Signature of Hertford (Operations) Limited

Bentley House

Inspection report

Bentley House
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Tel: 01992515600

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Bentley House is registered to provide accommodation, nursing and personal care to a maximum of 90 people. At the time of the inspection 44 people were using the service.

This inspection took place on 18 July 2016. This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has experience of the type of services provided by Bentley House.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

We previously inspected Bentley House on 18, 26 February 2016 and on 07 March 2016 where we found breaches of regulations 09,12,13,14,17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009. This was because people were not supported by sufficient numbers of suitably trained and skilled staff, people's nutritional and care needs were not met or monitored and responded to safely, and where staff identified concerns management did not respond to keep people safe. We also found that people were not treated in a dignified manner, people's care records were out of date and staff were not aware of people's needs and governance systems were not robust to allow management to sufficiently review, monitor and respond to identified concerns. At this inspection we found the provider had made significant improvements in areas relating to safe care and treatment, staffing levels, supporting staff, treating people with dignity, and communicating with people and relatives. However we also found improvements were still required in ensuring the service was well led, and records relating to people's care were accurate.

People were supported by sufficient numbers of staff who responded to people when they required assistance. Staff we spoke with were knowledgeable in relation to keeping people safe from harm and reporting incidents to management, however these were not always investigated and responded to quickly. Staff we spoke with were aware of people's current needs, and where people required equipment such as pressure equipment or mobility aids these were in place. People's medicines were not managed safely throughout and we found an incident where one person had not received their medicines as prescribed.

Staff felt supported by the manager who enabled them to carry out their role effectively. Staff had received training relevant to their role which included providing training to agency staff members. People's nutritional needs were met and their food and fluid intake and weight were monitored. People were able to choose what they ate from a varied menu, and significant work had been undertaken by the catering team to improve people's meals and monitor their nutrition. People had access to a range of health professionals

and were referred when needed.

Staff spoke with people in a kind, patient and friendly way and respected peoples dignity. People felt listened to and told us they felt they could shape their own care to reflect their own personalised choices.

Improvements with communication meant that complaints and concerns were responded to, and staff and people or their relatives were provided a regular forum to raise their views. This was attended by management and senior management from the provider.

Governance systems in place and a lack of sufficient recording meant the home continued to be not well led. Audits, care records and monitoring of the home had not identified some of the concerns addressed at this inspection sufficiently to mitigate further risks to people's welfare through a lack of management oversight. People were positive about the management team and told us significant improvements had been made with communication across the home from the management. The manager continued to fail to notify CQC of events they are required to report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe living at Bentley House and staff were aware of how to identify and report any suspicion of abuse.

People's needs were responded to when they required assistance by sufficient numbers of staff.

Incidents continued to not be sufficiently responded to and were not always promptly investigated to keep people safe.

People's medicines were not always given to people when prescribed, and incidents relating to medicines management were not always addressed.

Is the service effective?

Good

The service was effective.

People were cared for by a staff team who felt supported. People felt that the staff were adequately trained to provide care to people.

Staff had all undergone retraining in key areas since our last inspection and had all received their induction.

People's consent was sought prior to care being delivered, and the requirements of the Mental Capacity Act 2005 had been followed although not always accurately recorded. People were no longer unlawfully restrained or deprived of their liberty.

People were supported to eat and drink sufficient amounts and people's weights were monitored.

People were supported by and had regular access to a range of healthcare professionals for a range of various health needs.

Is the service caring?

Good

The service was caring.

People told us communication had significantly improved and were always listened to and could shape their own care.

People's personal preferences, interests and wishes were documented, and staff were aware of how to meet these.

People received care from staff they obviously knew well and felt comfortable with that was delivered in a sensitive manner.

Is the service responsive?

Good

The service was responsive.

People's individual social needs were supported and there was a wealth of activity that people could engage with, including gender specific groups.

Peoples identified needs were responded to in a timely manner, by staff who knew their current needs, however not always documented.

People felt their views were listened to by management and that they were able to influence theirs or their relatives care.

