



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### **Bernhard Baron Cottage Home**

**Lewes Road  
Polegate  
East Sussex  
BN26 5HB**

*Lead Inspector*  
Nigel Thompson

*Announced Inspection*  
25th October 2005      09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Bernhard Baron Cottage Home
<b>Address</b>	Lewes Road Polegate East Sussex BN26 5HB
<b>Telephone number</b>	01323 483613
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Trustees Bernhard Baron Cottage Home
<b>Name of registered manager (if applicable)</b>	Trudi Knight
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	63
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (63)

# SERVICE INFORMATION

## Conditions of registration:

1. The number of residents to be accommodated must not exceed sixty three (63)
2. The resident will be sixty five (65) years of age or older on admission

**Date of last inspection**      11 May 2005

## Brief Description of the Service:

Bernhard Baron Cottage Homes provide residential care and support for up to sixty-three older people.

The premises comprise of one large single storey building, providing good quality service user accommodation, in single en-suite rooms. The main building also houses the spacious dining room, kitchen, lounges and offices. In addition there are twenty five self-contained cottages for more independent living.

All accommodation is connected to a 24 hour call system. The buildings are set in large, well maintained gardens and car parking facilities are available.

The home is well situated and is easily accessible by road. It is close to amenities, including the main line railway station at Polegate and is within five miles of the seafront and Eastbourne town centre.

Bernhard Baron Cottage Homes is owned by the Quakers. It is a registered charity and is managed by a board of appointed Trustees.

# SUMMARY

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

This unannounced inspection took place over five hours in October 2005. It found that all of the National Minimum Standards that were assessed had been met or partially met and the overall quality of care provided was good. Service users spoken to during the inspection expressed satisfaction with the home, the staff and the service provided.

On the day of the inspection there were sixty two service users living at the home.

The inspection involved a tour of the premises, examination of the homes records, discussion with management and consultation with three staff and six service users. The focus of the inspection was on the quality of life for people who live at the home.

In order that a balanced and thorough view of the home is obtained, this inspection report should be read in conjunction with the previous inspection reports.

## **What the service does well:**

Bernhard Baron Cottage Homes is an established, well managed and well maintained service that continues to provide high quality care and accommodation for older people.

Documentation, including an imaginative and comprehensive 'Welcome Pack' provides prospective service users and their relatives with all the necessary information about the home and the services provided.

Effective systems are in place for the admission and ongoing care of service users.

A thorough staff recruitment procedure ensures the protection of service users. Staff receive effective induction and foundation training, regular supervision and are valued and supported by the management team.

## **What has improved since the last inspection?**

A second deputy care manager and a second chef have both been appointed since the previous inspection.

A new assisted bath has been installed in the recently refurbished bathroom, in the west wing.

The laundry room has been extended and rearranged, making more effective use of the available space.

## **What they could do better:**

Service users' individual contracts need to be reviewed, updated and amended to reflect any significant changes, including increases in the level of fees.

It is also recommended that certain policies and procedures, including abuse and whistle blowing, be regularly reviewed and updated.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

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Health and Personal Care (Standards 7-11)

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### **The intended outcomes for Standards 1 – 6 are:**

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

1, 2 & 6

Documentation, including a comprehensive 'Welcome Pack' ensures that prospective service users and their relatives have sufficient information about the home and the services provided.

### **EVIDENCE:**

Information is available to prospective and existing service users in various formats. Following an initial enquiry to the home, an information leaflet is sent out with a covering introductory letter.

The Statement of Purpose and the Service User Guide, contained in the 'Welcome Pack' have been thoughtfully and imaginatively produced to a high standard and are both comprehensive and informative.

On satisfactory completion of the initial four-week 'trial period', each service user is issued with a formal contract, including a statement of terms and conditions of residency.

It was evident, in files that were examined, that the contract is routinely signed by the service user, a representative of the Trustees and a witness.

There was however no evidence that individual contracts are reviewed and amended to reflect significant changes, including increases in fee levels.

It is recommended that this issue be addressed and following discussion with the Care Manager, one option may be by having a copy of the advisory letter, signed by the service user, held on their individual file.

Intermediate care is not provided at the home.

## **Health and Personal Care**

### **The intended outcomes for Standards 7 – 11 are:**

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

These standards were not assessed on this occasion. All key standards were assessed during the previous inspection carried out on 11 May 2005.

### **EVIDENCE:**

## **Daily Life and Social Activities**

**The intended outcomes for Standards 12 - 15 are:**

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

These standards were not assessed on this occasion. All key standards were assessed during the previous inspection carried out on 11 May 2005.

**EVIDENCE:**

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.**

## JUDGEMENT – we looked at outcomes for the following standard(s):

16 & 18

The open and inclusive atmosphere within the home enables service users, staff and visitors to feel able to express any concerns, confident that they will be listened to.

Service users are safeguarded from abuse through robust policies, procedures and relevant staff training.

## EVIDENCE:

A clear and accessible complaints procedure is in place.

