

D3 Care Ltd

Benfield Hall Nursing Home

Inspection report

155 Durham Road
Blackhill
Consett
County Durham
DH8 5TH

Date of inspection visit:
21 October 2019
23 October 2019

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12 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Benfield Hall is a home which provides personal and nursing care to 18 people who are experiencing mental health issues. The service can support up to 20 people. Benfield Hall is a large house which has been extended and adapted to accommodate people's needs.

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

People were cared for in a safe environment. People's personal risks were documented, and staff knew how to keep people safe. Staff had been trained in safeguarding and had raised concerns. Medicines were safely administered and appropriately documented.

Staff underwent pre-employment checks before they began working in the service. The manager made improvements to checks on agency staff during the inspection. Staff had received support through induction, training and supervision. New arrangements for improved training had been put in place.

People had access to healthcare information on display in the home. Staff assisted people to attend their medical appointments. Staff provided people with a choice of menu and kitchen staff understood people's food needs.

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.

Care plans were accurate and person centred. People had the opportunity to express their wishes for the end of their life. Complaints were addressed in an appropriate manner.

Staff treated people well. They understood people's needs and approached them with kindness.

Although the registered manager was on extended leave they had kept in touch with the interim manager and provided support. The provider had taken steps to improve the service by appointing a consultant to review the workings of the home.

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 11 June 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Benfield Hall Nursing Home

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.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

Benfield Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. At the time of our inspection the registered manager was on extended leave. In their absence a manager had been appointed from within the service to manage the home.

Notice of inspection

This inspection was unannounced.

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 this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, the manager, nurses, a senior care worker, care workers, the administrator and kitchen and maintenance staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and understood how to report abuse.
- The manager had listened to staff concerns and made appropriate safeguarding alerts to the local authority.

Assessing risk, safety monitoring and management

- Risk assessments were in place about safety in the building.
- Staff carried out regular fire checks to ensure people lived in a safe environment. Fire drills had taken place during the day. Additional night time fire drills had been recommended during a recent external audit of the service.
- Staff had documented people's individual risks and knew what actions they needed to take to keep people safe.

Staffing and recruitment

- The provider had safe recruitment practices in place for permanent staff.
- The manager told us agency staff had been rarely used in the service. They expected this to increase in the near future due to an impending nurse vacancy. The provider had not carried out checks on agency staff. The manager immediately checked the agency nurse on duty and set up records to check agency staff should they be requested or arrive to work in the service out of office hours.
- There were enough staff on duty. Each person's dependency assessment was updated every month. Although these were not aggregated to prescribe a required staffing level, the manager provided reassurances they understood people's increased needs. Staff were appropriately delegated tasks to meet people's needs.

Using medicines safely

- Staff administered people's medicines in a safe manner.
- The provider had suitable arrangements in place for the ordering, receipt, storage, administration and disposal of people's medicines.

Preventing and controlling infection

- Cleaning was ongoing to reduce risks of contamination.
- Staff were provided with aprons and gloves to minimise cross infection.

Learning lessons when things go wrong

- The manager maintained a file of lessons learnt. The file included reviews of accident and incidents, and safeguarding issues.
- The provider had taken steps which demonstrated they had learnt lessons from CQC inspection reports on another location owned by them.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff assessed people's needs and choices before they started using the service.
- The assessments carried out were in line with current standards and guidance. Assessments were reviewed on a regular basis.

Staff support: induction, training, skills and experience

- Staff were supported through an induction period, and with training and supervision.
- Staff spoke with us about the standards of training. They felt they learned more from face to face training than the current use of workbooks which had been marked by the area manager. The provider had put in arrangements for staff training to be delivered face to face by an external training agency.

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

- Kitchen staff understood people's dietary needs and provided information on how they were met.
- People were offered a choice of menu and told us they could pick something else if they wished.
- Staff maintained food and fluid charts for people whose dietary intake was of concern.

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 seek their advice and provide information on people's care needs. Advice had been incorporated into people's care plans.
- Staff supported people to attend medical appointments. Non-nursing staff had been trained on how to carry out physical health checks and were provided with guidance on how to interpret their findings.
- The staff team had provided information to people on healthcare issues such as oral care. Leaflets were available to people.
- The service had handover notes in place. Staff reported relevant information to the next shift about people's health needs to make sure people received consistent care.

