

Benoni Nursing Home Limited

Benoni Nursing Home Limited

Inspection report

12 Carrallack Terrace
St Just
Penzance
Cornwall
TR19 7LW

Tel: 01736788433

Website: www.careincornwall.co.uk

Date of inspection visit:
01 October 2019

Date of publication:
15 October 2019

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 ●

Summary of findings

Overall summary

About the service:

Benoni provides accommodation with nursing and personal care for up to 25 people. There were 22 predominantly older people using the service at the time of our inspection.

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

Medicine systems and processes were in place. People received their medicines safely and as prescribed. People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. These were correctly set for the person using them.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. Two nurses were on duty each day supported by six care workers. One nurse and two care workers were on duty at night.

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. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records.

People told us, "Staff are good at what they do, they encourage you to get well and are proactive on your behalf with health care professionals," "There is nowhere better. I feel comfortable and peaceful and that's what I want" and "The staff are very caring".

Relatives told us, "I can't fault the place. They provide good care for [Person's name] and they do a good job. I visit most weeks and they are always very chatty and offer me tea and even a meal if I want it," and "I give the home 'full marks'. The staff are very good, I visit twice a week and as a family we are very pleased Mum is getting the care she needs".

Staff had received appropriate training and support to enable them to carry out their roles safely.

The food provided by the service was enjoyed by people. However, meals were not a social event. People were provided with their drinks and food at the seat in which they sat for most of the day. We have made a recommendation about this in the Effective section of this report.

There were activities provided for people. People's views on activities were mixed. Activities were not always relevant and meaningful to all the people living at the service. We have made a recommendation about this in the Responsive section of this report.

People received care and support that was individual to their needs and wishes. Care plans were regularly reviewed and updated and were an accurate reflection of people's needs and wishes.

Risk assessments provided staff with sufficient guidance and direction to provide person-centred care and

support.

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service.

We observed many kind and caring interactions between staff and people. Staff spent time chatting with people as they moved around the service.

A complaints process and procedure was available to people. The manager told us there were no on-going complaints at the time of this inspection.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Rating at last inspection and update:

At the last inspection the service was rated as requires improvement (report published 3 October 2018) and we issued requirement notices and imposed a condition on the providers registration of the service which required the service to report to CQC each month on areas of concern identified at that inspection. 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 regulation. Conditions applied after the previous inspection in October 2018 were met.

Why we inspected: This inspection was carried out to ensure improvements required at the last inspection had been made.

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 well-led.
Details are in our well-led findings below.

Good ●

Benoni Nursing Home Limited

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 checked 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:

This inspection was carried out by one inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Benoni is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We reviewed the monthly reports sent to us under the requirement of the condition placed upon the registration of Benoni following the last inspection. We also reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with six people who used the service, four relatives, six staff members, the administrator, the registered manager and the provider. We reviewed the care records for three people and medication records for all the people who used the service. We reviewed records of accidents, incidents, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Benoni. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. After the inspection we looked at staff training data and spoke with two relatives.

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 good.

This meant people were safe and protected from avoidable harm

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

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Appropriate safeguarding concerns had been shared by the service with the local authority safeguarding unit.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- People told us they felt safe and well cared for.
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified, assessed monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff spent time with people helping them with tasks. Two nurses were on duty each day supported by six care workers. One nurse and two care workers were on duty at night.
- People told us staff responded quickly to them when they called. People had access to call bells to summon assistance when needed. Comments included, "They [staff] come as quickly as they can, it is no problem" and "They have fixed my bell here (indicating to a clip on the blanket covering the person) to ensure I can always reach it."
- There were no staff vacancies at the time of this inspection. Agency staff was being used to cover sickness absence.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work,

such as criminal record checks and references.

Using medicines safely

- Medicine systems and processes were in place. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- Regular audits had been carried out by the registered manager. Some issues with the delivery of ordered medicines had been identified. The registered manager was due to meet with the local GP and pharmacy to discuss how this could be improved.
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service. All medicines were counted at each medicine round to help ensure an accurate balance was held.

Preventing and controlling infection

- The service appeared clean and was free from malodours.
- Robust infection control audit processes were in place at the time of this inspection.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Areas of concern found at the last inspection had been effectively addressed and improvements were noted at this inspection.
- Issues raised by people or their families had been listened to and addressed. For example, some responses to the recent quality assurance survey raised issues about the activities provided. The provider was in the process of advertising for a new activities co-ordinator to improve the range of activities provided.

