

Benslow Management Company Limited

Highbury Rise

Inspection report

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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?

Good 

Overall summary

This inspection was carried out on 20 October 2015 and was unannounced.

Highbury Rise provides accommodation and personal care for up to 23 older people, some of who live with dementia. There were 21 people living at the service on the day of our inspection. 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 2 April 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

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

Summary of findings

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. One had been authorised. The manager and staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People received care that met their individual needs and were positive about the staff who supported them. There was varied menu available and people were given assistance to eat and drink where needed.

There was an activities plan which took into account people's hobbies, interests and life histories and plenty of opportunity to go out for the day and into the community. People's feedback was sought and complaints were responded to appropriately. Lessons learned were shared through the staff team.

People, staff and professionals were positive about the leadership in the home. There were systems in place to monitor the service and address any shortfalls. There was an open and inclusive atmosphere in the home and people came first.

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 safe.

People felt safe and staff knew how to keep people safe.

There were sufficient staff to meet people's needs.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were appropriately trained and supervised.

People were supported to make their own decisions but assessments were completed appropriately in accordance with the MCA 2005.

There was a varied diet and people were supported to eat and drink.

People had regular access to health and social care professionals

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect.

Staff were kind and caring.

People's privacy was respected.

Good



Is the service responsive?

The service was responsive.

People received care that met their individual needs.

There was a variety of activities that promoted hobbies, interests and life histories.

People's feedback was sought and acted upon.

Good



Is the service well-led?

The service was well led.

People were positive about the leadership in the home.

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

There was an open and inclusive atmosphere.

Good



Highbury Rise

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.

This visit took place on 20 October 2015 and was carried out by one inspector. The visit 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. We also received a Provider Information return (PIR) which sets out how the service was meeting the standards.

During the inspection we spoke with five people who lived at the service, one relative, four members of staff and the registered manager. We received feedback from health and social care professionals. We viewed three people's support plans and 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 told us they felt safe. One person said, “They help me and my [relative] doesn’t need to worry now.” We saw that information was displayed around the home on how to recognise and report abuse. Staff had a good understanding of what abuse might look like and how they should respond. The manager told us, “I hang around outside doors, checking everything is being done as it should be.” We noted that any concerns had been reported to the CQC appropriately.

People had individual risk assessments completed and these were reviewed monthly. Staff knew about people’s assessed risks and supported them appropriately. One staff member said, “We support people so the risks don’t limit their lives.” The manager monitored accidents and incidents to ensure all appropriate actions to reduce the risk of a reoccurrence had been taken. For example, purchasing new footwear or a referral to the falls clinic.

There were sufficient numbers of staff available to meet people’s needs safely and in a timely manner. People told us that they got what they needed when they needed it. We saw that requests for help were responded to promptly and staff worked in an unrushed way.

Staff employed had undergone a thorough interview process, received two written and verified references, had criminal records checks completed and the manager had obtained proof of identity. However, we found that applications did not include full employment history. This was an area that required improvement. We noted that during the inspection the manager had passed this information to the regional manager who then commenced the updating of the application forms to ensure they covered full history.

People received their medicines in accordance with the prescriber’s instructions. Medicine administration records were clear and handwritten entries were countersigned. Bottles and boxes were dated when opening and there were regular audits completed. However, we noted that there were two signatures missing for medicines that may have been administered and there were no care plans for medicines that were prescribed on an as needed basis. While we note that staff knew people well, guidance in relation to why and when a person might need their medicines was needed and this was an area that required improvement. However, we were shown a new form which was developed to address this gap on the day of inspection and was to be implemented the following day.

Is the service effective?

Our findings

People were supported by staff who received appropriate training and regular supervision. Training include key areas such as safeguarding people from the risk of abuse, moving and handling and dementia care but in addition staff were encouraged to become champions of a subject they were interested in. For example, falls, health care and infection control. They were encouraged to feedback updates to staff during meetings. Staff were positive about the training they received and how supportive the manager and provider were in relation to developing them in areas that were not mandatory. For example, supporting one staff member to achieve their goal of becoming a trainer. Staff also told us that in addition to one to one supervisions with the manager, they were able to pop in to discuss anything they needed to as 'the door was always open'. Records supported that regular supervision had occurred.

People had their mental capacity assessed as appropriate. However, staff told us that an assessment stating people were unable to make some decisions, did not mean they were unable to make day to day decisions and they should always be involved. One staff member told us, "You must give people choice and time to understand the question." People told us, and we saw through our observations, that they were encouraged to make decisions about how they spent their day. For example, what to eat, what to wear and if they wanted to join in with an activity. We also saw that external advocates were involved to support people with decision making where needed.

People told us they enjoyed their food and there was plenty of choice. We saw that the cook went round to everyone prior to each meal to find out what people wanted to eat. The menu sheet included preferences and dietary requirements to ensure people received the appropriate foods. Staff supported people who needed assistance to eat and drink in a calm and dignified manner. We heard staff telling people what was on each spoonful before they put it to their mouth. A person requested a slice of bread with their meal and this was immediately got for them. People's weights were monitored and where there had been concerns this had been referred to the appropriate health care professionals. However, the weights we viewed had all remained stable.

There was regular access to health and social care professionals. There was a weekly visit from the GP and we saw a list of people who wanted to see them or medicine reviews due and queries to be resolved. This helped to ensure that people's health care needs were addressed regularly. There was also regular involvement with the district nurse who the manager told us they had worked closely with to improve the health of a person who moved into the service for a short break. As a result the person felt so much better, they chose to stay at the service. We spoke with a visiting health care professional who was positive about the service, the staff team's knowledge and the care they provided to people.