People were aware of how to make a complaint, and complaints were generally dealt with expediently.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were not effective in assessing and reviewing the quality of care people received or mitigating identified risks to people's safety and welfare.

Records relating to peoples care were not always accurately maintained and updated as peoples needs changed.

People felt the management team had made significant improvements in the manner they communicated with people, and were more visible around the home.

Notifications of significant incidents had not been made since the last inspection.

Bentley House

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 made the necessary improvements and was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The inspection was carried out on the 18 July2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of the type of services provided by Bentley House.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about
important events which the provider is required to send us. We reviewed a copy of the action plan that was submitted to us after the inspection, and also sought feedback from professionals within the local authorities safeguarding and continuing healthcare teams.

We carried out observations in communal lounges and dining rooms and 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 their complex health needs.

During the inspection we spoke with 21 people who lived at the home, seven relatives, three regular members of care staff, two agency staff, two nurses, the deputy manager, three unit managers, the registered manager and a representative of the provider. We looked at care records relating to 10 people together with other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found that the service was not safe. The provider failed to ensure they had sufficient numbers of staff deployed and managed to meet people`s needs safely at all times. People had suffered harm due to poor assessment and review of their care needs and staff had not responded when people required assistance. People had experienced poor care particularly in relation to their end of life and nutritional needs and their medicines were not managed safely. Incidents that related to peoples safety and welfare had not been thoroughly reported, investigated and responded to.

At this inspection we found that although there had been improvements made in many areas, however there continued to be improvements required in relation to medicines management and incident reporting.

At our previous inspection we found people medicines did not follow best practice guidance when medicines were opened as staff did not always record dates on boxes and reconcile medicines regularly. We found gaps in the MAR records and discrepancy with the remaining stocks held.

We checked the medicine records for six people living at Bentley House. We saw from these that the medication administration record (MAR) was not always completed when giving people variable doses of medicine. For example, where in one person's record it noted for staff to give one or two tablets, they had not noted the number given when administered. This meant that it would be difficult for staff to audit people's medicines accurately in the event of an error. We also found that an agency nurse had signed the MAR to indicate they had given a person a days' worth of medication that included medicines to manage diabetes and blood pressure, however when we checked the stocks the medicines remained. This meant the person had not been given their prescribed dose. We brought this to the registered managers attention, who when investigating the incident found that the matter had not been reported. This is an area that requires improvement.

At our previous inspection we found that people's care needs were not assessed thoroughly or reviewed when their needs changed to mitigate the risks of unsafe care being provided. However at this inspection we found that improvements had been made in some areas.

Risks associated with people`s daily living were recognised and responded to when they occurred and staff demonstrated to us their knowledge on how to effectively manage these risks. For example, staff were aware of people who were at risk of skin breakdown and were able to tell us how they encouraged them to drink plenty of fluids, the creams and emollients they used and how they positioned them to prevent the development of pressure ulcers. Where specialist equipment was required to support peoples need this was in place and correctly maintained. People at risk of falls, or who were at risk of weight loss had been reassessed subsequent to our inspection and a care plan was in place.

However the risk assessments in the care plans were not updated when people`s needs changed. This presented a potential risk that the instructions and guidance for staff in how to mitigate risks were out of date. For example, one person had been identified being at risk of developing pressure ulcers at the end of

May 2016. Staff had involved their GP when they noticed the person`s skin was red. They followed instructions from the GP and turned the person regularly when they were in bed. However there were no further records to detail if the person`s skin was intact, broken down or reddened further since that day. Risk assessments had been completed prior to the issue regarding their skin being red. We saw a second example where one person had regularly acted aggressively towards other people or relatives. The risk assessment had been completed and identified this person's behavioural needs, however, had not been further updated to reflect the additional incidents or to review the frequency. In both cases however, staff were able to tell us succinctly how they supported both people, and their knowledge was current and relevant to people's needs. However, with a high usage of agency staff, the lack of a current risk assessment means that temporary staff may equip themselves with out of date guidance or practise.