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 requires improvement. At this inspection this key question has now changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure there was good understanding and a clear process to manage the Deprivation of Liberty safeguards and the Mental Capacity Act. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action and was no longer in breach of Regulation 11.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- There were processes for managing MCA and DoLS information and there were accurate records held of which people had DoLS authorisations.
- There were two authorisations in place at the time of this inspection, any conditions were being supported and recorded.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- People told us staff always asked for their consent before commencing any care tasks. Staff comments included, "You treat people as you would wish to be treated yourself, we always ask people before we do anything" and "Some people choose to not do what we consider to be the best for them. That is their right. Some smoke or refuse care, it is their right. We just have to encourage, record and report."
- Records were held showing which people, living at the service, had appointed Lasting Power of Attorney (LPA's). This was clearly recorded in people's care plans. Families were given the opportunity to be involved in people's care plan reviews.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed people's needs had been robustly assessed and planned for. Clear guidance and direction was provided for staff on how to meet those needs.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Staff told us, "We get lots of training. [Registered manager] does some training for us, it is very good, because it is relevant to us" and "We are reminded when we need to do training."
- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided. Comments included, "Staff are good at what they do, they encourage you to get well and are proactive on your behalf with health care professionals."
- Staff were given opportunities to discuss their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held regularly, and staff told us they felt able to speak and be heard. One member of staff told us, "I really like working here. The care and nursing staff are friendly, I feel supported by the whole team and I love working with the residents".

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a choice of food and drink. Our SOFI observations evidenced many people sitting in the same seat throughout the inspection, having all their drinks and food brought to them. There were dining tables in a small lounge area, one table was used by two people. Meals were not a social occasion. Meals were eaten by people in silence, with the TV playing in the background. People were not all served their meals together. Some finished their food before others had their meals provided. We recommend the service take advice and guidance from a reputable source regarding the improvement of the mealtime experience for people.
- Staff recorded some people's food and drink intake, where concerns had been identified. These records were totalled daily to ensure amounts taken were monitored.
- Families were invited to stay and join people for meals at the service. One relative told us, "They [Staff] are lovely, whenever I arrive they greet me so warmly and offer me tea. I can even eat with [Person's name] if I want to, they are very kind."
- People told us they enjoyed the food provided. People told us, "The food is brilliant" and "The food is excellent, the chef has a good reputation."
- Some people required support with their meals and staff were available to provide this assistance.

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

- People were encouraged to attend regular health appointments, including the GP, dental examinations and vision checks.
- Multi-disciplinary notes were seen in people's care plans. Some people saw specialist nurses and social workers as required.

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

- Requests to move rooms had been acted upon for several people. One person told us "My room is lovely, I have moved to a room that is closer to the lift and corridor".
- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.

- People had their names displayed on their door to help them identify their own rooms. There was little pictorial signage on the toilets/bathrooms. This did not assist people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside in the nice weather.
- As bedrooms became vacant they were redecorated and updated. The communal areas required re-decoration. There was a programme of renovation and redecoration of the service in progress.

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 this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- We observed many kind and caring interactions between people and staff. For example, staff regularly checking with people that they were comfortable or if they wished to move to another area or back to their rooms.
- Without exception people told us they felt the service provided good care. People told us, "The staff are lovely, I have been made very welcome" and "There is nowhere better. I feel comfortable and peaceful and that's what I want".
- Relatives told us "The staff are really good and are providing [Person's name] with all they need" and "They [staff] are really caring" and kind" and "I give the home 'full marks'. The staff are very good, I visit twice a week and as a family we are very pleased Mum is getting the care she needs".
- Staff had been provided with training to help ensure people's rights were protected at the service.

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

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the nurses or the registered manager.
- Care plans did not clearly indicate that people had been involved in their own care plan reviews. The registered manager assured us people and their families were provided with the opportunity to be involved with care plan reviews if they wished.
- The registered manager told us people's views had been sought about their choice of décor when rooms were re-decorated and there had been discussions with people, around the use of a lounge/dining area. However, people we spoke with were not able to recall having their views sought about this.

Respecting and promoting people's privacy, dignity and independence

- Care staff were person-centred in their interactions with people. They knew people well and held relevant conversations with people throughout the inspection visit.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress. One relative told us, "I can't fault them, they keep me up to date whenever it is needed. I can speak with the nurses or the manager if I need to."
- People told us they felt respected. We observed staff respecting people's wishes. For example, one person

declined to be re-positioned or to eat a meal provided. Staff accepted the person's right to choose, recorded the person's wishes and highlighted any concerns appropriately.

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 has 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

- Staff had a good understanding of people's individual needs and provided personalised care.
- Care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Some people required regular re-positioning by care staff while being cared for in bed. This was provided and recorded appropriately.
- Daily notes reflected the care and support people had received. Details of how the person spent their day were also recorded.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them.