The management team operates an 'open door' policy and is clearly considered to be very approachable and understanding. Service users and members of staff spoken to during the inspection confirmed that, should they have a concern or complaint, they would have no hesitation in speaking to one of the care managers and each person was confident that they would be listened to.

Since the previous inspection there has been one complaint received by the home. Documentary evidence indicates that the matter was dealt with by the registered manager and head chef promptly, efficiently and professionally, to the satisfaction of the complainant.

The home has recently changed training provider and staff now receive certificated training in many key aspects of care.

Staff are expected to watch, discuss and answer questions on a training video, relating to abuse. Additional specific training is provided through an 'Adult Abuse Workshop', which includes awareness of adult protection guidelines, understanding of the various forms of abuse and the importance of reporting and effective recording of relevant information.

Policies and procedures relating to abuse, including whistle blowing are in place, however it was noted that documentation had not been updated since August 2003.

Following discussion with the manager, it is recommended that policies and procedures, including those relating to abuse and whistle blowing, be regularly reviewed and updated.

The manager confirmed that staff are made aware of these and other key policies and procedures as part of their induction and foundation training and they are also reinforced during regular supervision and staff meetings.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

20, 21, 23 & 25

The service is accessible, safe and clean and is clearly suitable for its stated purpose. Service users benefit from pleasant accommodation that is comfortable, well maintained and decorated to a satisfactory standard.

## **EVIDENCE:**

Standards relating to the physical environment remain largely unchanged.

Bernard Baron Cottage Homes provides several communal areas, enabling service users to spend time in different communal rooms as they wish. The communal rooms can be used for different activities as well as providing quieter areas for service users to meet with visitors. The communal rooms are comfortable and homely. There are also well maintained gardens for service users to walk in.

Sufficient bath and shower facilities are provided, each with an assisted bath seat. All bedrooms have toilet and hand basin facilities and some bedrooms have en-suite bath or shower facilities. The home provides sufficient toilets.

Good quality furnishings and fittings are provided in service users' accommodation, throughout the home.

It was evident that service users are encouraged to bring in their own possessions and small items of furniture. Rooms both in the cottages and in the main building have been personalised, reflecting individual taste and interests.

All rooms are fitted with door locks and service users are provided with keys. Lockable facilities, to store money and valuables are also provided.

Since the previous inspection, the laundry room has been extended and rearranged, making more effective use of the available space.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28 & 29

There are sufficient trained and competent staff on duty at all times to meet the assessed care and support needs of the service users.

Thorough recruitment procedures help to ensure the safety and protection of service users.

### **EVIDENCE:**

The stable and dedicated staff team is clearly able to meet the assessed, individual and collective needs of service users within the home.

Appropriate staffing levels are in place throughout the day. At night there are two waking night staff on duty and two additional on-call staff, one of whom is a manager.

Robust recruitment procedures are in place. Personal files, relating to newly appointed staff, were found to be well maintained, containing all necessary information, including two written references, proof of identity and satisfactory Criminal Record Bureau (CRB) and Protection of Vulnerable Adults (POVA) checks.

As well as high quality documentation, including comprehensive needs assessments and care plans, there is clear evidence within the home of the positive relationships which have developed and are maintained between staff

and service users, providing staff with awareness and sound understanding of an individual's care and support needs.

This is evidenced through observation and discussion and confirmed by service users, spoken with during the inspection:

'The staff, from the managers down, cannot do enough for you. Nothing is too much trouble'.

'You only have to mention something – and it's done'.

## **Management and Administration**

### **The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

31, 32, 36 & 37

Service users and staff benefit from the care managers' calm, open and approachable style of leadership and clear and positive sense of direction.

### **EVIDENCE:**

The stable, efficient and experienced management team consists of two care managers, one being the registered manager, two deputy care managers (one appointed since the last inspection) and a Bursar.

The open, friendly and approachable style of management is evident from direct observation and through discussion with service users:

'They are all very professional and organised. Everything seems to be thought through and planned'.

'Communication is pretty good here. We are consulted about most things that happen, like activities and the food'.

'I do feel that we are listened to and have the opportunity to discuss any changes or plans beforehand'.

The care manager confirmed that formal supervision is provided for all staff on a two monthly basis.

Staff spoken with during the inspection acknowledged the benefits of effective supervision and confirmed feeling valued and supported by the management team:

'They do make you feel involved and valued'.

'They are very supportive and always ready to listen'.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	X
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	X
8	X
9	X
10	X
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	X
13	X
14	X
15	X

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	X
20	3
21	3
22	X
23	3
24	X
25	3
26	X

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	X

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	X
34	X
35	X
36	3
37	3
38	X

Are there any outstanding requirements from the last inspection?

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	2	It is recommended that service users' individual contract be reviewed and amended to reflect significant changes, including any increase in the level of fees.
2	18	It is recommended that policies and procedures, including abuse and whistle blowing, be regularly reviewed and updated.

## **Commission for Social Care Inspection**

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