

Benslow Management Company Limited

Benslow Nursing Home

Inspection report

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Date of inspection visit:
20 September 2016

Date of publication:
11 October 2016

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 20 September 2016 and was unannounced. At their last comprehensive inspection in November 2015 the service was found to be in breach of Regulations 9, 10, 13 and 17 of the Health and Social Care Act (Regulated Activities) 2014 Regulations. We undertook a focused inspection on 15 March 2016 to check that the provider had followed their action plan and to confirm that they had addressed the legal requirements. At the inspection in March 2016 we found that improvements had been made however, we could not improve the rating of the service at that time because to do so requires consistent good practice over time.

Benslow Nursing Home provides accommodation and personal care for up to 35 older people, some of whom live with dementia. At this inspection 28 people were living at the service.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe and staff knew how to identify the risk of abuse. We found that individual risks were assessed and managed. There were sufficient staff to support people and they had been recruited safely. People's medicines were managed safely.

People were supported by staff who were trained and supervised. People had their capacity assessed and consent sought and Deprivation of Liberty applications had been applied for appropriately.

People were supported to eat and drink sufficient amounts and there was regular access to healthcare professionals. Professionals were positive about the service.

People were treated with dignity and respect and were involved in the planning of their care. We found that confidentiality was promoted.

The provision of activities required some development and the service was without a regular activities organiser due to long term leave. The registered manager was trying to recruit to the temporary post.

People received care that met their needs and new care plans were being introduced, these were clear and informative. People and their relatives knew how to make a complaint and these were responded to appropriately.

People knew the registered manager well and were positive about them as well as the management systems. There were systems in place to monitor the quality of the service. The staff were clear on the role and shared the same ethos as the registered manager.

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.

People felt safe and staff knew how to identify the risk of abuse.

Individual risks were assessed and managed.

There were sufficient staff who had been recruited safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supervised.

People had their capacity assessed and consent sought.

People were supported to eat and drink sufficient amounts.

There was regular access to professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved in the planning of their care.

Confidentiality was promoted.

Is the service responsive?

Requires Improvement ●

The service was responsive.

The provision of activities required some development and the service was without a regular activities organiser.

People received care that met their needs.

New care plans were being introduced and these were clear and informative.

People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager well.

There were systems in place to monitor the quality of the service.

The staff were clear on the role and shared the same ethos as the registered manager.

Benslow Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was unannounced and carried out by one inspector and an expert by experience. An expert by experience is a person who has used or supported a person who has used this type of service.

During the inspection we spoke with six people who used the service, four relatives, four staff members, the registered manager and the regional manager. We received information from service commissioners. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "It is safe here, there's always someone on the end of a button even if I have to wait a bit."

People had their individual risks assessed and staff were familiar with these. We observed staff working in accordance with these risk assessments. For example, when assisting people to mobilise. A new care plan system was being implemented which meant that staff had quick access to the information to support them to provide people with safe and effective care. Accidents and incidents were logged and then reviewed by the registered manager to help ensure all remedial action had been taken. This also allowed them to identify any themes or trends.

People were supported by staff who knew how to identify and report any risk of abuse. Staff were able to describe what may be seen as abuse ranging from physical injury to neglect and all were confident on they would respond to this. All staff were positive that the management team would address concerns immediately but also knew how to contact external agencies such as the local safeguarding team or the CQC should they feel it was dealt with appropriately.

People were supported by sufficient numbers of staff. People told us they felt there were enough staff and call bells were responded to, however sometimes it depended on the time of day in regards to how quickly they were answered as peak times there may be a longer wait. One person said, "They will come and quickly check if it is urgent and then go away and come back later." A relative said, "It varies so much depending on the time of day. Normal times it's not long but other times it can be quite a while, once I just went to look for someone." Although on the day of inspection things were busy as there were unforeseen events such as a staff member falling ill on shift and an environmental health inspection, as well as our inspection, people still received the support they needed. Morning care did run slightly later than usual and the lunchtime meal was served late which impacted on the timings for those who needed support. For example, ordinarily the lunch was served in two sittings. At 12pm for those who needed support and then 12.30pm for those who could eat independently. However, due to the kitchen staff being busy during the morning, both meals were served at the same time which meant staff were needing to both support people and deliver meals. The registered manager and staff told us that this did not usually happen. We saw staff answer call bells promptly and people were not left calling or waiting a significant length of time for care. Staff told us they felt the staffing situation had improved with mostly permanent staff working now with only very few agency staff. One staff member said, "Staffing is a lot better now, some of the agency staff have come on board and they're good."

Staff employed were done so through a robust recruitment process. We saw interview notes on file, employment gaps explored and verified written references. There was also a record of criminal record checks. This helped to ensure that staff employed were fit to work in a care setting.

People's medicines were managed safely. Although we found that in three cases records for the amount of medicines in stock was not clear, we were able to ascertain that people had received their medicines as

prescribed through records of administration and management of boxed tablets. We found that medicines were stored securely and the temperature of the storage area was monitored. Records were completed consistently with reasons recorded if medicines were refused or as needed medicines were administered. Staff had received training and the deputy managers were taking responsibility to ensure safe practice was adhered to. We also saw that the registered manager carried out a monthly medicines audit.

