

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

Bernhard Baron Cottage Homes

Lewes Road, Polegate, BN26 5HB

Tel: 01323483613

Date of Inspection: 21 February 2013

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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
Management of medicines	✓ 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	Bernhard Baron Cottage Homes
Registered Manager	Mrs. Trudi Knight
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 location's registration, nursing care is not provided.</p> <p>The service is owned by the Quakers, it is a registered charity and managed by a board of appointed Trustees.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 21 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we found that the premises were clean and well maintained and the atmosphere was relaxed and homely.

We found that comprehensive and well maintained person centred support plans enabled care workers to meet people's assessed needs in a structured and consistent manner.

Risk assessments and safeguarding policies and procedures ensured that people using the service were safe.

In accordance with their individual care plans, people were supported to make choices about their daily lives. They had input into how the home was run and were able to influence decision making processes.

Positive comments from people using the service and their relatives indicated a high level of satisfaction with the home and the services provided:

"It's just lovely here, everyone is so kind, they can't do enough for you. I have everything I need, including my family nearby".

"My mother loves living here and she is so happy with her room. We are delighted with the care that she receives There's nowhere else like it".

Appropriate arrangements were in place in relation to storing, administering handling and recording medicines.

We found that there were enough qualified, skilled and experienced staff in place to meet people's needs.

Care workers had developed awareness and a sound understanding of each individual's

care needs. This was evident from direct observation of individuals being supported in a professional, sensitive and respectful manner.

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 privacy, dignity and independence were respected. 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

People who used the service understood the care and treatment choices available to them. People expressed their views and were involved in making decisions about their care and treatment. During our inspection we saw examples of comprehensive person centred support plans, which had been developed for each person living in the home. The plans documented people's wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported.

In each of the plans that we saw, there was a very full and comprehensive pre-admission assessment, which included areas of personal care needs and specific help and support required. We saw that the assessment had been signed by the person using the service and the assessor. We also saw evidence of six monthly reviews having taken place, covering all aspects of personal care and support required. This meant that, in accordance with the regulations, the registered person ensured that the person using the service was able to make, or participate in making, decisions relating to their care or treatment.

Two care workers we spoke with told us that people living in the service were encouraged, where possible, to make choices about their daily lives. This was reflected in the personalising of individual rooms, the meals that were provided and the activities that they had the opportunity to take part in. Three people who used the service confirmed to us that they had been encouraged to bring in their own belongings, including photographs, pictures and small items of furniture. They also told us that they were asked about the food they like and how they wished to spend their days.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We observed care workers knocking before entering bedrooms, speaking clearly and respectfully with people who used the service and giving consideration to their personal needs and wishes. Care workers 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 the cottages.

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 also showed us that people were supported to practice their religious beliefs.

The care manager confirmed that there was still a very successful 'Residents' Forum' in place which meets every month. We noted from minutes we saw that the last meeting took place on 7 February 2013 and included the manager and deputy care manager. We were told that the elected committee consists of four people who use the service. Their role is to 'act as a voice for all the residents and to raise and discuss any issues, concerns or complaints'. This represents good practice and ensures that people using the service have their views and experiences taken into account in the way the service is provided and delivered.

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

People's needs were assessed and care and treatment was planned and delivered in accordance with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The manager confirmed that an individual's care and support needs were thoroughly assessed prior to their admission to the service and continued to be monitored subsequently during six monthly care plan reviews. Such reviews would also include personal and environmental risk assessments regarding their welfare and safety.

The manager told us that each person living in the service had an individualised and comprehensive support plan which described the care and support they received. We were told that the plans provided structure and guidance for care workers, to ensure current and ongoing care and support needs could be met consistently and safely. We saw three detailed care plans that supported this, including comprehensive pre-admission assessments and evidence of regular reviews. This meant that the planning and delivery of care met individual needs.

Care workers emphasised the importance of developing close working relationships with individuals and being aware of any changes in their mood or condition. This meant that they were able to provide care and support to individuals and meet their assessed needs in a safe and consistent manner.