At our previous inspection people gave us mixed views about whether they felt safe living at Bentley House. At this inspection we found improvements had been made and people told us they felt safe and trusted the staff working at the home. One person said, "I feel very safe. Staff are nice and I trust them." Another person told us, "I do feel safe. I know the staff and they know me." One person's relative told us, "It has improved beyond recognition, we are like a team working together for them [People] and if feels very safe and homely now." A second person's relative, who was less positive at our previous inspection now told us, "I am very happy with the arrangements for [Person] we now get the continuity [Person] needs and all the carers are very dedicated. I also feel [Person] is now really being 'cared for' rather than just having a standard service delivered."

Staff we spoke with knew the signs and indications that could suggest abuse and how to raise any concerns. One staff member told us, "We are caring for very vulnerable people. I have no hesitation in reporting any concerns to management." A second staff member said, "I wrap them in cotton wool so if I see anything at all I am straight to my manager." Information about safeguarding procedures and contact details from relevant safeguarding authorities were visibly displayed around the home, and staff were aware of where they could report their concerns outside of Bentley House. We spoke to some of the same relatives that we did at the last inspection, who all told us they felt the safety of people had improved. One relative who had previously raised concerns relating to safety told us, "Things are getting better; I'm a lot more comfortable now in raising concerns." This meant that the provider took appropriate steps to help ensure people were protected from harm or any potential abuse.

At our previous inspection we found there were insufficient numbers of staff deployed to respond to peoples changing care needs. At this inspection we found improvements had been made. Staff told us there had been a consistency in the booking of agency staff which gave continuity and people received better care. However staff also told us that on occasions when the nursing staff worked on the unit, they were from the agency and had not worked on the unit previously. This had led to slight delays in meeting people`s needs because staff were required to familiarise them with people`s nursing needs which meant that people had to wait for staff on occasion to take them out or for personal care. One member of staff told us, "Generally is okay. The agency nurses are pretty regular. When we have a new nurse then is harder because we have to give guidance and support to the nurse and we can't always take people out or offer personal care exactly when they want." Another member of staff told us, "Here [dementia floor] things can change very quickly. People may need us to sit with them or they are anxious and we have to spend more time with them. We will then phone down to the manager and ask for support. Usually we will be helped." The dementia unit had recently appointed a unit manager who had started two weeks prior to our inspection. It was anticipated that when a new nurse required inducting to the needs of people on the unit that the unit manager would fulfil this in future. However, to ensure people's needs are met in a timely manner this is an area that continues to require improvement.

Good

Is the service effective?

Our findings

When we last inspected the service on 18 and 26 February and 07 March 2016 we found the provider did not ensure suitable arrangements were not in place to obtain peoples consent and people had been restrained. We also found that staff did not have the required training to carry out their role safely and that people's dietary needs were not met.

At this inspection we found improvements had been made in these areas.

Newly employed staff told us they had induction training before they started working with people. They had shadowed more experienced staff until they felt confident and familiar with the job requirements and only provided care to people once assessed as competent to do so. Staff told us their training included, manual handling, safeguarding, dementia training, infection control, medication and health and safety. One staff member told us, "We have a lot of training. We are encouraged to refresh our knowledge." Another staff member told us, "New staff is trained well. They come and shadow us [more experienced staff] and soon find their feet." One person's relative confirmed the staff's experience and approach and said, "They've got some amazing staff up there."

Staff told us they had regular supervisions where they discussed training needs, developing needs and they received feedback about their performance. One staff member said, "This is better here than my last home, the managers care about me and spend time showing me what I need to do and don't just tell me." One person's relative told us, "Staff morale has really picked up, a few months ago half the best staff were looking for other jobs, but there is no sense of that now and they mainly seem happy to work here."

Staff told us they had regular training which included dementia awareness, safeguarding training, and manual handling. Staff were also undertaking national vocational training and on the day of our inspection an assessor was supporting staff with their coursework. Since our last inspection, all staff, including regular agency staff, had been retrained in their core induction training. The training records for staff demonstrated that the registered manager had prioritised training in all key areas for staff and had ensured this was delivered. Although we found that 79 percent of staff had received training in reporting incidents, further training was planned to address this.

