

Stratford Bentley Ltd

# Stratford Bentley Care Centre

## Inspection report

Stratford Bentley Nursing Home  
Saffron Meadow  
Stratford upon Avon  
Warwickshire  
CV37 6GD

Tel: 01789414078

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02 October 2019

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### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Stratford Bentley is a nursing home which provides care to older people including some people who are living with dementia. Stratford Bentley is registered to provide care for up to 30 people. At the time of our inspection there were 21 people living at the home. Stratford Bentley is also registered to provide a personal care service to people living in five individual bungalows situated next to the home. At the time of our visit, no care provision was being provided to people living in the bungalows.

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

People told us they felt safe at Stratford Bentley. Risks were assessed and managed and staff followed information in people's care plans to support people safely. Staff understood their responsibilities to safeguard people and staffing levels enabled them to provide safe and effective care. People received their medicines as prescribed and staff understood the principles of infection control. When things went wrong, lessons were learned and shared with staff.

People's physical, mental and social care needs were assessed before they moved to the home. Staff told us they received training relevant to their role and felt they had the skills needed to meet people's assessed needs. People had access to healthcare professionals and were supported to eat and drink enough and maintain a balanced diet. 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 told us staff and managers were very caring and ensured everyone was accepted and treated as an individual. The atmosphere in the service was warm, friendly and welcoming to everyone. Staff treated people with dignity and we saw staff maintained people's privacy when supporting them.

People had individual plans of care which included information about their preferences and preferred routines. Staff knew people well and supported them to communicate their choices and decisions. People were offered opportunities for meaningful occupation and there were items of interest to engage people throughout the home. People's end of life was managed carefully and thoughtfully.

A new management team demonstrated a good understanding of their managerial responsibilities to ensure people received, safe, effective care. People and their relatives gave positive feedback about the service and felt comfortable raising concerns knowing they would be dealt with. However, the provider had no system to formally check and audit that the policies and procedures for the management of the home were being adhered to. This meant some areas where improvements could be made had not always been identified in a timely way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at the last inspection

The last rating for this service was Good (published 27 April 2017).

#### Why we inspected

This was a planned inspection based on the rating of the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Stratford Bentley Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 is also registered to provide personal care to people living in their own houses and flats. However, there were no care packages in place at the time of our inspection, so we did not look at this aspect of the service.

The service had a manager who was applying to become registered with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local

authority and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services.

The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all the information to plan our inspection visit.

During the inspection

We spoke with seven people and seven relatives. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with the manager, the deputy manager, two team leaders, two members of care staff, the chef, the activities co-ordinator and a director of the provider company. We also spoke with a visiting healthcare professional.

We reviewed a range of records. These included a review of three people's care plans, five medication records, daily checks and food and drink records. We also looked at records relating to the management of the home and two recruitment files.

After the inspection

We spoke with a fire protection officer.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained as 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. One person told us, "I feel safe here. There is always someone around which makes me feel secure."
- Staff and managers understood their responsibilities to protect people from abuse or discrimination and how to escalate any concerns for people's safety and well-being. One staff member told us, "If I see something that is not right I have to speak up, such as a person being neglected or if someone is being hurt." Another said, "My role is to try and prevent harm. I would report it straight to the nurse or the manager. If they didn't listen, I would also contact safeguarding."
- The manager understood their responsibilities in reporting specific incidents to us, commissioners and the local authority.

Assessing risk, safety monitoring and management

- Risks were assessed and managed and staff followed information in people's care plans to support people safely. For example, where people were at risk of developing sore skin, staff kept them safe by regularly repositioning them. One relative told us, "[Name] is cared for in bed and she has that good care, she has never had a bed sore."
- The provider had recently updated their call bell system. Each person had a call pendant they could use to summon assistance wherever they were in the home.
- A centrally held emergency plan informed the emergency services of the support each person would need to evacuate the premises safely.

Staffing and recruitment

- Overall, people and relatives told us there were enough staff to meet their needs safely and respond to their requests for assistance. However, some people said they had to wait longer for assistance at night. One person told us, "Staff are very quick and attentive" and another said, "There are enough staff. There is sometimes a problem at night as there are fewer, but not very often." A relative confirmed, "When [Name] presses their buzzer, they might have to wait a few minutes if staff are dealing with someone else at the time, but it doesn't appear there has ever been any undue delay."
- Staff told us staffing levels enabled them to provide safe and effective care. One staff member told us, "I never feel like I am rushing, and we have time to chat with people. There are always the right numbers of staff, if someone is sick they (the manager) will use agency staff."
- During our inspection visit we saw people's needs were met in a timely way. People could have their care at the time they wanted, and staff were available in the lounge and dining room, so they could respond promptly to requests for support.
- There were processes to ensure staff were recruited safely to the home. Staff recruitment files showed

Disclosure and Barring Service (DBS) checks and written reference checks were obtained. However, whilst the manager assured us any gaps in employment history were explored during the interview process, this had not always been formally recorded.