Is the service effective?

Our findings

People were supported by staff who were appropriately trained and received regular supervision. Training provided to staff included moving and handling, safeguarding people from abuse, first aid and dementia care. Staff told us that the additional dementia training and the training for champions in key areas had been very beneficial. One staff member said, "It's so much better than before, so detailed." They went on to tell us that they felt extremely well equipped for their role. We saw that most training was up to date and those that required updating was booked in the near future. We observed staff work in accordance with their training and this was evident in the way they supported people living with dementia. For example, the patience and communication skills demonstrated.

Staff told us that they felt supported. They said in addition to the regular one to one supervision sessions they attended, they could also go to the registered manager, the deputies or a nurse on duty. One staff member said, "I get enough support and they know me so well."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that service was working in accordance with the MCA and DoLS guidance.

People had their capacity assessed and where they were found to not have capacity, best interest decisions were recorded. These processes included all the appropriate people such as relatives or an advocate and professionals. Where there was a need to deprive a person of their liberty to ensure their safety, DoLS applications had been made and the least restrictive option was practised while this was pending. For example, where a person was unable to go out alone, staff ensured they accompanied them to enable them to still go out.

People received the appropriate support with eating and drinking and most were happy with what was on offer. One person said, "I'm used to having my main meal in the evening but they have it at lunchtime here – it doesn't suit me so the cook comes and asks me what I want each day. They even keep ready meals for me so I can have something later." Relatives were positive about the food. One relative told us, "[Person] has pureed food and loves [their] food. They always make sure each food is on a different part of the plate." However, one person told us that the evening meal was too early. The registered manager had told us about this and had ordered a fridge for the person's bedroom to help give them more flexibility about when they were eating. We were also told that the drinks and snacks were not always consistent. We saw that people in their own rooms did not always have a cup of tea offered. One person said, "I can ring the call bell if I want a drink." We noted that everyone had a soft drink available but discussed with the registered manager the

benefits of a more structured approach to drinks and snacks being provided to ensure no one was missed, especially those who may not be able to ask. Although we did not observe the provision of snacks, the cook told us that snacks were available. We discussed this with the registered manager and found that snack provision may have been impacted on the day of inspection due to the kitchen receiving an environmental health inspection during their usual prep time. We were told that the outcome of that environmental health inspection was positive.

There was a nutritional champion in post who told us it was their role to ensure that staff were aware of people's needs and made suggestions to boost the intake of those at risk of not eating or drinking enough. People who were at risk were weighed regularly, had been referred to the appropriate health professional and received additional protein with supplement drinks or smoothies. We observed staff support people who needed assistance to eat and they did this at a pace appropriate to the person. However, we noted that due to the high number of people needing assistance, some people had to wait for up to an hour and one person received support from three different staff members. We noted that this was due to the specific events during that morning which made the staff behind their usual schedule of two lunchtime sittings but discussed the need to monitor this with the registered manager.

People had access to health and social care professionals as needed. One person told us that staff had arranged an operation that they needed and ensured that all the appropriate after care was given. We saw a range of professionals were involved in people's care and support. One person told us, "If there is anything to discuss (around medication) then I discuss it with the doctor, I'm free to do that." We noted that the GP visited on the day of our inspection and was familiar with the service. The registered manager was involved in the discussions and this helped ensure people's health and well-being was promoted as they were familiar with people's needs.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "They're great." Relatives were also positive about the attitude and approach of staff. One relative told us, "[Person] is very happy here, they look after [them] and [person] is content." Another relative said, "[Person] knows all the carers here, that's good." Relatives and visitors also told us that they were free to visit at any time and as often as they liked.

People's privacy and dignity was promoted. Staff knocked on doors before entering rooms and spoke with people respectfully. We heard staff explain what they were doing and give choices to people. People told us staff always listened to their choices. One person told us, "Some days I am just too tired to move so I say I'm going to stay in bed today and that is fine." Another person said, "I can watch TV in my room 'til whenever I want to." We found that confidentiality was also promoted with records stored securely and staff speaking discreetly when offering support.

People were comfortable with the staff and staff knew people well. Staff spoke with people in a way that was appropriate to their needs and personalities. We saw staff were calm and quiet with some people and engaged with banter for others. We noted that staff responded warmly when people held their hands or cuddled into them.

The registered manager, regional manager and staff all knew people's needs and backgrounds and were able to tell us about their preferences. This included food preferences, family history and how they liked to spend their day. We saw staff respect this on the day of inspection. For example, one person liked to have their bedroom curtains closed all day.

People were involved in the planning and reviewing of their care needs. We saw that people or their relatives were invited to read and sign their plans monthly and at their annual review. Where people were unable to be involved due to complex needs and they did not have a relative who was able to be involved, advocacy was available and had been used.

Is the service responsive?