Since our last inspection, the registered manager had utilised the supervision and performance reviews to manage staff positively. This had resulted in staff both improving their skills to support people, and also in staff leaving the home. There had been several departures from the home including the residential services manager, who had been dismissed for a number of failings that resulted in people receiving a poor service. This demonstrated to us that the induction, development and appraisal processes used in the home since the inspection had been used to encourage staff to both improve and also manage staff who were not performing as required.
We observed throughout the inspection that staff consistently asked people if they were ready to receive their care, or any other intervention. People told us that staff double checked with them that they were happy, and did not do anything without seeking their approval first. One person told us, "The other day was

the first time I needed staff to help me shave, but when they did they kept checking I was okay, asking if it was okay to start, and that I was happy with it all, I was impressed by how much time they took to know I was happy with them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, we found that all people who were considered to require a DoL, had one submitted and were awaiting a decision by the local authority.

People had assessments in relation to their capacity to consent to care and treatment and where people were identified as lacking capacity there was a record that decisions had been made in their best interest to keep them safe. However the assessment did not record the rationale for this decision or whether other options were considered before they concluded on the best decision for the care and treatment people received. For example a person had been assessed as lacking capacity to understand they were at risk of falls when they tried to mobilise on their own without staff's assistance. The mental capacity assessment concluded that it was in the best interest of the person to have a lap belt fastened all the time they were sitting in a wheelchair. However there were no recorded details about how this decision had been made and if from the options considered this was the least restrictive method to keep this person safe. People's relatives we spoke with confirmed that the process had been completed and they had discussed varying options, but this was not documented. We spoke with the dementia manager and registered manager, who both agreed that MCA recording required further improvement to ensure they captured succinctly the required information.

At our last inspection, people were not regularly monitored for weight loss and when this was identified staff had not responded to this appropriately. We found at this inspection that both the management of people's nutrition, and the standard of food had improved significantly.

The registered manager had recruited a new chef, who worked closely with the restaurant services manager. Both these staff members had played an integral role in improving the standards regarding people's nutrition. Since our last inspection the registered manager had introduced daily 10 at 10 meetings to review people considered to be at risk. In this meeting, feedback was given regarding people's eating and with the restaurant manager and chef present; they were able to respond swiftly to any concerns. The restaurant manager also supported the review of people's nutritional assessments, and frequently spoke with people who were at risk of weight loss to see how they could support them. They told us about several examples of where they had been able to support people positively. They said, "Sometimes, it can be about portion control, people don't want a plateful of food and it puts them off straight away. I will speak with them and see what we can do to help, and it may be about getting the sizes right or something else. [Person] didn't eat their fish pie, but they loved fish. When I spoke with them they said it was the sauce they didn't like so chef now does them a piece of fish separately and they eat fine." People were generally happy with the food, one person said, "A very nice lunch as usual." A second person said, "Lunch is always enjoyable and there's a good evening meal." However, people also told us that food was, "Hotel food, and not food for older people." When we clarified what people meant they said that some of usual foods they enjoyed at home were not always available or included. One person told us, "It's lovely to be spoilt with this cordon bleu stuff, but sometimes I want a bit of sausage and mash or stodgy old shepherd pie to cheer me up."

Where peoples weights had fluctuated, then the kitchen staff ensured their meals were fortified with high calorie additives such as creams and cheeses, and provided snacks and treats frequently. The catering team were kept informed of people at risk, and were able to speak at length to describe to us their dietary needs and how they supported these. Where people had allergies or specific dietary requirements such as pureed foods these were catered for. We found that staff had clearly undertaken a review of how people's nutritional needs were met and promoted healthy eating to all people living at Bentley House that followed best practise and did not rely just on substitute nutritional shakes.

