

Review of compliance

Bernhard Baron Cottage Homes Bernhard Baron Cottage Homes	
Region:	South East
Location address:	Lewes Road Polegate East Sussex BN26 5HB
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	<p>Bernhard Baron Cottage Homes is registered to provide 'Accommodation for persons requiring nursing or personal care', for up to 60 older people. As part of this locations registration, nursing care is not provided.</p> <p>It is owned by the Quakers, is a registered charity and managed by a board of appointed Trustees. It is close to amenities, including the main</p>

	line railway station at Polegate and is within five miles of the seafront and Eastbourne town centre.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Bernhard Baron Cottage Homes was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 February 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

During our visit we spoke with the registered manager, a care manager, a deputy manager, two carers, the maintenance person, the activities coordinator, seven people who used the service and one representative.

People who used the service told us that they receive care in a way that was respectful of their privacy and dignity. When we asked people about their care plans and reviews, we were told that they are involved as much or as little as they like.

People who used the service told us that they were treated by care staff in a kind and caring manner. We were told that care staff were respectful and open to changes in care needs.

People told us that there are lots of activities to go to and that they are free to attend the ones that they like.

People who used the service told us that they felt safe living at the service.

People told us that they thought there were enough staff on duty and that staff were approachable and willing to help. People who used the service told us that they can speak with staff and the managers at any time and they feel included in decisions made about the care they received and the way in which the service was run.

What we found about the standards we reviewed and how well Bernhard

Baron Cottage Homes was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who used the service can be assured that their privacy and dignity was respected. Care plans and risk assessments were person centred. Whilst Mental Capacity Act 2005 and best interest assessments had not been completed, significant progress is being made to ensure they are in place, where required.

Overall, we found that Bernhard Baron Cottage homes was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who used the service experienced safe and appropriate care and support that met their individual needs.

Overall, we found that Bernhard Baron Cottage Homes was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used the service were safe and protected from abuse, or the risk of abuse.

Overall, we found that Bernhard Baron Cottage Homes was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People who used the service have their health and welfare needs met by sufficient numbers of staff.

Overall, we found that Bernhard Baron Cottage Homes was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People who used the service were protected from unsafe or inappropriate care. Reporting systems were in place and information about quality and safety was collected and information received through audits, was linked to risk management and quality improvement.

Overall, we found that Bernhard Baron Cottage Homes was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People who used the service told us that they receive care in a way that was respectful of their privacy and dignity.

When we asked people about their care plans and reviews, we were told that they are involved as much or as little as they like.

We were told that people have established a 'Residents Forum' in order to have their views taken into account in the way the service is delivered.

Other evidence

We looked at a sample of six care files (which included care plans) and found that these covered all areas of physical needs and had associated risk assessments in place; these were person centred and clearly recorded the needs and wishes of the people who used the service.

Care files included documentation relating to the use of specialist services; such as the physiotherapist, speech and language therapist, evidence of reviews and updates. We saw that people living in the home were directly involved in the assessment process and their individual care planning. It was noted that needs assessments were agreed

and signed by the person and a member of staff.

From the care files that we looked at, we saw that the two stage Mental Capacity Act 2005 (MCA) and best interest assessments had not been carried out for people who may lack capacity to make decisions about their care.

Discussions with the management team told us that, staff training in this area had been arranged. The registered manager and care manager knew who to contact to gain further information and guidance about MCA and best interest assessments.

We saw staff encourage and support people to exercise choice and control when making everyday decisions. We observed the care given by staff and found that this was a positive experience for people.

We observed staff talking to people who used the service and giving consideration to their personal needs and wishes. Staff showed a clear interest in the person, asking after their welfare and reassuring them when needed; both in the main building and those who live in a cottage. We saw that appropriate care plans and risk assessments, such as such; washing, dressing, laundry, shopping, cooking and cleaning, were in place to support this.

From the care files sampled we saw that new people, were admitted following a needs assessment, completed by one of the care managers or their deputy's. Once the assessment had been completed the prospective person lives in the home for up to four weeks. During this time, an ongoing assessment process is completed, to see if their expectations were being met and that the service can provide for their needs.

We saw that there was an information board for people who used the service, which gave details of how to contact an advocacy service for advice and support.

The service had an equality and diversity policy in place. We saw from care files viewed that people's needs and wishes were recorded. The records of activities that people took part in, showed us that people were supported to practice their religious beliefs.

Our judgement

People who used the service can be assured that their privacy and dignity was respected.

Care plans and risk assessments were person centred. Whilst Mental Capacity Act 2005 and best interest assessments had not been completed, significant progress is being made to ensure they are in place, where required.

Overall, we found that Overall, we found that Bernhard Baron Cottage homes was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who used the service told us that they were treated by care staff in a kind and caring manner. We were told that care staff were respectful and open to changes in care needs.

People told us that there are lots of activities to go to and that they are free to attend the ones that they like.

One person told us they 'Love living here. I eat, sleep, drink lots of tea and have no stress. What more could a person ask for?'

People told us that they 'can be as independent as I like but it's nice to know that help is at hand if I do need anything' and 'I'm free to come and go as I please, I like knowing if anything goes wrong, help isn't far away.'

We were told 'I wish I had made the decision to come here sooner, I am so well looked after' and 'it isn't like a care home here, it is home!'

Other evidence

We saw that there were clear systems in place for reporting any changes in peoples' needs or welfare.