During the inspection we had many opportunities of observing staff providing care to people using the service. We saw and heard them dealing with individuals, relatives and visitors in a calm and professional manner.

Positive comments received from people living in the home and their relatives indicated a high level of satisfaction with the home and the services provided:

"I visited here years ago and have loved it ever since I first saw it. It is a very special place, already my confidence is increasing and I just know that I am going to be very happy here".

"We couldn't be happier, it's just wonderful here. My husband is not so steady on his feet these days, which is why we have moved from the cottage to the main building. We have everything that we need".

This demonstrated that the provider ensured safe and appropriate personalised care, centred on the individual and considered their circumstances and their immediate and longer term needs.

The manager told us that people living in the home were registered with local GPs and had access to other health care professionals, including community nurses, occupational therapists, physiotherapists and dentists, as required. We saw in care plans that, where necessary, people were supported to attend healthcare appointments and all such visits and appointments were recorded.

This meant that, in accordance with the regulations, the registered person had taken appropriate steps to ensure the welfare and safety of the people using the service and to meet their individual 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

People who used the service told us that they felt safe and were well cared for and supported by care workers. They told us that they would speak to a care worker or one of the managers if they had any worries or concerns.

The care manager told us that the service operated in accordance with the Pan Sussex Multi Agency Policy & Procedures for Safeguarding Adults at Risk. Care workers we spoke with showed a good knowledge of safeguarding people from abuse. They were able to tell us how to recognise the signs of abuse and their obligation to report all cases of concern to the appropriate person. Care workers 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. This meant that people using the service were protected from abuse or the risk of abuse.

We saw from the list of training staff had attended, that all staff had been trained in safeguarding vulnerable adults at risk and the relevant local authority procedures.

Care workers told us that 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 care manager that no one had a DOLS authorisation in place at present. Staff training in DOLS and the Mental Capacity Act 2005 (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.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining, storing, administering, handling and recording medicines. Three people who used the service we spoke with told us that they were happy with the way their medicines were handled. One person told us "I've got good rapport with staff, they work on my behalf. I have a variety of medicines including pots and blisters and it works really well for me." We spoke with the senior care worker who we also observed administering medication during our inspection. They told us that medicines had been checked into the home by the care staff. The manager told us that all care workers received training in 'Medicines Management'. This was confirmed by care workers who we spoke with and by training records that we were shown.

Medicines were prescribed and given to people appropriately. We were shown information relating to what specific medication was for, how and when it was to be taken, the correct dosage and any possible side effects. We saw systems in place to record the administration of daily medications and the reasons for its use. We looked at a sample of the records of administration of medication, which were accurate and well maintained. This meant that people using the service received their medicines safely and at the time they needed them.

We saw in three care plans of people who used the service that appropriate recording of prescribed medication had taken place. The care plans also contained detailed, individual medication risk assessments to assess whether people could manage their own medication. We were shown risk assessments which confirmed that the individual and the care worker had felt confident that self medication was safe and appropriate.

The senior care worker told us that self-administration of medication was encouraged and the relevant risk assessments were regularly reviewed. We saw that all medicines were kept safely and securely. We saw that lockable facilities were provided in people's cottages, where medication could be stored.

Five people we spoke with who used the service told us that they were happy with the way their medicines were administered to them.

During our inspection we found that up to date and detailed policies and procedures

relating to the control, storage, administration and recording of medication were in place. We were told by a senior care worker that staff with responsibility for handling medication had received appropriate training and records were in place to support this.

The senior care worker informed us that all people living in the home were registered with local GPs and had access to other health care professionals, including district nurses, physiotherapists and dentists, as required. It was noted, in care plans that were examined, that all appointments with, or visits by, health care professionals were recorded.

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

Staff received appropriate professional development. During our inspection we found that care workers were motivated, skilled and competent to meet the needs of the people using the service. We spoke with three care workers about their experience of working at Bernard Baron Cottage Homes and the support they had received. All staff we spoke with confirmed that relevant training and support had been provided on a regular and ongoing basis. They told us that they had undertaken a variety of training methods, including practical workshops, e-learning and videos.

