

# Benslow Management Company Limited







# Benslow Nursing Home

## Inspection report

Benslow Rise  
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Tel: 01462 459773

Date of inspection visit: 13 May 2015  
Date of publication: 08/06/2015

### Ratings

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

### Overall summary

This inspection was carried out on 13 April 2015 and was unannounced.

Benslow Nursing Home provides accommodation and personal care, which includes nursing care, for up to 35 older people. There was 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.

When we last inspected the service on 20 June 2013 we found them to be meeting the required standards. At this inspection we found that they had not met one of the standards because medicines were not always managed safely. The quantities held in stock of some medicines did not accurately reflect the records that were held.

# Summary of findings

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People living at the service and their relatives said their needs were being met in a way they preferred. Everyone spoke highly of the management and staff team. People were given choice and their dignity was respected.

People told us they felt safe and staff knew how to promote people's safety. They knew what to do if they

were concerned a person was at risk of abuse. Staff were aware of people's individual risk and the manager reviewed accidents and events to minimise further occurrences.

Staff knew people well and responded to them appropriately. Care plans were in place and included people who were living at the service and their relatives where appropriate. These were reviewed monthly.

Some training was overdue. However, staff refresher training was planned for all staff to ensure they continued to have the appropriate knowledge and guidance for their role. Staff felt sufficiently supported.

There were systems in place to assess monitor and improve the quality of the service. People, their relatives and staff were regularly asked for their feedback and which was acted upon.

# Summary of findings

## 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 not always safe.

People's medicines were not always managed safely.

People were supported to ensure their needs were met safely and staff knew how to recognise and report allegations of abuse.

People were supported by staff who had undergone a robust recruitment process.

Requires improvement



### Is the service effective?

The service was effective.

People were supported appropriately in regards to their ability to make decisions and the necessary DoLS applications had been made.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring.

People had their privacy promoted and were treated with kindness and respect.

People and their relatives were encouraged to be involved in the planning and reviewing of their care and staff knew them well.

Good



### Is the service responsive?

The service was responsive.

People who lived at the home and their relatives were confident to raise concerns and had them dealt with appropriately.

People received care that met their individual needs.

The activities in the home were being developed to meet people's specific abilities and interests.

Good



### Is the service well-led?

The service was well led.

There were systems in place to monitor, identify and manage the quality of the service

People who lived at the service, their relatives and staff spoke highly of the manager and the provider.

Good



## Summary of findings

<p>There was an open and empowering culture in the home and staff knew what was expected of them.</p>	
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# 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, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This visit took place on 13 April 2015 and was unannounced. Before our inspection we reviewed

information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with five people who lived at the service, four relatives and visitors, four members of staff, the manager and the regional manager. We received feedback from health and social care professionals. We viewed four people's support plans. We viewed three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

People did not always have their medicines managed safely. We observed a medicines administration round and saw that staff followed safe practice. We also saw that the medication administration records (MAR) included a staff signature list and an explanation about what each medicine was prescribed to treat.

However, we found that there were discrepancies in the quantities in most of the medicines we counted. We checked seven boxes of medicines and out of that five contained the wrong amount of tablets. This meant because some boxes had too many and some less than the records indicated people may not have had their medicines in accordance with the prescriber's instructions. We also found that handwritten entries were not countersigned in line with guidance and bottles of liquid were not dated on opening. This meant that the staff could not ensure an accurate expiry date. When medicines exceed their expiry date it can make them less effective. We also found that in some cases medicines received into the home did not have the quantity properly recorded.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe living at the service. They said they would speak to the staff or the manager if they had any concerns. Relatives also told us that they felt the home kept people safe.

Staff were aware of how to help keep people safe. This included being able to recognise and respond to allegations of abuse appropriately and being aware of people's individual risks. For example, in relation to falls, pressure care and nutrition. Staff were able to tell us about these concerns and how they supported people. For example, frequent room checks, appropriate pressure care and monitoring of a person's condition.

There were systems in place to ensure the safety of the people at the service. these included regular fire drills, equipment safety checks and health and safety audits which action plans where appropriate.

However, we did see that pressure relieving mattresses were not always set to the appropriate setting in accordance with people's weight. The manager and nurse told us they were checked daily but we found the five we checked to be wrong. This was addressed during the inspection and a new system to ensure they were in appropriate and safe working order was implemented immediately.

We saw that the manager reviewed and analysed falls, accidents and incidents to ensure all required action to minimise the risk had been taken. For example, they checked for trends in times, health monitoring and provided additional support where needed.

People told us that they had their needs met in a timely fashion. One person said, "If you need someone they're always there." Relatives also told us that they felt there was sufficient staff to meet people's needs. One relative said, "You might not always see them [staff] straight away but the minute you need someone, they come."