Care plans were in place for each person whose care files we saw. All care plans were fully personalised or 'person centred'.

We saw from care plans and daily records how staff give consideration to peoples' personal needs and wishes.

We saw that people were enabled to attend varied activities, with support provided by the activities coordinator. Suitable risk assessments were in place for accessing the local community and other activities. Religious observance and services were an important part of the services activities.

We were told that requests were made for reviews by the Mental Health Team, for people with a dementia diagnosis, to ensure that their needs were being met and that changes to care could be discussed.

We were told that family and visitors were free to visit the people who used the service at any time and if the person using the service wanted to have visitors.

We saw from care files and from our discussions with people who used the service, that they were encouraged to build and develop friendships.

Our judgement

People who used the service experienced safe and appropriate care and support that met their individual needs.

Overall, we found that Bernhard Baron Cottage Homes was meeting this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who used the service told us that they felt safe living at the service.

We were told that any concerns are reported to care staff or members of the management team and are acted upon quickly.

Other evidence

There have been no other safeguarding alerts raised since the service registered under the Health and Social Care Act 2008 in October 2010.

We saw from the list of training staff had attended, that all staff had been trained in safeguarding vulnerable adults and the relevant local authority procedures. Staff we spoke with during the visit, told us that they had received training in this subject and were clear about their role and responsibilities in the event of an allegation of abuse being made.

Staff said they would know what to do in the event of an incident and understood the Whistle Blowing Policy of the service.

We saw that the service had a copy of the multi agency procedures in place for Deprivation of Liberty Safeguards (DOLS). We were told by the registered manager that no one had a DOLS authorisation in place at present. Staff training in DOLS and MCA had been attended by most staff and we saw from the list of training, that future dates had been scheduled for the remaining staff to attend training in these subjects.

Our judgement

People who used the service were safe and protected from abuse, or the risk of abuse.

Overall, we found that Bernhard Baron Cottage Homes was meeting this essential standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People told us that they thought there were enough staff on duty and that staff were approachable and willing to help.

We were told 'It's like a community here, we do not think of them as staff, they are more like friends and family' and 'the staff here are wonderful! They are always kind and considerate and I never feel rushed to decide what I need or want to do.'

Other evidence

We looked at the staff duty rota and saw that it showed all members of staff and their job title/designation. The staff team consists of the two care managers (one of which is the registered manager), a Bursar finance manager, two deputy care managers, seven senior carers, 18 carers, a maintenance person, activities coordinator, two administrators, one gardener, one trustees representative, four chefs, four kitchen assistants and nine domestics.

We were told by the staff that there is a bank of staff to cover shifts, in the event of staff sickness and holidays.

From the records viewed and from discussions with the care manager and deputy manager, we saw evidence that morning shifts were worked by a care manager, one senior and four carers (in the main building and for 'cottage rounds' - checking the safety of people who reside in the cottages). In the afternoon there were a care manager, one senior and three carers on duty. At night there were two carers on duty

and two 'sleep in' staff, consisting of a carer and an on call manager.

Training records that we saw told us that the managers attend all training with staff, as well as additional training in relation to management.

We observed staff spending time with people who used the service and saw that they were knowledgeable about the person's needs and preferences.

Staff were asked about the training they had received and reported that there was a mandatory training programme for all staff and included the following: moving and handling, basic food hygiene, health and safety, first aid, health and safety, safeguarding of vulnerable adults and the Mental Capacity Act 2005 (MCA).

Our judgement

People who used the service have their health and welfare needs met by sufficient numbers of staff.

Overall, we found that Bernhard Baron Cottage Homes was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who used the service told us that they can speak with staff and the managers at any time and they feel included in decisions made about the care they received and the way in which the service was run.

We were told that they have regular contact with the trustees representative and the managers and felt they could approach them easily.

People told us that any maintenance issues reported were resolved quickly or if they could not be resolved, they were kept informed of progress being made to find a resolution.

Other evidence

The service had systems in place for gathering and recording information about the quality and safety of the care, treatment and support the service provides. From the records that we viewed in relation to these systems, we saw that the processes for gathering information were being improved. This was as a result of an audit, completed by an independent auditor on 23 January 2012, which recommended that the systems could be streamlined to avoid duplication of data collection.

All meetings held had been minuted. These consist of manager meetings, all care staff meetings, kitchen and domestic staff meetings and 'Resident Forum' meetings. Action points and discussions of previous meetings were seen in the minutes.

There was a clear complaints policy in place. We looked at the complaints file and saw that clear records were kept of all of actions taken to resolve complaints made.

There was a re-decoration programme in place and the aim was to re-decorate bedrooms before each new admission. There were appropriate health and safety, fire safety and maintenance checks taking place. Records seen, supported that checks were being conducted on either a weekly or monthly basis.

Our judgement

People who used the service were protected from unsafe or inappropriate care. Reporting systems were in place and information about quality and safety was collected and information received through audits, was linked to risk management and quality improvement.

Overall, we found that Bernhard Baron Cottage Homes was meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>People who used the service can be assured that their privacy and dignity was respected. Care plans and risk assessments were person centred. Whilst Mental Capacity Act 2005 and best interest assessments had not been completed, significant progress is being made to ensure they are in place, where required.</p> <p>Overall, we found that Bernhard Baron Cottage homes was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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