care files and any related documentation, talking to staff, talking to the person wherever possible and looking at living areas and facilities available to them.

One of the people case tracked had recently moved in to the Home. This person's care file was reviewed to see what pre-admission assessment processes take place. This care file demonstrated that people's needs are assessed in a detailed way before they are able to move in. Files show that information is obtained about current health, and previous medical history, allergies, aids and adaptations needed, likes and dislikes,

Evidence:

social interests, preferred routines and communication amongst other things. All of this information helps staff to ensure staff have the knowledge to be able to provide appropriate care for the person if they decide to move in.

The manager confirmed that people are encouraged to visit the Home and have a look around, stay for coffee or lunch and chat to staff and other people living at St Bernard's. This may help people decide whether they feel that the Home is right for them. At this time the manager is able to assess people's abilities in the environment in which they may live.

To ensure people have enough information to help them decide whether they wish to move in, they are given a copy of the most recent inspection report and brochure. A copy of the Service User's Guide and Statement of Purpose is given if requested, although these documents are also given to people when they move in to the Home.

The manager is very clear about the assessment of people's needs to ensure it is the right service for them and documentation in place is suitable to provide detailed information about people before they move in.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's personal care needs are recorded on care plans, these are reviewed and updated regularly to make sure that people's health and well being is maintained.

People have good access to a wide range of health professionals and their health and personal care needs are met. People are treated with respect and their rights to privacy and dignity are maintained.

Evidence:

The files of the three people being case tracked were reviewed. Each person at the Home has a care file which contains risk assessments and care plans amongst other things.

Pre-admission assessments had been completed which demonstrates that the Home assess people to help them decide that they are able to meet their needs before they move in. Assessments provided by social services were on file if available.

Care plans have been changed to a new layout and information recorded on new

Evidence:

documentation since the last inspection. The manager records in their annual quality assurance document that "in depth details recorded (in care plans) to ensure all aspects of health, personal and social care needs are being met". The three care files seen demonstrated this to be true. Information recorded in the care files was up to date, easy to read and understand. All care plans and risk assessments had been reviewed and updated as necessary on a monthly basis. Care plans had been developed following the outcome of risk assessments. Care plans contained detailed information to enable staff to care for those that live at St Bernard's. All documentation had been signed and dated by the person making the recording.

The care plan of one person staying for a period of respite care had been fully completed as if the person were staying permanently at the Home. This included information regarding preferred routines, likes and dislikes, needs and abilities. This will help to ensure that staff follow this person's preferred routines and meet health and person care needs during their short stay at the Home.

Some old care plans were seen on files. The manager was advised to ensure that old care plans and other information, which is kept on the care file, is clearly identifiable so that staff are not confused and follow out of date information.

Each file contained a consent form which had been signed by the person or their representative. This gave their consent to the care to be provided and stated that care had been discussed with them. This helps people to be involved in the care which is being given to them.

Documentary evidence was available to demonstrate that people are able to have a lockable facility in their bedroom. People are therefore able to lock away personal belongings if they wish.

Care files contain information which is divided into sections for ease of reading. The personal profile contains useful information about family, current state of health, social interests, hobbies, religious and cultural needs. This information helps the Home to be able to provide care and social activities in a way that meets the needs and expectations of the individual.

Various assessments are completed to check the physical and mental health of people living at the Home, these are reviewed on a monthly basis so that any change in need can be quickly identified and care plans changed accordingly. Assessments regarding falls, moving and handling, pressure areas and nutrition were all available and gave detailed information regarding current needs which may affect people's abilities,

Evidence:

equipment needed and the number of staff required to provide assistance. Having this up to date information means that the Home will be able to provide the equipment and ensure that staff are aware of the most current needs of individuals under their care.

Care plans have been developed to record short term care needs such as chest or urine infections and medication or staff action required to address the problem. Short term care plans were also amended to record any changes in need or medication.

Daily records are completed per shift, these record information regarding the health and wellbeing of the people living at the Home. Information is also recorded regarding food and fluid intake, where the person has spent their day and any activities undertaken. Staff are recording information at each two hourly night check, for example whether the person was sleeping, awake or assisted to toilet.

Records show that people have access to external professionals such as GP, chiropodist and District Nurse as needs arise. This shows that people's health care needs are being identified and appropriate professionals contacted for further help and advice as needed.

Documentary evidence showed that the manager has audited care plans and recorded more detailed information regarding how staff are to meet care needs where necessary.