#### Using medicines safely

- People had their prescribed medicines available to them. One person told us, "They bring my medication each morning at the same time, they never miss it. That is very well organised."
- Staff who gave people their medicines were trained nurses and had received training in how to administer medicines safely. Newly recruited nurses had their competency assessed to ensure they followed good practice when giving people their medicines.
- Some medicines needed to be checked and countersigned by a second member of staff before they were given. When only one nurse was in the home, this was done by a member of care staff who had not received training in safe medicines practice. We discussed this with the provider. They told us they would review their policy and ensure appropriate training and support was implemented.

#### Preventing and controlling infection

- The service was clean throughout and there were no unpleasant odours. People were happy with the levels of cleanliness in the home.
- Staff wore personal protective equipment when necessary, such as gloves and aprons, and understood the principles of infection control. One person told us, "When they help with my bed wash they all wear gloves and they always put on aprons and gloves whenever they do anything."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and information showed actions had been taken to address any injuries.
- The manager analysed accidents and incidents to identify if there was any action needed to prevent them happening again. Any learning identified was put in place for individual people that required a change to their care plans. Where concerns were identified regarding staff practice, this was shared with staff.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- People's needs continued to be assessed before admission to the home. Assessments were used to assess risks, develop care plans and ensure people's individual needs could be met.
- The assessments included all aspects of people's physical, mental and social care needs.
- People and their families were invited to participate in the assessment process and contribute their ideas to enable staff to provide effective care.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge to support them. One person commented, "The staff have a lot of skills and it seems to be constant training. They all know what they are doing."
- New staff received an induction and worked alongside experienced staff, so they could get to know people and understand their role.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they received training relevant to their role and felt they had the skills needed to meet people's care and support needs.
- However, we found staff would benefit from more in-depth training to help them develop their skills further in areas such as diabetes and catheter care. We discussed this with the new manager who agreed these were areas for further development, so staff were better equipped to effectively meet people's needs. They told us improvements in training were part of their future plans.
- The new manager was open and told us staff had not always had regular formal opportunities to discuss their working practice. This was being addressed at the time of our inspection visit and staff told us they felt supported by their managers.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough and maintain a balanced diet.
- Kitchen staff kept a record of each person's dietary requirements and where people required a specialist diet, for example, when a person required foods of a softer texture due to swallowing difficulties, these were prepared separately. For those people at risk of losing weight, the chef understood how to add extra calories to food.
- Most people told us they enjoyed the food on offer. People were asked for their lunch time choices the day before but, offered alternatives if they changed their mind when they sat down to eat. One person told us, "The food is very good actually. The chef asked if there was anything I specifically didn't like or that I

particularly liked but hadn't seen on the menu yet." Two people told us they had mentioned foods they had enjoyed in the past, and these had later been added to the menu. A relative confirmed, "If the food they have ordered isn't what they feel like, staff will go away and make something for them they feel like eating."

- People were encouraged to remain hydrated. People in their bedrooms had jugs of water or juice to hand and were regularly offered hot drinks. One person told us, "There are very regular rounds with tea and coffee amongst other things, and they don't mind if you want it in a mug or small cup."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to healthcare professionals such as opticians, dentists and the chiropodist to maintain their health and wellbeing.
- People's oral health had been assessed and staff understood the importance of promoting good oral hygiene.
- Staff received a high level of support from the GP practice which most people were registered with. The GP visited every week and was available for daily telephone support when needed.
- A healthcare professional spoke positively about the care provided at Stratford Bentley and explained, "They are good at working out whether people need to be seen or whether it is just part of an ongoing chronic condition. We have set up systems that work, it is all about communication."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's needs were assessed in line with the MCA and Deprivation of Liberty applications made as required.
- Staff supported people to make as many of their own decisions as possible. One staff member explained, "We encourage people to make decisions. We never insist people do things. We just softly encourage people. We always offer a choice of clothes for example."
- Throughout our inspection visit we saw staff offering people choice and seeking their consent. One person told us, "It is my choice to be in bed. I stay in bed when I feel like it. I do what I want, and the staff allow me to make these decisions." Another said, "I can get up when I want and go to bed when I want. I have a lot of freedom."