People told us they were happy with the quality of food provided and the choices they had. One person told us, "I am very happy with the food. I can have what I want and what I like." Another person told us, "The food is nice. I am happy with everything." One person's relative told us, "No weight loss, in fact quite the opposite [Person] has put on weight, a lot of it since they have been here." We saw that this person was assessed as being at high risk of weight loss, and required full support from staff to eat and drink, however, staff had ensured they gave this person the time and support needed to meet their nutritional needs and maintain a healthy weight.

Meal times were pleasant and not rushed. Staff put background music on; tables were presented well with table cloths, glasses and cutlery. People were offered a visual or verbal choice of food and drink. We saw one person offered a visual choice of beef casserole and fish. They sampled both, appeared unsure, and then took both meals and ate them all. Staff assisted people to eat sitting next to them at same level. We observed a good level of interaction from staff including physical touch to reassure people. For example we observed a staff member assisting a person to have their meal. They were attentive and gave reassurance when the person showed signs of anxiety, reaching out for a hand to hold, which staff were seen to do instinctively. As a response the person laughed and smiled suggesting they were comfortable and content, and continued to eat their lunch.

We observed people were offered a variety of choices for breakfast and lunch. People were able to choose from a selection of cereals, fresh fruit, cooked breakfast and a three course lunch with a selection of two choices for each course. Staff were quick in identifying if people were not eating and offered alternatives to ensure people had adequate food and fluid intake. On the day of our inspection it was incredibly hot, however we saw staff continually topping up peoples drinks and ensuring they had enough fluid.

However records did not always reflect accurately the amount of the food and fluid people had over a 24 hour period who were having their fluid intake monitored. For example we overheard one staff member mentoring a newly employed staff member. They explained to them that if people chose to spend a part of their day or have their meals on another floor and not where they resided they could not account for the amount of food and fluids they had. Staff were only responsible to record food and fluid intake for people they were responsible for and not from different units. When we looked at people's records, we saw that where they were monitored, staff had entered the fluid given but not the quantity. We also saw that when the nurse reviewed the amounts drunk for other people, they copied and pasted the previous entry.

People were weighed regularly, if required, and where there had been issues identified such as weight loss, the staff had sought support and guidance from their GP, dietician and kitchen staff.

We saw evidence in people`s care plans of regular GP visits, dieticians, mental health teams and speech and language therapists involvement in people`s care. People had regular visits from a hairdresser; chiropodist, dentist and optician to ensure their health needs were met. When people were asked about accessing specialist health services they all told us they were free to either make their own arrangements privately, or that staff ensured they were promptly referred. One person said, "My dear, if I want to see a doctor, I see a

doctor, period."

Good

Is the service caring?

Our findings

At our last inspection people told us they did not feel listened to or have their views taken on board. We found significant improvements in this area at this inspection.
People told us that staff were kind, caring and had a respectful approach towards them. One person said, "Staff are very kind and always respectful." Another person said, "Staff here are very nice." One person's relative told us, "The biggest change since you [CQC] last came is the communication, it has changed immeasurably."

People previously told us that their views were not listened to and people were offered a place even before assessing their health needs. The approach was sales led, and did not capture what was important to people about their care. The provider and registered manager had immediately amended the assessment process following our inspection, and had informed the 'Sales team' that all decisions and assessments would only be finalised by a decision based on care.

People told us they felt involved in discussing their care needs and that they were active in making important decisions. One person said, "I do feel that they listen to me now and I like that because it means I get things done my way." Staff we spoke with about people's needs had a good understanding of what was important to people and how to provide personalised care to them. Staff told us about people's lives, previous employment, interests and things that mattered to them which enabled them to offer bespoke care. One person said about the care, "I'm very happy here; the staff are lovely". It's clean, my room is fine and the girls are lovely. I give it A1 and recommend it, and in fact I have recommended it to someone else!"

Staff were seen to interact and respond to people in a positive manner and spent time with them. Staff were calm and got close to people when talking to them. Where needed staff repeated information given to people over again until the person understood what was being said.