The medication of the three people case tracked was seen. There were photographs of each person on the medication administration records, this reduces the risk of the person being given someone else's medication in error. Copies of original prescriptions were available, staff use these to check that the correct medication has been received. Medication is stored in appropriate trolleys, a lockable fridge and cupboards. Key custody was discussed and appropriate key custody practices are in place. Only senior staff who have been trained in medication administration give out medication.

All controlled medications held on the premises were checked, the storage and records for these drugs were found to be in good order and up to date. A sample of medications were checked for the three people case tracked and errors were identified. These errors were discussed with the care and operations manager and the Home owners on the day of inspection. The manager confirmed that although audits are being completed regularly, these are currently not robust enough to identify errors. The manager agreed to audit all medication records thoroughly to identify issues and to regularly audit records until all problems are resolved.

Evidence:

Medication audits were conducted in November by pharmacy company who supplies to the Home and by Solihull Local Authority Contracting in June 2009 and no issues were identified in these audits.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A varied activity programme is provided including regular planned outings which helps to ensure that people's social and recreational needs are met. Families and friends are encouraged to be involved at the Home and people are encouraged to maintain independence and choice in their everyday life.

Evidence:

People spoken to said that they are able to follow their preferred routines each day. This included times for getting up in the morning, going to bed at night, where they choose to eat their meals and whether they prefer a bath or shower and at what time of day.

Activities were discussed with the manager and with eight people who live at the Home. It was noted that an activity co-ordinator works at the Home for twenty four hours per week. Two care staff provide support to the activity co-ordinator for twelve hours per week. One person evaluates and monitors record for six hours and the other person assists with activities.

In addition to the activity co-ordinator and twelve hours of activity support, there is a "social carer" who provides one to one activities with people between the hours of

Evidence:

2pm - 8pm, seven days per week.

On the day of inspection four people plus two staff went out in the minibus to Earlswood Lakes for a picnic/drinks. Discussions take place at residents meetings regarding activities. According to the manager people give ideas of where they may like to go in the minibus. The manager said that sometimes people just enjoy going out for a ride and do not wish to get off the minibus.

An activity list is on display in the lifts so that people going from floor to floor can see what activities are available. Activity lists are also displayed in other areas of the Home and in some people's bedrooms.

An individual activity log records the activities undertaken on a daily basis for each person. The activity records for the three people being case tracked show that during November one person had joined in with 9 activities such as had a chat, watched remembrance service, enjoyed seeing the dog, nails done, watched a film. Another person had joined in with eleven activities and the third person had only recently been admitted to the Home.

The manager confirmed that external entertainers come in to the Home regularly and provide activities such as chair line dancing, progressive mobility, (fortnightly), weekly Wednesday art class. Ad hoc seasonal activities also take place such as the Solihull WI Ladies Choir have visited, a variety of singers, pianists, people completing their Duke of Edinburgh awards, National Trust guest speakers have also visited recently. Fourteen people are going out for a Christmas meal next week and people are able to go out in the minibus on a weekly basis. Although the manager confirmed that this will be decreasing to fortnightly during the winter due to people not wishing to go out in the cold.

Records seen confirmed that some people had enjoyed progressive mobility and the WI choir concert and art group. Four ladies spoken to said that the range of activities was good and they enjoyed the art class and the trips out in the minibus.

A Christmas events calendar has been developed, these will be given to all residents and their families. Eleven activities are planned for December such as "Worcestershire players, Langley school sings Christmas, residents lunch, Our Lady of Compassion sings Christmas carols. Christmas quiz, Christmas sing a long, Christmas party, fancy dress. Christmas coffee morning". People spoken to said that they were "looking forward to Christmas because there was a lot of good things going on".

Evidence:

A hairdresser visits the Home twice per week. There is a hairdressing salon which can also be used by people who want their own hairdresser to come and do their hair, two other people choose to go out with their family to their hairdresser.

A vicar and a priest also visit the Home regularly to undertake services and communion. One person goes out to church with their family on a weekly basis. The manager said that the priest visits individual people in their bedrooms if they wish to provide communion.

Staff were seen encouraging people to maintain mobility. Staff said that they try to encourage people to come out of their bedrooms and socialise with others, even if only for a short while.

During the day people were seen being offered drinks and biscuits/cakes on a regular basis. A drinks trolley serving pre-dinner alcoholic or soft drinks appeared to be enjoyed by people. Some people requested a glass of wine or sherry with their meal. The manager confirmed that there is also a drinks trolley at night which provides an evening drink and snack such as a biscuit, cake, toast or sandwich. Night staff on duty would be responsible for preparing snack meals.