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

- People had their own rooms, which they could personalise to their tastes to promote their individuality.
- People had space to socialise with others, receive visitors, eat in comfort, participate in activities or spend time alone if they wished to.
- People had access to gardens and seating areas where they could enjoy the benefits of being outside.

# 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.

At the last inspection this key question was rated as Good. At this inspection the rating continued to be Good. This meant people were consistently supported or treated with dignity and respect and involved as partners in their care.

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

- Everyone we spoke with told us Stratford Bentley staff and managers were very caring and ensured everyone was accepted and treated as an individual.
- The atmosphere in the home was warm, friendly and welcoming to everyone. Throughout the day we saw family and friends being welcomed into the home and encouraged to spend time with people where they wished to.
- Relatives particularly valued the attitude of staff. One relative told us, "They are always smiling and always there when people need them. People want to see a smiling confident member of staff coming towards them and that is what they get here." Another relative commented, "I think the care is excellent because everybody has got a wonderful attitude, nothing seems to be too much trouble for the staff, everything we have asked for has been provided."
- We saw staff demonstrate warmth and kindness towards people. Where people required tactile reassurance, this was given. For example, we saw a person respond positively to a gentle touch of the arm and staff always bent down so they were speaking with people at eye level.
- Staff were caring about people's emotional wellbeing. A relative explained their family member had been emotionally low when they moved to the home and said, "We brought [Name] here and within a week he had the colour back in his face and he was smiling." Another relative said, "When staff come in to the room, [Name] is very withdrawn, but her face brightens up. She smiles, and they sing with her. It is just amazing."
- There was information in people's care plans about their background and history, so staff could get to know people. One staff member told us how they used this information to build relationships with people. They explained, "The residents are amazing with incredible stories and it is really a privilege getting to know them. Some of them have got amazing life stories. Reminiscence is one of the things they really enjoy, and it helps me to connect with them. It is difficult to connect with someone if you don't know anything about them."
- Staff gave us examples of how they provided support to meet the diverse needs of people including those related to disability, faith and lifestyle choices.

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

- People made decisions about their daily lives and care, were listened to and supported. Staff understood the importance of people's wishes and choices being respected.
- Care plans contained information about how to involve people in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated people with dignity, and we saw staff maintained people's privacy when supporting them. One person told us when providing personal care, "They (staff) shut the door and draw the curtains." Another said, "I have help with the toilet and the staff don't make me feel uncomfortable or anything like that."
- People were encouraged to be independent where this was possible. Care plans detailed what level of support each person needed and what aspects of their care they could complete themselves.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question had remained 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

- People's needs were assessed, and they had individual plans of care which included information about their preferences and preferred routines.
- At the front of the supplementary files in people's rooms, was a snap shot of their primary needs and what was important to them. This ensured all staff, especially any new staff, had immediate access to important information that would enable them to respond appropriately to each person's individual needs.
- Most people told us staff knew them well and were positive about how responsive staff were to their needs.

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

- During our visit we saw people being offered a range of activities to engage in. These included activities that encouraged physical movement, mental stimulation and social engagement.
- Activities were inclusive. One person could not join in a game of skittles as they were very frail. The activities co-ordinator positioned the person, so they could watch the game and continually included them in the activity, encouraging them to clap and to hold a ball in their hand.
- People were offered opportunities for meaningful occupation based on their previous interests and hobbies. For example, cookery, flower arranging and painting. One relative told us, "There is enough for [Name] to do here. She used to love flower arranging and they (staff) do that with her."
- The environment was interesting with lots of objects to engage and interest people, such as daily newspapers, magazines, books, CDs and board games.
- Some people were either cared for in bed or chose to remain in their bedroom for most of the day. The activities co-ordinator visited those people and spent time reading or chatting with them to ensure they did not become socially isolated. One relative told us, "The lady who runs the activities, she would run any activity [Name] would want, but he is not that sort of person. She goes in and chats to him which he loves."

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.

- People's sensory needs were assessed and recorded in their care plans. This included what equipment they needed to enhance their ability to communicate. For example, whether they needed spectacles to read

or hearing aids, so they could better understand what was being said to them.

- Where a need was identified, staff considered different ways of supporting people to communicate and monitored their non-verbal responses and reactions. In recent feedback a relative had recorded, "Staff take the trouble to write things down for [Name] when she finds that easier than listening."