We were told by care staff that the managers were approachable and supportive. One care worker we spoke with told us "The induction, training and support I received was great compared to anywhere else I've worked. It's so rare that jobs are advertised here that I jumped at it when it came up. To have the support was great and you've got the support from everybody." Care workers we spoke with also told us that they were confident in their roles and able to support people appropriately because they had sufficient training in place to support their knowledge and skills.

During our inspection the care manager told us that staff had received appropriate support to encourage professional development. We were able to view the completed training portfolio for care staff. The care workers we spoke with told us that their induction "met everything I needed to learn. I needed longer to get to grips with the medication policy and they supported me with it". This meant that, in accordance with the regulations, the registered person had suitable arrangements in place to ensure that care workers were supported to deliver care and treatment to people using the service, safely and to an appropriate standard.

Records showed us that staff had received training in; health and safety safeguarding of vulnerable adults, first aid, medication and infection control, fire training, care planning and falls prevention.

The care manager told us that formal supervision had been provided for all care workers at regular intervals. We saw that they kept a record of supervisions and team meetings, including senior staff team meetings. Supervision was held regularly, every three months. We spoke with care workers who told us that supervision covered both their performance

review and their professional development and training.

Two care workers also told us that morale amongst the staff was high and that communication within the service was effective and ongoing. They also said that they felt valued and supported by the management team, who they described as "very approachable" and "the best".

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service and their representatives were asked for their views about the care and treatment provided and they were acted on.

The care manager confirmed that the quality assurance systems included various audits, undertaken on a regular basis and surveys for people using the service, their relatives and other stakeholders. This meant that, in accordance with the regulations, the provider was identifying, assessing and managing risks relating to the health, welfare and safety of people using the service.

We were told by the manager that the service had good systems in place to monitor its own standards of service delivery and to gain feedback from stakeholders. They told us that the service was proactive in the way it engaged with people and used their ideas and comments to further develop the quality of service provision.

As previously documented, the Residents' Forum meet once a month to give information and to receive comments. One of the chefs also attends the meeting so issues about food can be addressed immediately. A suggestion to have a plan of the Homes in the welcome pack was made and this will be incorporated when the plan has been drawn up.

The care manager told us that in addition to quarterly residents' meetings and a suggestions box, annual satisfaction questionnaires were sent out to establish people's views about the home and the services provided. Surveys were sent out to people using the service each January and to their relatives in July. Records confirmed that this had taken place in the past and that the feed back from the people who had participated in the survey had been positive.

This was also confirmed by people who used the service and their relatives who we spoke with who told us that they had been asked for their views on the service both in questionnaires and in person. This meant that, in accordance with the regulations, the provider was regularly seeking the views, including their experiences of care and

treatment, of people using the service or persons acting on their behalf.

At a recent care staff meeting it was suggested that window winders be installed in the quiet room and the day room to help residents and staff regulate the fresh air. These have since been installed.

At a Senior Care meeting it was suggested that a second drugs trolley be provided specifically for the east wing, because the trolley was becoming overloaded with blister packs and medication for the entire service. This has now been implemented and a new drugs trolley is now in a locked cupboard in east wing and used exclusively for those residents. This has made the drugs round much easier and reduced the risk of errors as blister packs are now 'easier to find'.

The manager told us that a consultant has been employed to advise on how to utilise the new kitchen equipment to improve the menu choices and provide more effective cover with the chefs. This has resulted in the menu choices being greatly improved, with an additional starter as an alternative to soup and a more nutritional vegetarian diet.

We were told by the care manager that other audits were also carried out by Trustees of the service, the PCT and an independent care consultant. Following recent recommendations, staff photos are now displayed on a public notice board with names and roles. Staff name badges now also have names and roles, for the benefit of people using the service and their relatives.

This means that, in accordance with the regulations, the provider monitors the quality of service that people receive.

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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