

Harbour Healthcare Ltd

# Bentley Manor

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bentley Manor is a residential care home providing regulated activities of accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury. The service provides support to older people, people living with dementia, people with mental health needs and people with a physical disability. At the time of our inspection there were 73 people using the service. The service can support up to 80 people. Bentley Manor accommodates people in one adapted building set out over 2 floors.

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

People living at the service told us there were enough staff to meet their needs and this was observed during the inspection. However, we received mixed feedback from staff on the staffing levels in one area of the service. The registered manager reviewed the staffing levels in this area during the inspection and deployed an additional staff member permanently.

Medicines were managed safely and risks relating to people and the environment were assessed and monitored. The service appeared clean and infection prevention and control measures were in place to keep people safe. Staff understood the importance of safeguarding, and people told us they thought the service was safe.

People's needs and choices were assessed and recorded clearly in their care plans. People received care and support inline with their changing needs and were able to exercise choice in their daily lives. People's consumption of food and fluids were recorded where appropriate, and people spoke positively of the food offered. Staff completed a range of mandatory training and training specific to the needs of the people they supported. Staff supported people alongside external health professionals to ensure their needs were met.

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 and their relatives praised the staff approach to providing care and support. Staff felt valued and listened to by the management team and were confident in raising concerns should they need to. Auditing and quality monitoring was effective and there were a range of meetings taking place which evidenced the involvement of staff, people and their relatives. The provider evidenced good partnership working and continuous learning and improving care.

### Rating at last inspection

The last rating for this service was good (published 10 September 2018).

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

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of accidents and incidents. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Bentley Manor 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?**

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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Bentley Manor

## 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 undertaken by 2 inspectors, a nurse 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

Bentley Manor 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. Bentley Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 January 2024 and ended on 12 February 2024. We visited the location's office/service on 23 and 24 January 2024.

#### What we did before the inspection

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to 7 people and 7 of their relatives about the care provided. We spoke to 13 members of staff including the registered manager, deputy manager, nurses, unit managers, senior carers and care assistants.

We reviewed 6 people's care and medicines records. We reviewed 3 staff files in relation to recruitment. 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. We reviewed a range of records relating to the management of the service including audits, staff training, safeguarding records, management of accidents and incidents and staffing levels.

# Is the service safe?

## Our findings

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

At our 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.

### Staffing and recruitment

- The registered manager completed a dependency tool which was reviewed frequently, so the number of care staff could be adjusted to reflect people's needs. However, some staff members told us they felt there was not enough staff in one area of the home. The registered manager took immediate action to review and rectify this by deploying an additional carer.
- People residing in other areas of the home told us there were enough staff to support them safely and their needs were met in a timely way, and this was observed during the inspection. They said, "Staff come quickly and there are enough staff to keep people comfortable. If I press the buzzer they are here before I know it" and, "I think there is enough staff and if I press the buzzer they come quickly."
- Staff were recruited to the service safely. All relevant checks had been undertaken including obtaining a full employment history, references and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People spoke highly of the staff approach to providing care and support. They said, "They [Staff] are all good, very kind and nice to everyone", "They [Staff] can't do enough for me" and, "I can't fault them [Staff]." All of the relatives we spoke with praised the staff team. They said, "They [Staff] are very approachable, always nice and always helpful" and, "The staff are very caring and very understanding. They are approachable and will sit and talk with you. They are very good and patient with my relative."

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

- There were systems and process to safeguard people from the risk of abuse. There was a safeguarding and whistleblowing policy, and staff were able to identify the potential signs and indicators of abuse. A staff member told us, "If there's abuse, people might feel cold towards carers or be aggressive. They might not want to talk, move around or eat or drink."
- Staff understood the concept of whistleblowing well and felt confident in raising concerns should they need to. A staff member told us, "It's when you would tell someone higher up than the manager of concerns, or even the CQC."
- The registered manager ensured referrals were made to the local authority for safeguarding incidents. These were audited monthly to ensure lessons learned were completed, and actions and recommendations from the local authority and CQC were implemented.
- People told us they felt the service was safe. They said, "Yes, I am safe, and I feel that because of the staff. They are so very friendly, and they were very kind to me when I came to live here" and, "Yes, I feel safe. There is always someone around and checking on me and at night as well." A relative told us, "[Person] is very safe and is looked after 24 hours a day."

### Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed and monitored to ensure people were safe. Where people had health conditions, these had been risk assessed and control measures put in place to ensure staff could support them safely. When people's needs changed, their risk assessments were reviewed and updated promptly.
- Accidents, incidents and falls were recorded in detail, including actions taken to prevent future incidents from occurring. Actions and lessons learned were cascaded to all staff members through handovers and meetings. Where people were at risk from pressure ulcers or weight loss, the provider ensured their documentation was updated and additional monitoring put in place to keep them safe. People told us, "I feel safe here because they [Staff] make sure I don't fall anymore" and, "The staff know what they are doing and remind me to use my frame."
- The management team conducted unannounced spot checks of the service during the night to ensure staff were delivering care appropriately. Other competency checks were completed including observing staff performing safe moving and handling of people and staff delivering personal care to people.
- The manager and maintenance team ensured robust health and safety checks were completed. This included checks of the home utilities and safety of people's bedrooms and communal areas. There was a fire risk assessment and staff undertook monthly evacuation drills. People had emergency plans in place to guide staff on how to evacuate them safely in the event of an emergency.

### Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Medicines were stored securely and records relating to medicines such as medicines administration records (MARs) were completed accurately on an electronic eMAR system.
- Controlled drugs were stored safely, and daily stock counts were completed in full. The controlled drugs register was completed accurately, and controlled drugs were audited daily. Where people had 'as and when' required medicines, there were detailed protocols to guide staff on how and when to administer them.
- Staff completed medicines administration training and a subsequent assessment of their competency to administer medicines safely.
- People told us they received support from staff with their medicines where required and people's medicines were reviewed frequently. A relative told us, "Medical assistance is given when needed." A person told us, "I get my medicines as needed. They are never left around."

### Preventing and controlling infection

- The home was bright, clean and airy and domestic staff completed detailed cleaning regimens on a daily and monthly basis, to ensure people were protected from the risk of infection.
- The registered manager completed a monthly infection prevention and control audit, and compliance was consistently high over recent months. Staff had access to a plentiful supply of personal protective equipment (PPE) and we observed staff using PPE correctly for different episodes of care during the inspection.
- The inhouse trainer conducted hand hygiene audits for staff as well as checks of their uniform and appearance to ensure they practiced safe and effective infection prevention and control.
- People and their relatives commented on the cleanliness of the home. They said, "It is spotlessly clean" and, "It's so clean."

### Visiting in care homes

- The home was working in accordance with the most recent government guidance to ensure people could receive visitation frequently. A relative told us, "You are never worried about coming in or ever feel that



you're not welcome."

#### Learning lessons when things go wrong

- The registered manager understood the importance of completing a lessons learned process when things go wrong.
- A lessons learned process was completed following falls, accidents and incidents and safeguarding referrals. Actions from this process were clearly recorded and communicated through staff meetings and supervisions to ensure people knew how to prevent things from going wrong in the future.

# 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 our last inspection we rated this key question good. The rating for 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

- The provider completed an assessment of people's needs and choices before they started using the service. This information was used to develop care plans and risk assessments which outlined people's needs and choices. Where people had individual health needs, risk assessments and control measures were put in place to ensure staff knew how to support people safely. Where people's needs had changed, supporting documentation was updated promptly to ensure people received effective care.
- People's care plans were person centred and contained detailed information on their needs and choices. This included a summary of their support needs and what is important to them, their likes and dislikes, and preferences in relation to food, fluids and activities.
- People told us they were able to exercise choice in their daily lives and staff respected their decisions. They said, "Yes, I can choose what to do and there is bingo and things. I can choose to have a lie in," "I can choose what to do and I am asked" and, "They [Staff] give me the choice."
- Relatives told us their loved one's needs were met and staff understood the needs of people well. They said, "It's good quality care, I can't fault them [Staff]" and, "They [Staff] know my relative well, they can see to all their needs."

Staff support: induction, training, skills and experience

- Staff received an induction before starting work and were able to spend time 'shadowing' experienced staff, so they could learn about people's needs and preferences before providing support.
- Staff completed a range of mandatory training and training specific to the needs of people at the service. Training compliance was very high, and staff were able to articulate what training they had received and how they put this into practice effectively. Training was refreshed and completed in a timely way.
- Staff received regular supervision and an annual appraisal from the management team. This enabled staff to develop within their role. A staff member told us, "We have supervisions frequently. We talk about our training, if we need any development, if we have any problems, and they [Management] give us some good feedback."
- All of the staff we spoke with felt supported by the management team. They said, "The registered manager is a good manager, they will support you and try and help with anything" and, "[Registered manager] is great. They're very easy to talk to, they don't make you feel like you can't talk about anything. They're very fair with everyone."

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

- People were supported to eat and drink enough to maintain a balanced diet. People's care plans outlined their needs and preferences in relation to food and fluids clearly. Where people were at risk of malnutrition,

their food and fluid intake was recorded and monitored to ensure they remained healthy.

- People's weights were recorded frequently based on their needs. Where people had lost weight, their diet was modified or supplemented to ensure they were supported in maintaining a healthy weight. A person told us, "There is lots of food, in fact I am putting weight on as a result."
- People spoke positively about the food they were offered. They said, "The food is good. They [Staff] come and ask what I want. It is good food" and, "The food is nice and if it wasn't, they [staff] would get me something else."
- Staff knew about the people who required support at mealtimes and told us how they provided this. Food preferences, allergies and intolerances were documented and respected.