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

- No one using the service had any needs which required specific design and decoration to support people's orientation in the home.
- People's bedrooms were personalised.
- The manager was aware of an ongoing specific issue to adapt a bathroom and resolve a person's bathing issues.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- At the time of our inspection no one was subject to DoLS. We reviewed people's needs with the manager who decided to submit applications for two people to deprive them of their liberty and keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well. People approached staff with confidence. There was a calm atmosphere in the home. One person described all the staff she liked to us. Another person told us, "Staff are kind."
- Staff were trained in equality and diversity. They understood people's needs and provided support to enhance people's well-being.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke to people individually in quiet tones to preserve their privacy.
- People had access to their own rooms and were provided with keys to their room.
- Staff supported people's independence. They encouraged people to make their own breakfast, get their own drinks as well as arranging their own taxis and doing their laundry. One staff member said, "I love it here. It's always quite settled. It's good to support them [people] with what they can do for themselves."
- People had agreed to carry out tasks to support communal living. One person told us they all did their jobs but, "Some residents aren't well " and experienced difficulties in keeping the shared kitchen tidy. Staff carried out regular checks to ensure people could access a clean kitchen to support their independence.

Supporting people to express their views and be involved in making decisions about their care

- The activities coordinator invited people to attend residents' meetings to give their views.
- Staff involved people in making decisions about their own care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had documented people's needs in a range of care plans where their needs, and preferences were explained. Details of signs and symptoms to indicate a deterioration in people's mental health were described in the care plans.
- Staff reviewed care plans monthly and made sure they were accurate and up to date.
- People had choice and control over their lives. They had established daily routines which staff respected and supported.
- People were encouraged in resident's meetings to speak up about their interests and the kind of activities they would like to do.
- An activities coordinator prepared a plan of activities for the week. The plan was subject to change as people's wishes varied from day to day.
- Staff supported people to access the community with assistance or independently to carry out activities of their choice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Leaflets were provided to people in different styles about healthcare issues.
- Each person had a communications plan which described people's preferred ways of communicating.
- Staff had assessed one person's communication needs when their first language was not English.

Guidance was provided to staff on the best way to communicate important information.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place.
- The manager had investigated the complaints made to the service and provided an appropriate response.

End of life care and support

- Staff had spoken to people about their end of life wishes and either documented their preferences or noted if the person did not wish to discuss the end of their life. Staff respected people's wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke with us about the effects of the closure of their sister home and how this had resulted in a negative impact on them. They felt that they had a very different culture which resulted in better outcomes for people.
- The manager promoted a positive person-centred culture. Staff knew people well and a person-centred approach was fully embedded into the service.
- Staff had supported people to achieve good outcomes according to their wishes and preferences. The manager explained they had looked at community resources to work more inclusively and to encourage people to participate in local activities. People had begun to attend a local centre.
- Staff meetings were held to engage staff in the running of the service. A staff survey had been carried out to monitor staff views. Staff reported in the survey they did not always feel able to express their views. We spoke to staff about this issue. They felt this was due to the behaviour of managers who did not work day to day in the service. The manager told us she had spoken to staff about being open with her about their views.

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

- The provider had engaged an external consultant to review the service and provide an action plan for improvement.
- The manager had set up accessible learning resources in the office to support staff learning.
- Staff carried out regular audits which resulted in action plans to make improvements to the service.
- The manager with the support of the registered manager and the external consultant had undertaken learning about meeting the regulatory requirements. They had submitted statutory notifications to tell us about events in the service.

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 manager understood the duty of candour. They were open and transparent and had made safeguarding alerts with the relevant information to the local authority. The registered manager understood the importance of speaking up.

Working in partnership with others

- Staff worked in partnership with other professionals. Records showed staff had contacted care managers, GP, local nurses, and speech and language professionals.
- Staff shared relevant information with other professionals and had documented their advice in people's care plans.
- Community based professionals confirmed staff worked well with them to meet people's needs.