Is the service caring?

Our findings

People were treated with dignity and respect. All interactions observed were positive and showed respect for people as individuals. One person said, “You can really talk to them [staff].” We saw when staff needed to support a person to go to the toilet, they asked them discreetly and when they needed to repeat themselves to be heard or understood, they were patient. Staff adapted their approach, tone and language to make it appropriate for the person they were supporting. For example, one person was sleepy so they were slow and quiet, others were very chatty and outspoken so we saw that they enjoyed joking and laughter with staff. This demonstrated that staff knew people well.

People told us they were involved in planning and deciding their care. Preferences and life histories were included in

care plans and gave the reader a sense of the person. Relatives were also involved where this was appropriate and either they or the person had signed in agreement of the plans.

Staff spoke about how they knew people and they told us that the most effective way to get to know someone was to sit and talk with them. As a result people were supported to develop and maintain friendships with other people who lived at the home who had similar interests. Maintaining relationships with family and friends outside of the home was also seen as priority and this was encouraged through including visitors in events at the home.

Privacy was promoted. Staff knocked on doors prior to entering a room and ensured people were supported to dress appropriately. Records were held securely to ensure they were not accessible to those not permitted to have access.

Is the service responsive?

Our findings

People told us that they received care that met their needs. One person said, “We are treated very well.” Another person told us, “Very good in here, they really are, you don’t go short of anything.”

The manager and staff knew people well and were able to describe individual needs and preferences to us. We observed people being supported in a way that met their needs and which was recorded in their care plans. Care plans were written in a way that gave staff clear guidance on how to support people. Plans were written with the person, or their family, involved and were person centred. For example, one person was noted to like to eat on their own to avoid them becoming anxious. Other examples of care being delivered in accordance with people’s needs and plans included the support they received with mobility, communication styles and support to participate in activities.

People who lived at the home and the staff were very positive about the activities organiser. They told us they were innovative, organised and kept them informed of what was coming up. For example, birthdays and events. There was a monthly newsletter to help keep people up to date. Activities which were provided were varied and promoted people’s hobbies, interests and life history. For example, one person who had a previous role in childcare was supported to go to a local parent and toddler group. We also saw that a person who had ties to a local area was taken to an event in that town for their birthday. There were several days out enjoyed and these catered for all interests. We saw that there was a pictorial activities board displayed which showed what was coming up that week. These included quizzes, gardening, reminiscence and coffee mornings.

On the day of our inspection we saw people reminiscing through photographs and postcards, a group of people going out for wheelchair dancing and pets as therapy (PAT) dogs visiting the home. We were told that the PAT dogs belonged to a relative of a person who lived at Highbury Rise and so they worked with them to get the dogs registered. The dogs were well received in the home and several people were engaged with the visit. Some people who lived at the home had recently gone on holiday with staff. It was such a success they were planning another holiday next year. The home received a compliment from another guest who was staying at the holiday park praising staff for the care, attention they showed and the relationships they had with the people they supported.

The provider and manager sought people’s feedback through meetings and surveys. We saw that they had recently participated in an external provider’s quality assurance survey which obtained the views of people who lived at the home, their relatives, visiting professionals and staff. Results were very positive but where some comments had been made on how to improve the home, an action plan had been developed and implemented. For example, to assess staff knowledge in relation to MCA and to ensure everyone was aware of the manager’s open door policy. We saw that these actions had been completed through meetings, letters and supervision.

There was a log of any complaints and the status of each one. There were currently none outstanding. Appropriate actions were recorded in addition to any lessons learned. For example, to ensure all relatives were informed of the possibility of being asked to accompany a person to hospital was communicated at the time of admission to the home. Complaints were audited monthly to ensure that all actions had been taken.

Is the service well-led?

Our findings

There were systems in place to monitor any shortfalls in the home and address these issues promptly. These audits included medicines, care plans, health and safety, staff supervision and complaints. Where needed, actions were given to the relevant people with a timeline to complete it. For example, actions for any gaps in care plans were given to a senior staff member to address. This was then checked to ensure it had been done.

The regional manager and provider also completed regular visits and checks. Part of these visits was to speak with people, relatives and staff to ensure there were no issues. We saw that the regional manager carried out their own audits and actions were given to the manager to complete. They then checked the manager had completed these actions at the next visit.

People were positive about the leadership in the home. One person told us, "It's wonderful in here, I wish I'd come in sooner." They told us they knew the manager well and they were responsive to any requests. One person said, "You want anything you ask [The manager] and [they] go and get it for you." Staff were also positive about the leadership in the home and told us they would be confident to speak with the manager, regional manager and the provider if they had any concerns.

The manager and staff told us there was an open and inclusive atmosphere at the home and this was done by being able to speak freely and listen to ideas. Staff felt they were involved in the running of the home and the manager listened and was approachable. We noted that the manager was supporting people during the inspection with various needs and directing staff where needed if a task needed completing. One person told us, "[The manager] is always popping in."

There was a new deputy manager at the home who had settled in well and already knew people's needs. The manager was positive about the transition and was confident that they shared the manager's view on putting people first. A health care professional was also positive about the deputy manager and particularly so as they were quite new to the home. The senior care staff also knew their role well and shared the views of the manager and this was evident in our observations of how they conducted themselves. They acted responsibly and set an example for all other staff. Staff followed their lead and this meant for a person centred environment where people were able to enjoy a homely and well run service.