Staff told us that they felt there was enough of them to meet the needs of people who lived at the home. One staff member said, "It's lovely here, there's always enough staff, sometimes you have busy times but people get looked after." They went on to say that they rarely worked short on shifts and absences were normally covered. The manager told us that they monitored staffing levels and regularly checked at peak times to ensure there was enough. They told us that if they ever felt this needed changing, they would amend the staffing numbers to meet enable them to people's needs and the provider supported this. We saw that the shifts were usually covered by staff permanently employed by the service and on occasion, when needed, by agency staff. We also saw that the manager recorded the staffing checks they made at weekends, nights and evenings.

The service followed a robust recruitment procedure to ensure that staff employed had the appropriate knowledge and skills and were fit to carry out their role. This included a thorough interview, references which were verified and a criminal records check.

# Is the service effective?

## Our findings

People who lived at the home and their relatives told us that they felt staff were knowledgeable in their role. We observed staff practice and saw that they worked in accordance with training and guidance. We did note that some of the training was due for renewal. However, the manager and provider had identified this and had arranged for this to be completed by September 2015.

Staff told us, and our inspection confirmed, that they received regular one to one supervision and an annual appraisal. This covered all areas of performance, training needs and discussed the service being provided. Staff told us they felt supported. Staff also told us that they were supported to undertake further education. One staff member told us, "I waited ages before coming here to do my NVQ, straight after starting here [the manager] sorted it for me."

Staff were able to clearly explain their role and how to work safely. This included moving and handling, pressure care awareness and nutrition. They understood their role in relation to the MCA and DoLS. This included how to report concerns to their manager and how to support people at the home.

People were asked for their consent before support tasks were carried out. People told us that staff always asked them first. One person said, "They always ask me what I want." Mental capacity assessments had been completed with people if the manager had considered a person was unable to make their own decisions. If people lacked capacity to make a specific decision, best interest meetings were held and a plan put in place to ensure care was delivered in a way that met the person's individual needs. It was then clearly documented. Staff were aware, that they must continue to offer choice on a daily basis in case of fluctuating capacity.

The manager had applied for DoLS authorisation in regards to the key coded doors and restricted access.. However, the manager explained staff were practising least restrictive options and supporting people to go out with staff.

People were supported to eat and drink sufficient quantities. They told us that the food was good and the staff were always around to assist them. There were many people who required assistance to eat. We saw that this was well organised and meals were staggered to ensure that people had the support they needed in a calm, unrushed manner while their food was still hot. We saw people being supported to drink throughout the inspection and staff were clear about the importance of this. We saw that they recorded each time they gave a person something to eat or drink. Intake was monitored and if there was a change the nurses consulted the GP or dietician. The cook told us that all food was fortified to promote people's health and maintain or increase their weight. The cook and the staff were knowledgeable about people's preferences and dietary needs. However, some further consideration in regards to ensuring people's daily choices were taken clearly was needed as there was a potential for people not to get the food they requested as it was currently dependent on staff member's memory rather than a formal system.

People had access to health and social care professionals when needed. We saw that people were visited by GP's, mental health teams, dieticians and occupational therapists. In addition there chiropodists, opticians and a hairdresser visited regularly. Health care professionals told us that the staff had always been courteous and professional. We were also told that the manager was very knowledgeable and facilitated meetings to share information about people's needs. They also told us that the home always followed their advice and guidance. This helped to ensure that people's health and welfare was appropriately monitored and promoted.

# Is the service caring?

## Our findings

People spoke positively about the staff and the relationships they had. One person said the staff were, "Very nice." Another told us, "It's very pleasant here, a lovely place." Relatives were also positive, not only about the relationships staff had about people living in the home, but also with them. One relative told us, "They keep me well informed, very caring, it's like a real family atmosphere."

We observed that staff knew people well. Where people were not able to verbalise what they needed, staff were able to understand and respond appropriately. For example, we saw staff support a person who wanted a cup of coffee but could not say the words. They were visibly relieved when the staff asked them was it what they were asking for.

Staff were sensitive, friendly and compassionate while supporting people. One person who was going through bereavement told us that they wouldn't have got through it without the staff. People had their privacy and dignity respected. Doors were closed where this was the person's preference and staff spoke to people discreetly while offering support. Staff saw people as individuals which was

an expectation from the manager who was clear on how people should be treated. The manager was passionate about seeing the person as an individual rather than a label they may have been given prior to admission. For example, in relation to their identity being defined by some behaviour they may have previously exhibited.