The Cook was in the lounge during the morning of the inspection informing people the choice of meal for the day. Small table top menu boards are available for each day to show what is available for the main lunchtime and evening meal.

The manager confirmed that a cooked breakfast is available twice per week, as well as cereals toast, marmalade/jam which is available every day. Daily records in one person's care plan show that she had requested a bacon sandwich for breakfast which had been provided.

The inspector sat with four ladies to eat the main lunchtime meal. All of the ladies spoken to said that the food is good and there is a choice. One lady said that you get "soup and sandwiches for the evening meal and there is a variety of sandwiches". One person said that the "food is always good but the portion sizes are too large for me". This person was seen to eat most of her meal. The meal eaten by all of the table was turkey with bacon and leeks, mustard mash and cabbage. The food was cooked well and tasty. People were given a choice of chocolate cake or fruit for desert, and all appeared to enjoy their meal.

People seen eating their evening meal. Some people had soup and sandwiches, one person was seen eating soup, hot dog sausages in two bread rolls and butterscotch

Evidence:

delight. Other people were seen eating open tuna sandwiches with salad and crisps. All appeared to be enjoying their meals. It was evident that people are given a choice of meal on a daily basis and can request alternatives from the menu if they wish.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the Home can be confident that their concerns will be listened to and acted upon. There are systems in place to respond to suspicion or allegations of abuse to make sure people living in the Home are protected from harm.

Evidence:

The Home has received one complaint since the last inspection. The complainant was unhappy with the quality of some meals. This was investigated by the manager and the catering company who provide external catering services to the Home. The manager has recorded all details of concerns, catering staff have spoke to complainant and action has apparently been taken to address issues raised. The inspector spoke to the person involved and it was noted that meals had improved recently.

We have not received any complaints since the last inspection of the Home. Staff spoken to were aware of the action to take if they received a complaint. People spoken to said that if they had any concerns they would report them to the manager. One person said that "the manager would sort out any problems that you have, they always listen to what you have to say".

The complaints procedure is available in large print in the Home, this enables those people with poor eye sight to read the information on how to make a complaint.

Information recorded in the Home's AQAA and details received through notifications

Evidence:

show us that the manager has acted appropriately reporting suspicions of abuse through the adult protection process.

Training records show that there has been no recent training for staff regarding the protection of vulnerable adults. However, the Home now have a training package and all staff will undertake this training shortly.

There have been no changes to adult protection policies and procedures in place since the last inspection. These documents were therefore not reviewed at this inspection.

The manager confirmed that all staff have criminal records bureau (CRB) checks and checks against the protection of vulnerable adults list. The file for the newest member of staff employed contained a CRB.

No issues were identified during this inspection regarding moving and handling people that live at the Home. All staff have undertaken training this year regarding moving and handling.

Staff spoken to were aware of the action to take to report any suspicions of abuse.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from living in a comfortable, attractive and homely environment that meets their personal needs. They can be confident that the Home is clean and free from offensive odours.

Evidence:

St Bernard's is not a purpose built Home but has the fixtures and fittings to ensure its suitability for the client group cared for. Work is currently being undertaken to provide a new roof. Scaffolding is in place and work was ongoing on the day of inspection. This did not have any impact on the day to day life of those living at the Home. St Bernard's is located in a residential area of solihull and is close to local amenities such as shops, places of worship and transport links.

There are two passenger lifts, one either side of the building. Both access all floors of the Home (basement, ground, first and second floor). Bedrooms are located on all floors. The bedrooms of those people being case tracked plus two others were seen, as well as bathrooms, hairdressing salon, communal areas and laundry rooms. All areas were clean and hygienic, no unpleasant odours were noted.

Bedrooms had been personalised with pictures and ornaments. One person had bought all of the furniture for the room and chose to have their own bed linen. Bed linen in other rooms is co-ordinated with curtains and all bed linen, fixtures and

Evidence:

fittings were in a good state of repair.

The Home provides five lounge areas where people can sit and chat amongst themselves, meet with visitors, watch television or listen to music. Lounges were cosy and had a homely feel. Seating consisted of chairs and two seater settees. One lounge has a television, one the facility to play music and the other three have none of these as they were designated "quiet rooms". The manager said that this is the people's choice. The conservatory is also used at lunchtime as a dining room for those people who require assistance with eating their meal. The main dining room was clean and one person said that they "enjoyed eating in the dining room because it was bright and gave a nice view of the gardens". Another person said "I love my bedroom because it has a good view of the gardens which are really lovely". This person said that some "new shrubs and bushes have been planted which should look lovely in spring".

