

DES Healthcare Limited

# Bernadette House

## Inspection report

The Old Vicarage  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bernadette House is a residential care home providing personal and nursing care to 39 people at the time of the inspection. The service can support up to 40 people.

### People's experience of using this service and what we found

People received their prescribed medicines by trained and competent staff. The registered manager continued to drive improvement with practices regarding medicines.

There was a quality assurance system in place, which identified areas of improvement and action was taken to address these. The registered manager had increased auditing of medicines following feedback from the inspection. Staff, relatives and people spoke highly of the management team. Staff received regular supervision and attended meetings. The registered manager had a good knowledge of the duty of candour.

People were supported by skilled and trained staff. We observed staff supporting people in a kind and timely way.

Staff understood their responsibilities to keep people safe. The provider recruited staff in a safe way. Measures were in place to protect people from the spread of infection. Risks associated with people's care had been identified. Lessons had been learned when events took place in the service.

People's care needs had been assessed and people were supported to maintain a well-balanced diet. Staff received induction and on-going training. Staff worked with health care professionals to promote better outcomes for people. People's capacity had been considered and assessed when required. People had care plans in place so staff could support them when they reach the end of their life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 02 November 2018).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Bernadette House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Bernadette House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was to ensure risks related to COVID-19 could be mitigated.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with twelve members of staff including the provider, registered manager, deputy manager, head of care, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their prescribed medicines. The registered manager continued to drive improvements with staff practices regarding the administration of medicines.
- Each person had a medicine profile in place describing any allergies, preferences on how to take their medicines and how staff could support people to receive their prescribed medicines in a safe way.
- Medicines were administered by trained and competent staff. Controlled medicines were stored appropriately and administered by two members of staff.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care, safety and welfare had been identified and mitigated.
- Information was available regarding people's health conditions, such as; Diabetes. This meant staff were able to identify potential symptoms of having too low or too high blood sugar.
- Formal reviews took place on accidents and incidents in the service. Positive actions were taken to reduce the risks of re-occurrence.

### Systems and processes to safeguard people from the risk of abuse

- People, relatives and healthcare professionals told us they felt the service was safe.
- Staff had received safeguarding training and understood their responsibilities to keep people safe from harm.
- Staff told us they could approach the management team and the provider should they have concerns regarding a person's welfare. Staff were confident they could escalate this to the local authority if required and had access to contact details to do this.
- One person commented, "Oh yes, I feel safe here. It's my home."

### Staffing and recruitment

- Staff had received relevant training to enable them to support people living in the service. We received mixed feedback from staff regarding staffing levels.
- Records showed there was enough staff to meet people's needs and we observed staff attending to people in a timely way. However, staff told us they felt staff could be deployed more effectively.
- We discussed this with the provider as part of the inspection, who arranged to undertake an additional review of people's needs, hold consultations with staff and review how staff are deployed in the service to increase effectiveness of staff deployment.
- The provider continued to carry out pre-employment checks on staff prior to them starting work.. These checks included obtaining references and using the disclosure and barring service (DBS). This check was

made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and were under on-going review. The provider had recently implemented an electronic care planning system. This supported staff's ability to consistently review people care records and complete their care notes in real time
- One person was assessed to require the aid of a hoist and the support of two members of staff. We observed staff supporting the person in line with their care plan.
- Where people used walking aids, this was recorded in their care plans. Some people experienced disorientation and forgot to use their walking aid. However, we observed staff gently reminding people to use them when they were mobilising.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role and were encouraged to develop.
- Staff received induction training prior to working in the service. This training covered topics such as; infection control, safeguarding and moving and handling. Following this, staff completed shifts working alongside other staff to ensure they got to know the service and people's individual care needs.
- The provider supported staff to obtain nationally recognised qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a well-balanced diet. People told us they enjoyed the food. One person said, "Oh yes, the food is excellent here."
- There was a choice of meals available to people. These were offered verbally and through a menu board in the dining area, which contained larger text and pictures. This was to support people with different communication needs.
- People told us there was plenty of choice and could make requests for specific things. One person commented, "If I fancy a hot drink, I ask the staff in the kitchen who make it for me. They [kitchen staff] are very good, there is never a wait, and nothing is too much trouble."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people received healthcare support. We spoke with health care professionals who worked with the service, who told us, "Bernadette House is a good home. The staff are helpful and really know the people they look after."
- The registered manager engaged with the local health team to develop advanced care plans. These care

plans were to determine how people would prefer to be cared for as they reach the end of their life. This meant people's choices could be respected if they were not longer able to communicate these.