People and their relatives were involved in planning their care and had expressed their likes, dislikes and preferences which staff were aware of. For example, how a person liked to be shaved or what they liked to watch on television. One relative told us, "They [staff] listen really well." We noted that although staff knew people's preferences, they still checked before giving them support rather than assuming everything remained the same. For example, how many sugars in their tea or where they wanted to sit. Staff told us that people's preferences were communicated through the staff team to ensure they knew what people liked.

People and relatives told us that they had been able to choose how their bedroom looked. One relative showed us the bedroom and said, "[The manager] told us we could do what we wanted as it was [relative's] home, so we did." The room was well personalised and the relatives told us the staff used the information to engage with them.



# Is the service responsive?

## Our findings

People told us that the care and support they received met their individual needs. One person said, “They check on me regularly, offer me a drink.” Relatives told us that when anything changed the nurses and care staff amended care plans and care provision promptly. One person told us that their relative had been admitted with an injury. They told us, “They [the staff] got it healed, I think that speaks volumes, really good nursing care.” Another person told us about their relative’s weight loss and reduced appetite and how this had made them unwell. They went on to say how the manager and the staff team worked really hard. They commented, “[They] eat like a horse [increased appetite] and have gained weight.” Relatives told us that this was due to a combination of staff having worked closely with the person and getting to know them, while also recognising and responding to changing needs.

Staff were given detailed guidance about how to care for people that included information about the person’s care and health needs. We saw that they were reviewed and updated monthly. They included feedback from the person and their relatives where appropriate. Some plans had gaps in life history where family members were yet to fill them out and the person hadn’t been able to. In these cases we saw that staff had recorded what they had learnt about the person while supporting them and how they had responded to particular events and activities provided.

People told us that there were activities provided but they liked to spend time in their room. One person said, “I’m happy here, with my TV and my book.” We saw that many people spent long periods of time in bed due to their complex health needs which limited their ability to participate in activities held in the communal areas. There was an activity board displayed showing a variety of things

for people to do. This included music, quizzes, reading and electronic tablet sessions. Staff told us they enjoyed this time as was time spent getting to know people. We saw one to one activities on the day such as cards and puzzles.

The manager told us that they were currently working with another service of the provider, developing an activity programme. The activity organiser was implementing a programme that was specifically designed to engage people who spent long periods of time in bed and who had complex needs. This plan included various sensory activities such as hand massage. The manager told us that currently most of the people they supported were in this category so large group activities were limited. However, we saw that the activities co-ordinator had also been working with people who were able to get out of bed and their relatives designing and making themed walls. For example, a spring wall and a rock ‘n’ roll wall was work in progress.

People who lived at the home and their relatives told us they knew how to complain but hadn’t needed to. One relative said, “Things that come up don’t really turn into a worry as they are sorted straight away.” We viewed the complaints and minor concerns log. We saw that there had been no complaints since the last inspection and minor concerns, such as missing laundry, were addressed straight away. We saw that any changes or issues were brought up in staff meetings to help ensure that all staff were all aware.

Surveys were sent regularly to people, their relatives, staff and visiting professionals. Feedback received was mostly positive. Where anything had arisen, there was an action recorded showing it had been addressed. For example, a person’s concern about ensuring valuables were secure, the manager met with them and showed them where their secure storage was and how to use it.

# Is the service well-led?

## Our findings

People who lived at the service knew the manager and were positive about them. Relatives also told us they had a good relationship with the manager. One relative said, “[The manager] sets a good example, nothings ever too much trouble.”

Staff told us that the manager was approachable and clear about what their role was. They told us that this was communicated at team meetings, handovers and through on the floor guidance. One staff member said, “It’s very good, they’re [manager and provider] really supportive of the staff.”

There were a number of systems in place to monitor and review the quality of the service. These included audits which covered areas such as care plans, medicines and health and safety. However, we noted that the systems did not identify the problems we identified in relation to the management of medicines or the incorrectly set pressure relieving mattresses. The manager acknowledged that these were areas that needed to be monitored more closely.

We noted that the manager carried out random checks during the evenings, the weekends and during the night. They recorded these checks and what they had looked at which included staffing, people’s comfort and care and also tasting the lunch to ensure it was hot and enjoyable.

Regular resident, relative and staff meetings were held. These discussed any changes to policy or process and learning from past events or concerns. People were invited to comment and they were listened to. Any required action following these meetings was taken. For example, new equipment for indoor sports activities were purchased. Suggestions for the menu were also given to the cook.

The manager was well supported by the provider and regional manager who had regular contact at the service. They also worked closely with another service within the provider’s organisation to share knowledge, experiences and training resources. This helped to ensure an up to date knowledge, a balanced view of the care provided and also ensure any remedial actions were taken.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>The service did not ensure that people's medicines were always safely managed.</b>
Treatment of disease, disorder or injury	