The laundry was clean, there were no unpleasant odours, and no backlog of items waiting to be laundered. Tablecloths are sent out to an external company, the Home wash everything else. There are two laundry areas, one at each end of the Home. Different coloured laundry sacks are in use to tell staff which laundry to take the clothing to. Commercial washer, and tumble drying facilities are available. An ironing room is also available. Hand wash sinks are in both laundry and in the ironing rooms. These help to reduce the risk of cross infection as does the use of disposable gloves and aprons which were seen in the laundry areas.

Chemical dosing systems are in place so that staff do not have to handle washing chemicals. Laundry practices were discussed with the operations manager and it was noted that soiled laundry is bought to be washed in bags which are tied and put straight into the washing machine. These bags dissolve in the wash. Soiled laundry is washed separately to general laundry. The use of the dissolvable bags helps to ensure that staff do not have to handle soiled laundry more than is necessary and therefore reduces the risk of cross infection. Two people spoken to said "the laundry service is great, you just put your clothes out to be washed at night and they are back the next day", "they do your clothes quickly, the next day".

A bed pan washer is in place on entering one laundry. This is used to sterilise a small number of commode pans on a daily basis.

The door to the garden on the basement floor is not alarmed. Therefore people would easily be able to go into the garden without staff being aware that they had left the building. The garden is secure and people would not be able to access the main road.

Evidence:

However, there is still a risk that people may be outside for some time before staff would be aware that they had left the building.

Bathrooms seen were clean, electric bath chair hoists are provided and one bath is a spa bath which people apparently enjoy very much. Pictures on the walls in bathrooms gave a homely feel.

Corridors were clean and well decorated and some had seating areas with comfortable chairs.

The hairdressing salon is used by various hairdressers, a holistic therapist (reflexology, foot spa), manicures and the chiropodist. There is comfortable seating as well as hairdressing facilities and music can be played.

It was evident after looking around the Home, that St Bernard's provides accommodation of a high standard. All fixtures and fittings seen were in a good state of repair and decor was well maintained.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are sufficient numbers of competent staff on duty to meet the needs of people living in the Home. People are protected from harm or abuse by the recruitment and selection procedures adopted by the Home.

Evidence:

Staffing levels were discussed with the manager and a copy of the duty rota was taken for review. Sufficient numbers of staff appeared to be on duty on day of inspection. Staff were seen to interact well with people and all people spoken to said that the staff were friendly, kind and helpful. Staff were seen to provide assistance quickly to those who requested help and were attentive to people's needs.

As well as care staff the Home also employs housekeeping staff, an activity therapist, administration staff and a handyman. A private catering company work in the Home producing the meals on a daily basis and are responsible for all catering duties.

The Annual Quality Assurance Assessment document completed by the manager records that twenty four staff have obtained a National Vocational Qualification (NVQ) in care at level two or above. Over 50 per cent of staff employed at this Home have an NVQ qualification.

The personnel file of the most recently recruited staff member was seen. The file

Evidence:

contained evidence to demonstrate that appropriate pre-employment checks had been completed. A criminal records bureau (CRB) and protection of vulnerable adults (PoVA) check were available and two satisfactory references obtained before they started working in the Home. These robust recruitment practices should safeguard people living in the Home from the possibility of abuse.

All staff complete the Home's induction programme when they start working at St Bernard's. Those staff who do not already have a national vocational qualification in care also undertake the Skills for Care induction package. Records show that during induction, staff competence is assessed by the manager and information is recorded to demonstrate what has been discussed and how competence has been achieved.

Newly employed staff work alongside a more senior staff member "shadowing" them for two weeks before they are able to work alone. Induction is an ongoing process and can take approximately three months. People are given a probationary period before they are offered full time employment.

The manager has developed a staff training matrix which records the names of all staff and the dates on which they completed training. Documentation shows that a variety of training takes place on a regular basis. Some staff have undertaken training regarding bereavement, manual handling, dementia awareness and food hygiene.

Records show that some staff require update training regarding moving and handling and fire safety. The manager confirmed that this will be arranged and also training is being booked regarding dementia and stroke care. The new training package regarding adult protection will also be undertaken by all staff shortly.

Senior care staff have undertaken training regarding the safe handling and administration of medication. Only staff who have undertaken this training are able to administer medication.

Investment in staff training helps to ensure that those employed have the skills and knowledge to provide care for those living at St Bernard's.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management arrangements ensure that the Home is well run, which benefits the people living there. People have an opportunity to comment on how the service develops through the quality assurance system.