Improving care quality in response to complaints or concerns

- The provider had a complaints process which was available to people and visitors to the home. The process signposted people to other organisations if they felt any complaints had not been responded to appropriately.
- People and relatives told us they felt comfortable raising any concerns and these would be dealt with.
- There had been three complaints in the 12 months prior to our visit. These had related to housekeeping or dietary issues and had been responded to in writing in accordance with the provider's complaints policy.

End of life care and support

- People's end of life treatment was managed carefully and thoughtfully. The new manager was introducing more detailed advanced care plans to ensure people's views on how they wanted to spend their final days was respected.
- Clinical staff ensured people had all the anticipatory medicines they needed so they were pain free and comfortable.
- A relative whose family member had recently received end of life care at the home told us, "[Name] was very comfortable, and their care was wonderful here." This was confirmed by a healthcare professional who said, "I think that is a really important part of good care and I think it is being well managed here."

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Equipment and areas of the home had not always been risk assessed to ensure they kept people safe. For example, risks around window restrictors, maintaining heated surface covers and freestanding wardrobes in people's bedrooms.
- The manager told us the provider visited the home regularly to ensure people were receiving high standards of care. However, the provider had no system to formally check and audit that the policies and procedures for the management of the home were being adhered to. For example, the home fire risk assessment prepared in February 2019 contained many inaccuracies which meant it was not suitable or sufficient. There was no evidence that the electrical installation had been maintained in a safe condition and checked within the recommended five-year interval by a competent person.
- We identified several concerns relating to documentation. One person's capacity assessment in June 2019 deemed they had capacity to make their own decisions. However, an entry in their records indicated that in August 2019 a healthcare professional had assessed the person as not having capacity. There was no paper work to support this assessment and the person's care records had not been reviewed. This person had bed rails in place which had been risk assessed in December 2018. This person's health had changed since that time, but the risk assessment had not been reviewed to ensure bed rails remained safe and appropriate.
- Staff had not always received the support they needed because they had not been offered regular opportunities to meet with the registered manager to discuss their training.
- There had been recent changes to the management of the home. The previous manager had been registered manager of both Stratford Bentley and another large nursing home within the provider group. The provider acknowledged this responsibility had impacted on the ability of the registered manager to maintain effective oversight of both services.
- The provider had recruited a new manager to lead Stratford Bentley. The new manager had been in post for two months and was in the process of registering with us.
- The new manager had already identified areas that needed to be improved and begun to implement those improvements. For example, they had introduced communication care plans for people, guidelines for medicines that should only be given 'as and when' required, checks of pressure relieving equipment, a staff training matrix and supervisions for staff.
- The new manager was supported by a new deputy manager. Both managers worked well together and demonstrated a good understanding of their managerial responsibilities to ensure people received safe and effective care.

- The rating from the provider's last inspection was displayed, as required, within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke extremely positively about a service that focussed on people as individuals and achieved the best outcomes for them. Comments included: "It is lovely, it is very nice and very friendly" and, "[Name] gets really good care and it is a really good atmosphere. I have other family members in homes, and of all the homes, this is the best one." In feedback one relative had recently written, "I can't praise the Bentley highly enough. The gardens are beautiful, the building is clean and bright and attractive, and it is always well staffed. The staff themselves are kind, thoughtful and highly professional."
- Staff shared a commitment to provide a service that was person-centred and supported people to live meaningful lives. One staff member commented, "I really like this job. Helping people is a privilege."
- The provider had a programme of refurbishment planned to further improve outcomes for people. This included improved access to outdoor spaces.

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: Learning lessons when things go wrong

- The management team were open and honest and understood their responsibility to meet the duty of candour. They understood the requirement to report significant events to the Care Quality Commission when necessary.
- Records showed incidents were discussed with staff, so adjustments could be made to their practice if a need was identified.
- Where areas for improvement were identified, the provider took action. For example, they planned to instruct an external consultant to address the deficiencies in the current fire risk assessment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives gave positive feedback about the service. They felt comfortable approaching managers and staff and discussing things that were important to them. One person told us, "I have no concerns at all. If I did I would talk to the manager. The manager would listen I am sure of it."
- Staff, resident and relative meetings had not been happening regularly. However, this was being addressed by the new manager to ensure everyone had opportunities to share their views and opinions.
- Staff felt listened to and valued by the provider and management team, both professionally and personally.

Working in partnership with others

- Staff worked in partnership with people's families and health and social care professionals in promoting people's physical and mental health.
- Volunteers were welcomed into the home to engage people in activities that were meaningful to them. A local drama group had recently visited the home to speak with people. They had turned the memories people shared into a play which people and their families had enjoyed.
- The provider was working with the local fire service to ensure recommendations following a recent fire safety check of the premises were implemented effectively.