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

- Assessments and care plans included people's health care needs and referrals to other healthcare professionals were made where necessary. Where people had received a visit from a healthcare professional, this was clearly recorded including the outcome of the visit and any amendments to people's care.
- Nurses and care staff had good knowledge of people's current healthcare needs and knew how to support them to achieve good outcomes. Where people's needs had changed, their care had been amended promptly and effectively.
- People's oral healthcare needs were met, and care records reflected this. Staff had received training in oral health and care plans guided staff on how to support people in this area.
- The provider used evidenced based tools and screening to identify where people were at risk from changing health needs, such as the development of pressure ulcers or malnutrition. Where this had happened, referrals to healthcare professionals were made promptly and people's care was amended to reflect their needs.

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

- The service was bright, clean and airy. People were able to decorate their bedrooms as they wished, which included pictures, items and décor of their choosing.
- The provider supported people living with dementia to understand and navigate their environment more effectively. This included the use of signage, colour coded bedroom doors, photographs, a dementia 'bus stop' and colour coded bathroom equipment.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider ensured people received care and support in line with the principles of the MCA. Staff received training on the MCA and had a good understanding of the MCA. Staff knew who had a DoLS in place and what this meant for their care and support.
- The management team ensured people were supported to undertake mental capacity assessments to determine if they could understand decisions relating to their care. Where people had capacity, they had signed consent forms agreeing to their care. Where people were deemed not to have capacity, a DoLS application was submitted to the local authority. The provider ensured best interests' decisions were made where appropriate.
- Where people had a condition on their DoLS, such as needing regular input from a health professional, we saw evidence this was being met.
- During the inspection, we observed staff obtaining consent from people before providing care or support. Everyone we spoke to confirmed staff respected their decisions and always asked for their consent.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager worked to instil a positive culture within the home. Relatives told us they felt positive about the culture and were confident in raising concerns should they need to. They said, "It's so friendly, so good. [Relative] is well looked after, it means we can go on holiday and not be worried. It's given us our life back" and, "We would complain if we had concerns, but we have never had to."
- People told us they enjoyed living at the service and commented on the positive culture. They said, "It is a happy place, and the staff support people really kindly. It's fantastic", "It is happy. The more I stay here the more I find out. Everyone is happy" and, "It is a nice place. Compared to other places it is very nice and the staff are nice."
- Staff spoke positively of the management team who were described as "Helpful", "Understanding" and, "Approachable." Staff told us they felt supported, valued and listened to by the management team. They said, "I feel whenever I've had any problems, I can speak to them [Management] and they're really helpful" and, "Managers are always around, there's an open door if there are any issues. I wouldn't say anyone feels they can't go to management. They are very friendly. They do come and see what's going on around the service."
- People told us they were confident in raising concerns should they need to and felt they would be valued and listened to. They said, "Staff and managers listen. They don't dismiss and we discuss it" and, "Both managers listen to anything that I say."

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

- The provider completed a range of audits to ensure quality monitoring was robust and effective. This included monthly checks of safeguarding referrals, management of medicines and infection prevention control. This was further supported by audits of health and safety, people's dining experiences and ensuring the environment is dementia friendly.
- The audits evidenced a high rate of compliance. Where issues or shortfalls were identified, action plans were constructed with outcomes recorded to ensure continuous development and improvement. The registered manager had clear oversight over accidents and incidents, complaints and staff training.
- The manager was supported by a leadership team, who provided oversight of the home and the manager's practice through regular visitation and auditing.

- The registered manager understood the concept of the duty of candour and had submitted statutory notifications to the CQC for all notifiable events.

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

- People and their relatives were actively engaged in the running of the service. Relatives signed into the service electronically when visiting and had the opportunity to provide feedback through a digital system when signing out. They also received regular satisfaction surveys so they could provide feedback on the service they received.
- Resident meetings were taking place every 3 months, which allowed people who lived at the service to be engaged in providing constructive feedback on the service they received. Relatives were invited to a separate meeting every 3 months so their voices could be heard, and feedback obtained.
- There was a range of staff meetings taking place at the service. This included managers meetings, nurses' meetings, unit managers meetings, daily stand-up meetings and meetings for the whole staff team. Records evidenced clear discussions and actions taken to drive improvement and development. The management team had recently introduced a clinical risk meeting every 2 weeks, to ensure people received responsive care in relation to their changing needs.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood the importance of continuous learning and improving care. Outcomes from audits, meetings and reviews of people's care evidenced people's care and experience within the service was improving over time. There was a development plan in place which outlined key improvements to be made in the near future.
- The provider worked closely with the local GP who completed a weekly visit to the home and had close links to local pharmacies. The service had access to a 'community rapid response' service, so they could obtain additional clinical advice promptly.
- People's care records evidenced the involvement of healthcare professionals such as GP's, tissue viability nurses, occupational therapists, social workers and speech and language therapists.