The policies and procedures relating to health and safety keep people safe and ensure that the environment meets their needs.

Evidence:

The Home has a qualified and experienced care manager in post who is registered by us. A head of housekeeping/operations manager is also in post who manages housekeeping and housekeeping staff, fixtures and fittings etc. There have been no changes to the care management arrangements since the last inspection. On call arrangements are divided between the care manager and the operations manager. These people are available to provide help and support to staff on duty twenty four hours per day on a rota basis. The Home's owner would also be available to provide assistance if required. Both staff and the people who live in the Home said that the

Evidence:

Owners come in to the Home on a daily basis and they are available for people to talk to if required.

A senior member of staff is on duty on each shift. This helps to ensure that staff have access to senior staff for help and guidance at all times.

The Annual Quality Assurance Assessment (AQAA) completed by the manager was done to a good standard. A range of information was provided as supporting evidence to tell us about what improvements have been made, any changes and areas that require action to be taken.

Quality assurance systems were discussed. It was noted that residents meetings are held every four weeks. Minutes are taken of these meetings and any action to be taken to address issues or suggestions raised is recorded.

Relatives meetings are also held. However, the manager is introducing a monthly buffet. Families will be invited and will have the opportunity to get to know other families and staff. A member of staff will co-ordinate the meeting and be available for any questions or queries. People will be able to bring up topics of discussion.

Quality assurance audits (satisfaction surveys) are sent out to six people living at the Home and their families and to six professional visitors on a quarterly basis. The results of the questionnaires are detailed and action taken to address issues raised is recorded. Three lots of surveys were seen for 2009.

Various audits also take place to try to ensure that staff are working to the policies and procedures of the Home. Audits of care plans, room checks, accidents and food are regularly completed.

A check is also undertaken of the nurse call log to check if staff are going in to people's bedrooms on a regular basis as required by their care plans.

Various housekeeping audits take place to ensure that cleaning chemicals are being used correctly. Senior staff complete room checks daily and keep a log of items needed to be attended to by housekeeping staff or the maintenance person. This helps to ensure that rooms are clean, all fixtures and fittings in people's bedrooms are in a good state or repair and in full working order.

The head administrator is now undertaking audits of food, sampling meals, checking records and having weekly meetings with the chef. This helps to ensure that the

Evidence:

quality of food is of a good standard.

From discussions with the manager and review of paperwork it was noted that quality assurance systems are improving and further work is being undertaken to ensure that the quality of the service provided meets the needs and expectations of those that live at the Home.

All people spoken to were happy with the quality of care provided. People said "the Home is always clean, there are activities, the food is good, everything is good" "they clean my room every day, they do my laundry, they are all polite and kind".

The Home do not manage monies on behalf of any people. Invoices for any expenditure such as hairdressing, chiropody, toiletries etc are sent out to families every three months. People are able to keep very small amounts of money if they wish. Receipts for any expenditure are kept and made available for family members to see.

Staff supervision was discussed with the care manager. It was noted that all staff receive supervision on a six weekly basis. The manager said that she is often walking around the Home and also observes staff working practice at this time.

The supervision records of the newly employed staff member were reviewed and found to be up to date.

Two staff spoken to confirmed that they receive regular supervision and at these meetings they are able to discuss training needs, work practice issues and any other things that affect their work at St Bernard's. Regular supervision of staff should help staff to work safely in accordance with the policies and procedures of the Home and provide the necessary care to those living at the Home.

A selection of records were examined to see if the Home have adopted appropriate systems and practices regarding health and safety. Records show that fire safety equipment is checked on a regular basis, records were in good order and up to date. Servicing and testing of lifts and hoists is undertaken as required and the Landlord's Gas Safety Certificate was dated 2009.

The Home were proud to show records relating to the "Tackling health care associated infections (HCAI) outside of hospital development programme 2008/09". The Home have completed the twelve months HCAI development programme and achieved a ninety six percent pass rate.

Evidence:

A member of housekeeping and a senior, manager have also attended an infection control training course recently.

Records seen show that the health and safety of staff and people living at the Home is maintained.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	An accurate record of all medicines received into the Home and administered must be maintained This will promote safe medicine management.	05/01/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Out of date care plans and risk assessments stored on care files, should be easily identifiable so that staff do not mistakenly follow out of date information.
2	9	Robust audit systems should be in place to confirm that people are correctly receiving their medication to promote their health and wellbeing.
3	19	The door to the garden in the basement corridor of the Home should be alarmed to alert staff if someone goes into the garden.
4	30	All staff should undertake training updates as necessary on a regular basis.

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