

Bentley House Limited

Bentley House Care Centre

Inspection report

Twenty One Oaks
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bentley House Care Centre is registered to provide nursing and residential care for up to 50 people. The home is divided over two floors and provides care to people of all ages, including people living with dementia and physical disabilities. There were 46 people living at the home at the time of our inspection.

People's experience of the service and what we found

The provider assessed risks to ensure people were safe. Risk management plans were regularly reviewed to ensure they reflected any changes in people's needs. Staff understood their responsibility to report any concerns that people were unsafe or at risk of abuse. Accidents and incidents were recorded by staff and analysed to identify any emerging trends or patterns so appropriate action could be taken to minimise identified risks.

There were enough staff to provide safe and effective care that met people's needs. Recruitment procedures ensured staff were qualified and safe to work with people who lived in the home. 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.

People, relatives and staff were very positive about the culture at Bentley House Care Centre. Relatives told us they worked in partnership with managers and staff which ensured the well-being of their family members was the focus of staff actions. Staff felt supported by good communication, teamwork and the leadership of the management team.

There were effective systems to monitor and improve the quality of service. The provider had created a learning culture which improved the care people received. Relatives and staff felt encouraged to be involved in shaping the service and making suggestions for developing the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 23 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bentley House Care Centre on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bentley House Care Centre

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bentley House Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bentley House Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and was in the process of submitting their application to become registered with us.

Notice of inspection

The inspection was unannounced.

What we did before the 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 sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 12 relatives about their experience of the care provided. We carried out observations in communal areas to help us understand the experience of people who could not talk with us. We spoke with 12 members of staff including the manager, a director of the provider company, 2 nurses, the care co-ordinator, 3 care staff, 2 members of catering staff, a member of the housekeeping team and an administrator.

We reviewed a range of records. This included 5 people's care records. We looked at multiple medicine records and 3 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Bentley House Care Centre. One person told us, "It is a good place to live. I feel safe here. If I press my buzzer they will come." Another person said, "I feel quite safe. I do not go to bed with worries about how we are cared for."
- Staff knew how to identify and protect people from abuse and were confident if they raised any concerns, these would be addressed. One staff member said, "I do believe the nurses and [manager's name] would do something about it."
- Staff told us they knew people well so could recognise subtle signs that might indicate people were concerned or worried. One staff member told us, "You get to pick up people's body language so you would know if they were happy or not."
- When safeguarding concerns were reported they were investigated by the provider, referred to the local authority safeguarding team and us, CQC.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Risk management plans informed staff how to support people safely and mitigate identified risks.
- Staff had a good understanding of people's individual risks. These included when assisting people to eat, with their mobility and how to support people who had specific health needs such as diabetes, weight loss or anxiety. One person told us, "Staff are very good. They are very attentive. They make sure I have this (walking) frame close by."
- Relatives explained how the management of risks had impacted positively on the well-being of their family members. A typical comment was, "At home [Name] was prone to falls; she was covered with bruises when she went in. There is none of that now, she has benefited hugely by being in the home." One relative told us they were consulted, "In partnership" about their family member's safety needs.
- Staff told us good communication ensured any changes in people's risks were shared with them. One staff member told us, "If there are any changes we need to be made aware of, I have always been made aware of them straightaway." Another staff member explained, "It is the carers role to hand over any concerns to the nurses throughout the day. Any major concerns are always passed on."
- People's care plans and risk assessments were updated as their needs changed, or their health deteriorated. This helped to ensure staff had the guidance they needed to continue to promote people's safety.
- The provider had a system of checks to ensure the safety of equipment and the premises. These included in relation to fire safety arrangements and utilities, such as water.

Using medicines safely

- People were supported to receive their medicines safely. The provider's systems ensured medicines were ordered, stored, administered and disposed of safely.
- Relatives were positive about medicines management within the home. Comments included: "[Name] gets her medicines regularly and it's managed properly" and, "They monitor her pain level carefully; they are very good with medication."
- Some people needed medicines on an 'as required' (PRN) basis to treat short term conditions such as pain or anxiety. There were clear protocols to guide staff as to when these medicines should be considered.
- Some people had medicines administered via a patch on their skin. The application of these was recorded and the site of application was changed in accordance with the manufacturer's directions. Daily checks ensured patches remained in place.
- Staff received training in the safe handling of medicines and had competency checks to make sure they managed and administered medicines in a safe way.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to meet people's needs.
- People and relatives were positive about the staffing levels at the home and told us people generally did not have to wait long if they wanted support from staff. One person told us, "I would say there are enough staff, they are there if I need them."
- Staff told us they were very busy but staffing levels were safe and allowed them to provide the care outlined in people's care plans. One staff member told us, "Staffing levels have improved, we had to get agency, but more permanent staff are now coming through. [People] have never had to wait for things like medicines." Another staff member said, "It is just a lot (of work), but it is safe for the residents."
- Staff told us they were supported to understand how to care for people safely through a comprehensive induction and regular training.
- Staff were recruited safely. The provider completed pre-employment checks such as Disclosure and Barring Service (DBS) checks to ensure staff were suitable for their roles. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider learnt lessons when things had gone wrong. Incidents and accidents, including falls, were monitored to check for any patterns and measures were put in place to reduce them happening again.
- Lessons learnt were shared with the staff team through lessons learnt documentation and in face-to-face meetings. One member of staff explained, "We use the triangle, we identify the problem, what steps we need to take to fix the problem and then the final stage is observing those steps are in place."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Regular cleaning was undertaken to promote good infection control. However, some communal areas of the home required redecoration to ensure they could be cleaned effectively. The provider assured us these were being addressed through an on-going programme of maintenance.
- There were plentiful supplies of personal protective equipment (PPE) and accessible information which prompted staff to maintain good hand hygiene and use PPE correctly.
- Relatives were complimentary about the cleanliness of their family member's individual rooms. One relative said, "[Person's] room is always clean and there's never a smell here. It's a massive compliment to the cleaners. I come in here and it is perfect."