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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

- Activities were provided for people. Games and crafts were available. Some external entertainers visited the service. However, these activities were not always person-centred, relevant and meaningful to everyone. Some people chose to spend their day in their rooms/beds. There was little evidence of activities provided for people on a one to one basis. There was no evidence that people were involved in the planning of activities.

Views from people about activities were mixed. Comments included, "Staff take me out for a trip around to the shops or the pub" and "I like a smoke, the staff assist me to go outside each day with other residents and enjoy the outside space," "I don't do much. I sit around" and "I have not been out for months."

We recommend that the service take advice and guidance from a reputable source regarding the provision of appropriate, person-centred and relevant activities for people living at Benoni.

- Visitors were encouraged at any time. Comments included, "I visit regularly, and the staff are always lovely

and friendly. They chat to me about [Person's name] and how they have been."

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- We were told there were no formal complaints in process.
- Many positive comments had been received by the service. For example, "Mum has consistently received the best care possible in all her time at Benoni," "I am consulted and contacted about issues arising from the care of my mother" and "The staff are kind and considerate."

End of life care and support

- The staff provided good quality end of life care to people. The registered manager was passionate about providing the best end of life care and was striving to have Benoni accredited with the Gold Standard Framework for end of life care. This meant the service was hoping to achieve best practice in this area.
- Care plans however, did not always show that people, or if appropriate their families, had been asked for their views and wishes about how they wished to be cared for at the end of their lives. We were assured this would be addressed.
- Staff were not always encouraging people to think about and discuss what they would like to happen at this stage of their lives. Where people were not ready or willing to take part in these conversations this was not recorded.

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there were robust processes in place to manage the Mental Capacity Act legislation, notifications to CQC of Deprivation of Liberty Safeguards (DoLS) authorisations in place, catheter care and dressing changes. Recommendations made in the past two inspection reports had not been actioned. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A condition was added to the registration of Benoni following this inspection. This required the provider to send reports to CQC each month regarding areas of record keeping that was a concern. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The service had reported monthly as required by the condition imposed on its registration following the last inspection. These reports showed improved governance arrangements had been put in place. This condition has now been met.
- The registered manager had worked hard to improve the service provided to people at Benoni. They ensured they had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- Residents and family meetings had been held to share information with people and seek their views of the service provided.

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

- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur. Regular reflective practice was encouraged by the registered manager to help the nurses and care workers to learn from past experiences.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by the provider who spoke daily and visited regularly each week.

- The provider had a defined organisational management structure and there was regular oversight and input from them.
- Staff were very positive about the management of the service. They told us they felt valued and were well supported.
- The registered manager was very familiar with people's needs and preferences and worked alongside the care staff when necessary.
- Detailed audits of many aspects of the service were taking place including infection control, care plans, health and safety and medicines administration. These audits had been used to make improvements to the service.
- The ratings and report from our previous inspection were displayed in the entrance.

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

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Communication between people, staff and families was good. A newsletter was sent out to people and their families to share information about the service. However, this did not take place on a regular basis as the last one was in March 2019. People we spoke with did not recall being asked for their views or attending any meetings.
- A survey had been sent out to people, families and staff. The responses were mostly positive. Where comments had been made these had been considered and action taken to address them. Staff responded, "You are doing the best you can, keep it up" and "I love my job and I am very happy here, it is really improving." One relative responded, "Mum is happy and well cared for."
- Care plans contained little about people's life histories. The registered manager, who had been in post for less than a year, was striving to improve these person-centred details held in all care plans. They told us, "There is still more work to be done but we are getting there."

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

- People were protected by effective quality assurance arrangements. Systems to ensure clear oversight of the service at all times were robust.
- Staff told us they were well supported, clear on their roles and responsibilities and could approach the registered manager at any time for support and guidance if needed.

Continuous learning and improving care

- The registered manager and the provider had been effective in improving the service provided to people at Benoni.
 - Regular management meetings were held by the registered manager, provider and nurses to support shared learning and share information about the organisation.
 - The registered manager had worked very long hours over many months working alongside the care staff to understand them, the people living at the service and what needed to improve. They told us they were recruiting a deputy manager. This was to help ensure they had time set aside for necessary managerial duties.

Working in partnership with others

- The service communicated with commissioners and DoLS teams appropriately about people's care.
- Records clearly demonstrated where external health and social care professionals had been involved in

people's care and support. One person told us, "My physio comes to the home". Relatives comments included, "I feel the home has supported my brother and the family by taking him to his hospital visits. They [staff] are helping to build his confidence."