Our findings

People told us that the activities on offer needing improving. One person said, "The activity lady is on [long term leave] and so the carers have to do it but they aren't very keen on it and they are so busy." Another person said, "Occasionally they will take someone out into the garden and just walk behind them and then bring them in again but not very often." Relatives also told us that there wasn't much in the way of activities going on. One relative said, "There's not much going on in the way of occupying people that I ever see."

The registered manager told us that during the activity organiser's temporary leave they had been unsuccessful in recruiting as perspective staff did not want temporary work. They said, "We try and get the staff to cover it." However, they told us that this was the biggest issue in the home at the time of the inspection. Staff told us they did games and armchair exercises with people, singalongs and spend time chatting on a one to one basis with people who were in their rooms. We also saw that the service had an occasional visiting entertainer and also themed parties. For example, they were planning a Halloween party. We noted that there were no activities on the day of our inspection and found from feedback from people and their relatives this to be a reflection of a typical day. Therefore this was an area that required improvement.

People received care that met their needs. One person said, "I have complete choice about when I get up. Sometimes I don't want a wash because I can't be bothered and they will come back later." Relatives were also positive about the care people received and how staff responded to changing needs. One relative said, "[Person] has a [health condition] and it recurs every so often and they look after it very well. [Person] has so many health needs and they are very good at caring for [them]."

Staff told us that the additional training they had received had made them better at their jobs. This was in particular around supporting people living with dementia. One staff member told us, "I have a better understanding now, sitting and talking to people and listening, checking they're ok, communication is so important for people living with dementia." Relatives also felt this had improved. One relative said, "[Person] can be very awkward and the carers are very good now. They come in and if [they] won't cooperate they go away and come back later." A person also told us, "They (staff) are good with people here."

The service had recently implemented a new electronic care plan system. They were still completing some of the plans so used both paper and electronic plans at the time of our inspection, duplicating information to help ensure there were no gaps during the transitional period. The plans included clear and person centred information to enable staff to deliver safe and appropriate care. The electronic pods enabled staff to have immediate access to information about the person they were supporting. Staff told us that this meant they read this information more frequently. This also helped to ensure that all care was logged as it was given and any missed planned support was raised as an alert if it had not been recorded in the set timeframe. This meant the management team were able to check all required care and support had been delivered.

People knew how to make a complaint and these were responded to appropriately. One relative told us, "The manager's very good, if you talk to [them] about things [they] will sort it out and get it done." We saw

that all concerns received a thorough investigation and the complainant informed of the outcome. This was then shared with staff to reduce the risk of a reoccurrence. For example, one person had raised a concern about the type of spoon being offered. The registered manager discussed this at handover for the following five days to ensure all staff were made aware.

Is the service well-led?

Our findings

People and their relatives knew the registered manager well and spoke fondly about them. One person said, "[The registered manager] is lovely, she is very caring. She always puts herself out." A relative told us, "[The registered manager] is really approachable and she's very nice." We noted that the registered manager had just returned from holiday and people were pleased to see them.

Staff were clear about what was expected of them and told us that the registered manager checked on them, and their work, to ensure they were working in accordance with their standards. One person told us, "The [registered] manager has given instructions to the carers that if they don't know how to do something then they mustn't do it. One day the nurse wasn't sure and so she phoned 111 and they helped on the phone and a District Nurse came to sort it out." This indicated that staff were working in accordance with the registered manager's instructions. One staff member said, "You can talk to any of them [management team] and you get feedback. [Registered manager] goes round and asks me how things are with everyone." We noted that the new electronic care plan system allowed the registered manager to monitor staff performance to help ensure staff worked as a team and that people's needs were met.

There had been two deputy managers appointed since our last inspection to help the registered manager in running the service. The registered manager told us that this was working well and as they job shared this meant there was a deputy manager in the building seven days a week. They went on to tell us how during their annual leave, the deputy managers had led the home well with the support of the regional manager. Staff were positive about the management of the home and told us they could go to anyone of the management team comfortably. The registered manager told us that having this additional support meant that they were able to provide better oversight of the service.

There were systems in place for monitoring the quality of the service. Audits were carried out on medicines, care plans, complaints and comments, staff supervision and health and safety. We saw that where any issues were identified, an action was developed and assigned to a staff member to address. For example, when the medicines trolley required cleaning. The regional manager told us that they also checked these areas on their regular visits.

The registered manager had been working with a local training organisation to develop the members of the staff team. This was in relation to champions in key areas such as dementia, nutrition and falls. As part of this training there were regular meetings with professionals and they discussed people they supported. Feedback about this process from professionals had been positive stating that staff were engaged and thorough which had a positive impact on the service provided to people. Staff found that this, along with the new electronic care plans and addition of new deputies had further boosted morale in the home and had everyone working with the same people first approach.

There were regular meetings for people, their relatives and staff at the service. These meetings were a forum for people and staff to raise their views, ideas and concerns. Lessons learned were shared and actions developed if needed. There was also an annual quality survey sent to people, relatives, staff and

professionals. We saw that all responses had been positive. However, the registered manager told us that as they had some new people and staff, they had arranged for next month that an independent survey would be carried out by an external provider. The regional manager said, "This means it will be an accurate reflection of how things are." This demonstrated that throughout the service, staff and management were striving for continuous improvement.