- A member of housekeeping staff told us they were always informed of any infections in the home so they could follow infection outbreak procedures.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Is consent to care and treatment always sought in line with legislation 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 MCA 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Where restrictions were in place and people were being deprived of their liberty, the appropriate legal authority had been sought to protect their rights.
- The manager monitored people's care plans to ensure any increased restrictions were reflected in their DoLS applications.
- The provider had systems to monitor approved DoLS to ensure they were renewed in a timely way.
- Staff recognised their role in offering people the opportunity to make as many choices in their everyday lives as possible. One staff member explained, "You give options to them in the morning about what they want to wear. If people have longer hair, do they want it up or clipped back? Do they want a shower in the morning or the afternoon?"
- Staff understood there may be times when decisions needed to be taken in people's best interests and who would be consulted in this process. One staff member said, "[Senior staff] do ask for our input as we know about [people]."

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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

- There were effective systems in place to monitor and improve the quality of the service. These included checks of people's care plans and daily records. Records showed that following audits, actions were taken to make improvements to the service.
- The manager had regular meetings with clinical staff to review the clinical risks within the home and ensure they were being appropriately and effectively managed.
- Every day the management team met with the heads of each department to discuss the key operational issues relevant to that day. One member of staff explained, "Conversation will breed conversation and we may identify something and fix it before we leave the room. We all bounce ideas off each other and find a solution. It definitely supports good risk management."
- Staff told us they had the information they needed so they knew how to care for people safely. They highlighted how well staff worked together to ensure people received safe person-centred care.
- Performance management processes were effective and led to improvements in the service. Where a need was identified, staff were provided with additional support to help them use best practice to improve their performance and reduce errors.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were extremely positive about the caring and compassionate standards of care at Bentley House Care Centre. One person told us, "The managers are wonderful, ever since day 1 when the manager helped me with a medical problem. She listened to me and what I will say is, they have an ear to hear."
- Relatives told us the well-being of their family members was the focus of staff actions. Comments included: "The culture is a cheerful group of kind and caring staff. It's a good culture and must come from the top" and "Staff are warm and include us. I have confidence the care here is done with dignity; the staff do such a great job."
- We saw staff took time to chat with people and check what care they wanted. Staff offered people choices and listened to their responses without rushing them. This helped ensure people were involved in planning their everyday care.
- Relatives told us the positive culture encouraged them to make suggestions for developing the home and the quality of care provided. For example, one relative had been involved in creating the values and vision

statements for the home and had been invited to engage in specific projects to develop the service further. This relative said, "It is a total partnership approach. [Manager's name] involves families, she's great, she's warm and open."

- Relatives told us communication with staff was very good and their views were considered and listened to. One relative explained, "I am kept fully in the loop, and I am listened to. For example, if we talk about the pros and cons of medication, my concerns are taken seriously."
- Staff understood their roles and responsibilities and felt supported by their manager's leadership. One staff member told us, "[Name of manager] is fantastic at giving praise when it is due. There is not a day you go home, and she does not thank you for your hard work. She is very approachable, and she also agrees greatly in personal development. She brings out the best in people."
- Staff were confident if they made any suggestions to improve the home, these would be listened to. One staff member told us about a suggestion they had made for altering the flow of work to ensure all meals remained hot. The staff member said their suggestion had been acted on and added, "We talk about things as we go along."
- The provider promoted positive mental and financial health for staff through access to support networks and a range of benefits. This included a well-being champion who was available every Monday to speak with staff, financial benefits for attendance and training and gifts for recognition of service. One staff member commented, "It is important to them (the provider) that we are looked after."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Areas of learning identified were shared with staff, to improve the quality and safety of people's care. One staff member told us, "Everything the manager informs us of includes the why and how it will benefit the residents."
- Staff told us there was a 'no blame' culture which encouraged them to speak up knowing they would be supported in their practice. A member of staff explained, "Everyone makes mistakes, and it is about what you learn from them."
- Relatives also spoke of an environment where they felt able to raise issues. One relative told us, "We have a frank and open relationship. I can tell her [manager] anything, good or bad. We hear each other and then we move forward. It is a very open culture where concerns I have raised are listened to, talked about and solved."

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

- The provider understood their responsibilities under duty of candour.
- Relatives confirmed they were informed of any accidents or incidents or deterioration in their family member's health. One relative said, "They are straight on the phone to the GP if [Person] is poorly, and they ring me."

Working in partnership with others

- The provider worked in partnership with other health and social care professionals, such as social workers, district nurses and people's GPs.
- Staff gave us examples showing how they obtained specialist advice from other health professionals using systems which promptly identified changes in people's needs. This helped to ensure people achieved the best health outcomes possible.
- The provider was establishing working partnerships with people and relatives to benefit the service. For example, one relative had recently been a participant on a recruitment panel for a senior member of staff.

