

Benslow Management Company Limited

Benslow Nursing Home

Inspection report

Benslow Rise
Hitchin
Hertfordshire
SG4 9QY

Tel: 01462459773

Website: www.benslow-care-homes.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 November 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulations 9, 10, 13 and 17 of the Health and Social Care Act (Regulated Activities) 2014 Regulations.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Benslow Nursing Home on our website at www.cqc.org.uk

Benslow Nursing Home provides accommodation and personal care for up to 35 people. There were 30 people living at the home on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 received care that met their individual needs. This was in relation to personal care, pressure care management, and support with mobility and continence care. Support was carried out safely with staff working in accordance with risk assessments, care plans and the training they had received. Following our last inspection, targeted training had been provided to address the shortfalls we identified.

There were systems put into place to oversee staff practice and to provide them with guidance and support. New roles had been developed to give staff responsibilities to help instil and sustain good practice. These roles were champions in specific areas such as falls, nutrition and dementia care. Staff were more positive and working in line with the management team's aims and ethos.

The management team were open and honest and had shared lessons learned with the staff team and also people who used the service and their relatives. People, their relatives and staff were all positive about the management of the service and the recent improvements across the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

We found that action had been taken to improve safety.

People received care that met their needs safely and in accordance with their risk assessments.

People were protected against the risk of neglect.

Is the service caring?

Requires Improvement ●

We found that action had been taken to promote people's dignity.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement ●

We found that action had been taken to improve person centred care.

People had their individual needs met in accordance with their care plans.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to help ensure governance systems were effective.

People, their relatives and staff were positive about the management team.

There were systems in place to ensure the improvements made were sustainable.

The management team were open and honest with people, their relatives and staff about the improvements that needed to be made and in sharing information with the commission.

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.

We undertook an unannounced focused inspection of Benslow Nursing Home on 15 March 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 10 November 2015 inspection had been made. The team inspected the service against four of the five questions we ask about services: is the service safe, is the service caring, is the service responsive and is the service well led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector.

During the inspection we spoke with four people who used the service, one relative, three care staff, the chef, the registered manager and the operations manager. We viewed three people's support plans. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

When we inspected the service on 10 November 2015 we found they were not meeting the standard in regards to protecting people from the risk of abuse. This was in relation to the risk of missed meals, the use of bedrails and safe moving and handling. At this inspection we found that they had addressed the issues and people were being protected against the risk of harm.

People told us they felt safe at the service. One person said, "I'm in good hands here."

People were supported to transfer safely. We observed some moving and handling practice and saw that staff worked in accordance with their training. We also noted that training updates had been provided and this was supported by supervision and competency assessments by the management team. Staff told us they felt better prepared for their role. One staff member said, "I really enjoyed the moving and handling training."

People were assessed for the use of bedrails if they were at risk of falling from bed. These assessments were supported by a plan with actions instructing staff how they should be used. We noted that all bedrails were being used safely. For example, with the use of protective bumpers so to remove the risk of people's limbs being trapped.

People received appropriate support with pressure care management to help maintain their skin integrity. We noted that all air mattresses were set to the correct setting for the person's weight and people received regular repositioning in order to help protect people's pressure areas. However, we did note that one person who should have been sitting on a pressure relieving cushion while in the chair was not and their care plan did not identify the fact that a cushion would be required as an assessment had scored them at high risk of developing a pressure ulcer. We pointed this out to the registered manager who immediately got staff to rectify this and carry out a full check on all people who were at risk to ensure they were using cushions as needed. The registered manager told us that the care plan would be updated to reflect this need. Staff had a good understanding of what effective pressure care was and what the risk factors were for developing a pressure ulcer.

The system in place to ensure people received their meals had been reviewed to help ensure it was robust. Staff told us that this was completed consistently and they were all clear on how to use the system. The chef told us that they had overall responsibility for making sure people received their meals. They said, "The carers [care staff] come in and tell me whose meal they are taking and then they come back after they've had it and initial the chart." They went on to say, "If we find anything left in the hot trolley we find the carers and want an explanation." Care staff told us that the importance of accurate recording had been clearly expressed by the management team and that they adhered to it. We noted that the system was used as described on the day of inspection.

Is the service caring?

Our findings

When we last inspected the service on 10 November 2015, we found that people were not always treated with dignity and there was not a person centred approach. At this inspection we found that the issues had been addressed and there was a much more people first approach in the home.

People told us that staff respected them and they felt their dignity was promoted. One person said, "The staff are splendid." Another person said, "Everyone is nice." We noted that one person enjoyed 'banter' with a particular member of staff. Their relative told us, "[Staff member] is great, just what [they] need."

Staff were much more chatty with people when they popped into bedrooms, carried out room checks and while they delivered care. For example, we heard a staff member who went into a bedroom to give a person their medicines speaking with them about music preferences and a CD they had just bought that the person might enjoy too. This showed that staff were aware of the importance of communication and took advantage of opportunities to chat with people, some of whom were particularly at risk of isolation due to spending long periods of time in their room due to health reasons.

