

Benridge Care Homes Limited

# Benridge Residential Care Home

## Inspection report

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Date of inspection visit:  
21 March 2022

Date of publication:  
01 April 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Benridge Residential Care Home is a residential care home providing personal care to up to 27 people. The service provides support to older people, including those living with dementia. At the time of our inspection there were 20 people using the service.

The home is located in a Victorian dwelling and accommodation is over three floors. Facilities include two lounges, a dining area and an enclosed rear garden.

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

People living at the home benefitted from a service that was safe and well-led.

The service embedded a proactive approach to assessing and mitigating risks to people to help maintain people's safety. There was an open culture of learning from incidents, accidents and other relevant events. Adequate systems were in place to ensure the environment was sufficiently clean and well maintained. The service had undergone some refurbishment work since our last inspection. People received their medicines as prescribed and by staff who were trained and competent.

Staffing levels were sufficient to ensure people received the care and support they needed in a timely way. People received care that was person centred and based on their individual needs and preferences.

Clear and effective governance processes to monitor and improve the quality and safety of the service were in place. Processes were used to help drive improvement in the quality of care, which was underpinned by a commitment to deliver care and support tailored to the person.

The provider involved people, their relatives and staff in a meaningful way. People's views were listened to and acted upon, meaning they had a direct say in the running of the home.

The registered manager acted in accordance with their legal and regulatory requirements and shared information in an open, honest and timely manner.

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 last inspection and update

The last rating for this service was requires improvement (report published 8 July 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 7, 9, 14 and 21 April 2021. Breaches of legal requirements in safe care and treatment and good governance were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Benridge Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Benridge Residential Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Benridge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Benridge Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission who was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. The service employed a care manager who assisted the provider with the day to day running of the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We undertook a physical inspection of the service. We spoke with three people living at the service, and five members of staff including the registered provider, the care manager, the deputy manager, the compliance officer and the activity co-ordinator.

We looked at records in relation to people who used the service including three care plans and multiple medication records. We also observed the delivery of care and support throughout the day. We looked at records relating to recruitment, staff rotas and systems for monitoring the quality of the service provided.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at environmental and quality assurance records. We also spoke with three relatives to help us understand their experience of the care and support their loved one received.

# 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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained guidance for staff to follow to keep people safe.
- At the last inspection we found that safety concerns within the environment had not always been addressed in a timely way. We checked that the required improvements to the environment had been made and found they had. This included refurbishment work to some bathrooms and the laundry room.
- At the last inspection we found the analysis of incidents was not always effective and there were missed opportunities to identify patterns and trends, meaning incidents often reoccurred. At this inspection, we found there was adequate overview of accident and incidents meaning that it was possible to highlight any trends and take the required action to minimise the risk of recurrence.
- People and relatives told us they felt safe with the care provided by staff and the environment in which they lived. Comments from people included, "Oh yes, I certainly feel safe here" and "It's safe and secure, it's as good as home." A relative confirmed, "My mind is at rest, [Name] is definitely safe and well taken care of."

Preventing and controlling infection

At the last inspection, we found inappropriate management of infection control put people at risk of infection. This was a breach of Regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, a communal bathroom was found to be unclean. At this inspection we found that some bathrooms had been refurbished and bathrooms and toilets appeared clean and well maintained.
- At the last inspection we found cleaning records had not been completed for several days and did not demonstrate that areas such as toilets and bathrooms had been sufficiently cleaned. At this inspection, we

looked at housekeeper daily checklists and audits and found that up to date records were maintained in relation to cleaning schedules. The general environment was clean and free from odours.

- At the last inspection we found the home did not always ensure best practice guidance in relation COVID-19 was followed. At this inspection, we found staff were trained in safe infection prevention and control measures and understood their role and responsibilities for maintaining high levels of hygiene in the service.

### Staffing and recruitment

At the last inspection we recommended the provider had reviewed their contingency plan for critical staff shortages. At this inspection, we found the provider had made improvements.

- The provider had demonstrated innovation by recruiting staff from overseas to help combat the challenges of a national care staff shortage. There were enough staff to meet people's needs and ensure they received support in a timely way. We observed people engaged in meaningful activities and there was a joyous and calm atmosphere in the home. People talked about the service as being a 'home away from home.'
- Staff told us there were enough staff to meet people's needs and described the staff team as one which worked well together.
- Staff were safely recruited. Required checks had been made to ensure fit and proper people were employed. Staff told us they felt the induction process equipped them with the necessary skills and knowledge to perform their role.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and processes in place to help ensure people were protected from the risk of abuse and avoidable harm.
- Staff had received training in how to recognise abuse and knew what action to take to keep people safe. Staff were guided by an appropriate safeguarding policy. One staff member told us, "I wouldn't hesitate to report any concerns, we are very open here."

### Using medicines safely

- People received their medicines as prescribed by staff who were trained and competent to do so. Medicines administration records (MAR) were used to record all medicines administered. Daily stock counts were completed to help reduce the risk of any medicine errors.
- For people who were prescribed PRN medicines (medicines to be given 'as required'), guidance for staff on how and when to safely administer these medicines was available, meaning people were administered this medication when they genuinely required it. A relative told us, "I was kept up to date with [Name's] change of medication, it's helped improve their quality of life."

# 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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, we found systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, systems in place to monitor the quality and safety of the service were not always effective and safety and quality audits were not regularly completed, meaning opportunities to improve safety and quality were missed.
- At this inspection we found the registered provider had clear and effective governance and accountability processes in place to help identify and manage risks to the quality of the service. Where any areas had been identified for improvement, action plans were put into place. The care manager understood the responsibility of their role and told us they felt supported by the provider.
- We checked that records relating to essential safety checks were kept up to date and found that they had, to help ensure compliance with legal requirements and help maintain a safe environment.
- Risks to people were identified and assessed, such as risks from falls and skin integrity. Some risk assessments required further detail to help staff manage the risk. However, the registered provider had already identified this and was in the process of transferring all paper care plans to electronic format, to help ensure care plans were kept accurate and up to date.
- The provider notified CQC appropriately in line with their regulatory requirements. Statutory notifications are certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. This meant CQC was able to undertake its monitoring function effectively.
- The provider demonstrated innovation and a commitment to continuous and sustained improvement and had invested in an electronic auditing system which was bespoke to the service, meaning care and support could be better moulded to peoples' individual needs.

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

- People, relatives and staff told us the service was well-led. The provider was committed to the delivery of

high-quality person-centred care which was underpinned by its core values of honesty, compassion and respect. One person told us, "I am well treated here, I couldn't wish to be looked after by better staff."

- Managers were available and were directly involved in the care and support of people. The deputy manager told us, "It works really well, staff have a direct point of access if they need support or have any queries." Staff told us they felt supported by the management team.
- Relatives spoke positively about their loved one's care and support outcomes. Comments included, "Staff have always been so lovely, that is why I chose this home for [Name]," "Staff are welcoming, co-operative and kind", and "[Name] is very well looked after, I have no concerns about that."

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

- The service involved people and their relatives in a meaningful way. People were encouraged to give their views. Minutes of resident meetings demonstrated that people's views and opinions were acted on which helped to shape the service to further reflect people's needs and preferences.
- The management team promoted a positive culture. The views and opinions of staff were actively sought. Staff told us they felt able to provide their opinions and that they were listened to.

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; Working in partnership with others

- The provider was transparent and open with key external organisations.
- The service was collaborative and worked in partnership with relevant external agencies to support care provision and achieve the best outcomes for people.