

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

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting 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 Ann Coombs
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

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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'.

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 18 October 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People living at St Bernards told us they were very happy there. They said that staff cared for them very well and they were content.

We spoke to five people who use the service. All were highly complimentary of the provider and amongst comments they made were "the staff are brilliant", "it's always very friendly" and "nothing is too much trouble."

One person living at the home called back the staff member who served her dinner after she walked away from the table and said "thank you, dinner is lovely".

Other comments included: "They always ask me what I would prefer" "They are very kind and helpful" "It is lovely here" "The staff look after me very well" "They know what I like" "They are so kind to me" "Nothing is too much trouble for them" "I have no complaints".

They told us they felt safe there. They said: "It's very secure here, I feel safe" "I know the staff look after me well" "I could talk to any of them if I had a problem".

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Prior to moving into St Bernard's, the manager carried out an assessment involving the individual and their family. This was to ensure that the home could meet the needs of the person and deliver the best care.

People could then experience a day at the home meeting other residents and staff, having a meal, joining in activities and looking around the home. Two people we spoke to told us they were fully involved in choosing to live at the home. They met with staff, took part in the assessment and spent a day at the home to see if it was to their liking.

Care records confirmed that an assessment had taken place, taking into account past medical history, current issues, likes and dislikes. This information was then used to help plan their care whilst living at the home, and enable choice to be offered to them.

We observed excellent interaction between staff and people living at the home. People were treated with respect, and involved in making decisions about their day. For example, people were asked what clothing they wanted to wear, if they wanted the television or music on, and if they wanted the windows open.

People we spoke to told us that they were fully involved in their care and treatment. We observed staff explaining procedures to them prior to carrying them out.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

On admission to the home a comprehensive assessment was completed involving the individual and their families to ascertain their needs, their likes, dislikes and preferences. This document was reviewed monthly and amended as changes occur.

Comprehensive risk assessments were also completed on admission, they included moving and handling, nutrition and pressure care. All of these documents gave staff the information they needed to ensure that people received the best care, treatment and support.

The care plans were very well documented and gave a good picture of the individual and their particular needs. The document also showed how staff were to meet those needs safely and discreetly.

Regular reviews of the care given were carried out with the individual and their family members to ensure that the care given was appropriate to the person's current needs. The care reviews were documented and signed by both the staff member carrying out the review, and the individual or their family member.

Staff we spoke to knew the people living at the home very well and were able to tell us how they cared for them, and met their particular needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The home had a robust policy for safeguarding vulnerable adults. Staff had access to the policy and procedures at all times. Safeguarding awareness began during recruitment, through staff induction and was continued via training and updates for staff.

Staff we spoke to had a very good understanding of the process and what they would do if an incident occurred.

Further training for staff was planned to cover safeguarding and DoLs (Deprivation of Liberties). The manager had identified those staff that required an update from the training matrix and had informed them of training planned.

There had been one safeguarding incident in the last 12 months and it was evident that safeguarding procedures had been fully followed and evidence was available for this.

We examined the register of accidents and incidents. Only minor events had occurred in the last 12 months. All were fully investigated and documented with photographic evidence attached to the accident report form when appropriate.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The home had a comprehensive set of infection control and cleaning practices in place. During our visit we saw some of these practices being carried out by staff. For example, staff were wearing protective aprons and gloves. Domestic staff were following the correct cleaning routines and soiled linen was dealt with appropriately.

We looked at some of the equipment used in the home, such as wheelchairs and mattresses. These were all clean and fit for purpose.

One of the duty managers was responsible for infection control practices at the home and had identified a number of staff who required an update in infection control. Training was to take place within the next three months.

We looked around the home during our visit. All the rooms were comfortable, spacious and welcoming. Communal areas were light and airy with plenty of room to move around.

The home was well maintained, and all equipment was regularly serviced to ensure it was safe for staff to use. Risk assessments were completed for the use of equipment and were regularly reviewed.

Access to the home was via a secure front entrance where we were met by the home's reception staff.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All the staff we spoke to during our visit were very friendly, helpful and professional. They told us that they felt very well supported by the management team at the home. Any issues they raised were dealt with promptly and satisfactorily by senior staff.

All the staff at the home participated in an ongoing training programme which included safeguarding vulnerable adults, moving and handling, food hygiene, nutrition and fire safety. Specialist training was given to staff when the need arose. From our observations we were able to see staff carrying out procedures such as moving and handling safely and unobtrusively.

Staff supervision sessions took place regularly and allowed staff to raise any issues or concerns they may have had. Training needs were identified and addressed and staff performance was discussed. These sessions were documented and we saw evidence of this in staff files.

The provider was very supportive of the management team and staff, and visited the home on a daily basis. The deputy manager told us they felt well supported. They were able to raise any issues they may have had and were confident they would be dealt with appropriately.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The manager regularly assessed the quality of care given to people living at the home. Monthly audits took place looking at different areas of the service from infection control to care planning. Any issues arising from these audits were discussed with staff and new systems implemented to improve the service given.

The provider held quarterly staff meetings with members of staff from all levels present. Monthly resident's meetings were also held and were well attended. We examined the minutes of both. They were fully detailed and provided evidence that any points raised were being followed up.

A satisfaction survey was carried out three times a year. This obtained feedback from people who used the service and their families. A large number of compliments were evident within this. Any response requiring action was immediately reviewed by the care manager and an action report completed to address any concerns.

Staff were also encouraged to suggest ways of improving the service provided in the staff meeting forum and in general discussions.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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