People were coming out of their rooms into communal areas of the home more often. Previously we had found that several people spent long periods of time in their rooms. At this inspection staff told us, and records confirmed, that people were supported and encouraged to come out of their bedrooms more frequently. Staff told us this promoted their welfare and encouraged people to join in with activities.

Staff told us that they had received training following the last inspection which highlighted areas where there were shortfalls. Staff told us they gave more consideration to things like checking people were happy before they left the room, if they needed the light on and actually spending time listening to people. One staff member said, "Communication is everything." They went on to say, "Even if they can't talk to you, you still need to talk to them, reassure them." We saw that everyone was dressed nicely, curtains were open, lights were on and their choice of music or TV programme was playing.

There was a dignity wall displayed which included comments from people about what dignity meant to them. We asked staff about this and they were able to tell us what people had put on the wall which demonstrated that they had listened to what people felt was important. They described to us how they would put what they knew into practice. For example, listening to people and knocking on doors before entering. One staff member said, "It's about seeing the person as an individual and not just seeing the dementia."

Is the service responsive?

Our findings

When we last inspected the service on 10 November 2015, we found that people did not always receive care that met their needs. At this inspection we found that people's individual needs were being met in relation to appropriately managed pressure care, continence care and staff ensuring care was delivered in accordance with people's assessments and plans.

People told us that their needs were met. One person said, "I'm treated well." Staff knew what people's needs were and responded appropriately. We observed staff responding to call bells and offering care when it was needed. Records showed that people received the appropriate support with using the toilet, changing position and getting dressed at the times they needed and suited them.

We heard staff ask if people needed any further support before leaving the room. Staff also considered the more subtle care needs, such as helping people put on their jewellery and applying cream. We heard a staff member ask a person before applying cream, "Would you like a leg massage?" This demonstrated that staff provided care that met people's individual needs and that it was not delivered in a task orientated manner.

Scheduled monthly meetings had been arranged with allocated staff members and those in champion roles such as falls, wound management and nutrition, to discuss the needs of people. These discussions included any changes to people's health or welfare and to help ensure that all appropriate actions were taken, referrals made and care was provided.

Is the service well-led?

Our findings

When we last inspected the service on 10 November 2015, we found that the governance systems in place had not identified and therefore had not addressed the issues we found. At this inspection we found that the governance systems had been developed and the areas where we had previously found breaches of regulation had been addressed.

People remained happy with the running of the service. One person told us, "Give them full marks here." Another person said, "[The registered manager] is excellent, tell her anything and she sorts it."

There had been systems put in place to oversee the quality of the service. These included direct observations of care provision and staff interaction where there were also opportunities for staff to receive feedback on their performance. One staff member said, "[The registered manager] is on our case, what we do now, we do it right." The registered manager told us this helped them to identify any further training or support needs and helped ensure staff were working in accordance with their ethos and the standards. We saw that the registered manager recorded these observation sessions and any action as a result. For example, we saw that an observation carried out by a manager of another service had provided recorded feedback to the registered manager. This resulted in further training being booked for some staff members in relation to the use of slide sheets.

A new electronic care plan system was being introduced and currently being used for some daily notes. When the system was fully operational, the registered manager told us this would alert them to missed care needs and any themes or trends in staff performance or the needs of people. They told us that this would help ensure the robust monitoring of the service.

Staff had received updates to their training and had been given new roles and responsibilities. These included being champions in areas such as falls, nutrition and dementia care. The registered manager told us that they allocated these roles to staff who were invested in the home to sustain good practice and continually improve the service. Staff were clear on what their new roles were and how they would use their new skills and knowledge. One staff member said, "Things have improved since you were last here, a lot. And if something's not right, I'll tell them, I'm more confident." We noted that some training was still ongoing and the registered manager provided us with a calendar of upcoming dates, but staff told us they felt better equipped to carry out their role and uphold the aims of the service.

Following our last inspection meetings had been held with people, their relatives and staff informing them of the outcome and the challenges to be faced. The registered manager had been open and honest which had been welcomed by all involved and as a result, they had given their support. Staff told us that lessons learned had been shared with them and targeted training, specifically addressing many of the issues found at our inspection, had been provided. They told us they had enjoyed this and it had helped them to understand how they needed to improve some areas. One staff member said, "It was good, able to speak freely then we all came up with an action plan about how we are going to make things better." We also saw that during these meetings, champions gave an overview of how things were progressing in their area. For

example, effective pressure care management, dementia care observations, and the nutritional champion spoke about smoothies. Staff told us that they had been disappointed with the last inspection outcome and were committed to driving improvement. One staff member who was also in a champion role said, "I'm going to deliver fifteen minute bullet pointed training while we are on the job to help staff understand it and remember it." We noted that morale had improved and that the staff approach was much more positive. One staff member said, "Things have improved, the atmosphere is better, calmer, and people are getting what they need." This demonstrated a positive change in culture and a revived interest in providing a good standard of care to the people they supported.