- The service had access to equipment which enabled staff to monitor people's vital observations and share these easily with medical professionals using assistive technology. This limited the delay in obtaining these results and healthcare could be sought in a timely way.
- People's oral health needs had been assessed and people had access to either a dentist surgery or a dentist who would visit the service. This meant people who were unable to access the community, could still receive support regarding their oral health.

Adapting service, design, decoration to meet people's needs

- The service design and layout met people's needs. People were encouraged to personalise their bedroom, choosing their own decoration and having personal memorabilia.
- There was clear signage throughout the service which supported people to orientate. These signs also detail pictures to assist people with different cognitive abilities.
- Equipment had been installed to support individual needs of people and to keep people safe. For example, a stair lift.
- The service supports people living with Dementia. There was bright and colourful artwork on the walls. For example, murals of wildlife, a shop setting and a woodland area.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- During the last inspection, we found some people shared a room and there was a lack of recording around this decision. However, at this inspection, we found decisions where people were sharing rooms had been considered and were recorded. This included assessing people's capacity, obtaining consent and considering people's privacy and dignity.
- Where deemed appropriate, staff assessed people's mental capacity regarding specific decisions. We saw where people were living with a cognitive impairment, assessments had been completed regarding the administration of the COVID-19 vaccine and best interest decisions were recorded. Best interest meetings had taken place and involved relevant people. For example, relatives, staff and medical professionals.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was an effective quality assurance system in place where audits were completed on a regular basis. Actions were recorded and taken where shortfalls were identified.
- Following the inspection, the registered manager had increased quality assurance checks on medicines to ensure further improvements could be made on practices.
- The provider had oversight of the service and met with the registered manager regularly to discuss the running of the service. The registered manager was able to demonstrate what these meetings had covered, and any action taken following.
- The registered manager showed a commitment for continuous improvement. They were open to constructive feedback during the inspection, being responsive to any immediate action required.
- The provider was open to hearing our feedback following the inspection and immediately made arrangements to review aspects of the service to continue with improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood their legal responsibility to be open and honest. They had a good understanding of duty of candour and how to put the principles of this into practice. This includes sharing accurate information about specific events with relevant people.
- The service worked with healthcare professionals to ensure people received positive outcomes.
- Staff had worked with relatives to ensure people could still have regular contact with their loved ones, during the COVID-19 restrictions. One relative told us, "The home was in regular contact with me during the lockdown. Staff arranged for me to visit through the window twice a week. Now the guidance has changed, the management team are supporting me to take [Person] out."
- The service has a virtual walk tour located on their website. This is to ensure people moving into the service can have the opportunity to have a look around in a virtual way. This was due to the COVID-19 restrictions and to reduce infection transmissions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and managers promoted a person-centred culture. The service had a 'wishing tree' where people chose a wish for a special activity. One person had wished to meet a penguin. Prior to the nation COVID-19 pandemic restrictions, staff made the wish happen and three penguins came to the service.

- Staff complimented the management team at the service. One member of staff said, "[Registered manager] is really approachable. They have really turned the place around." Another told us, "Both the manager and deputy manager are great, they are supportive and always at the end of the phone when I need them."
- The service had a trolley shop to enable people to buy sweets and additional items, when they were unable to access the community. People made requests for certain items to be available on the trolley shop, and staff had made sure this happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received regular supervision and appraisals. Staff meetings had taken place but in smaller groups due to COVID-19 risks. The provider had ensured staff surveys were sent to staff annually to obtain their feedback and experience of working in the service.
- Relatives told us their feedback of the service was sought via the use of a survey. One relative told us they had faith in the registered manager and provider and told us when they had raised an issue previously, they had got in touch and it had been resolved.
- The provider had considered and respected people and staffs' equality characteristics. People and staff were given equal opportunities.