People's dignity and privacy was promoted by all staff. We saw that staff knocked on bedroom doors and asked whether they could enter. They closed doors behind them when giving people personal care. Staff spoke to people appropriately and respected their choice of what they wanted to do each time and how they wanted it done. For example, we observed staff supporting a person who liked to walk around holding staff members hands. Staff explained to us why the person was doing this i and showed a good understanding of this person`s needs. Staff reacted quickly when people required support maintaining their appearance and adjusted peoples clothing or brushed their hair sensitively. We saw one person who was hard of hearing approached by a number of staff, who all sat close to the persons good ear and spoke softly and clearly when talking with them.

Another person at times showed signs of anxiety and staff were quick to intervene and calmed the person by talking to them, holding their hands and use diversion techniques to prevent the person getting distressed and agitated.

Staff promoted their independence and adapted the level of support to people's needs. For example, we

observed a person assisted to eat by a staff member. The staff member talked to the person and assisted them with a few spoonsful of their breakfast; however when the person showed interest in feeding themselves staff handed over the spoon. They stayed with the person and kept them involved and interested for a considerable amount of time until they finished their meal.

Good

Is the service responsive?

Our findings

When we previously visited Bentley House we found that people did not receive personalised care that was responsive to their needs. We found at this inspection the provider had made the necessary improvements. People told us they were happy with the service they received and had nothing to complain about. One person told us, "I am very happy. I have nothing to complain about." Another person said, "No complaints at all, this place and staff are very nice."

People told us that they were able to contribute to the assessment and review of their needs. They said that staff completed a thorough assessment and that both themselves and their family were consulted. Care records we looked at contained information regarding the person and what was important to them, alongside an assessment of the person's health and well-being needs that considered what they could do for themselves. For example, people were encouraged to wash and dress with minimal support from staff to maintain their dignity and independence. Where people had more complex needs, such as pressure area care, staff were aware of how and when people required repositioning, and also how to support their particular nutritional and fluid intake needs.

People`s care plans were detailed and provided concise information for staff about how to meet people`s needs, such as maintaining safety, personal care, eating and drinking. Staff demonstrated a good understanding of the needs of the people living with dementia they looked after. We observed one staff member instinctively support one person who became agitated and upset. They gently took them by the hand and asked them if they wanted to sit in the 'Pink chair' which was their favourite. Whilst talking to the person the staff member continually referred to the person's family, interests, favourite foods and interests as a method to gently distract them from their agitation. They sat with them and spoke softly about what was concerning them, and over time the person was seen to visually become calmer and visibly content. Where family was important to people, these formed part of their plan to encourage family to visit. People and their relatives told us there was no restriction upon them visiting their relatives. The registered manager told us that they had facilities available in the home for families to use if they travelled long distances or if their loved one was receiving end of life care. This allowed them to stay closer to the person at those particularly important moments.

We observed that most of the people were engaged in some activities around the home. Staff were chatting with people, music was playing, we saw people reading books and magazines and people singing. Staff supported people to go outside for a walk if they wished. The provider created a good dementia friendly environment, where people living with dementia had objects of interest, rummage baskets and items to pick up and occupy their time. Staff also told us about a person who loved to go out and have long walks and ride a bicycle. Staff supported them to have a regular walk outside every day and involved family and friends to take the person out on a bicycle regularly. Another person started to sing and staff joined in and sang together and danced for everybody's entertainment. One staff member told us, "We [staff] know what people like and how to make sure we can meet their needs. We know that the only time [person`s name] will stay indoors when is raining. So when is nice weather we have someone to take them [person] out."

There were regular meetings held for relatives and residents to attend and raise any concerns they may have. These were held by the registered manager, however the provider and management team had also attended following publication of the CQC report. Minutes of this meeting showed that people freely raised concerns, queried some of the inspection findings and discussed matters relating to the running of the home. There was clearly a level of accountability within the meeting and management addressed each person's concern in turn. Copies of the minutes were typed and given to people, and the management team addressed outstanding actions at the next meeting for progress.

People we spoke with told us they felt comfortable to approach the registered manager to raise a concern. One person said, "I have no concerns, but would certainly raise if I had any." A second person said, "If I had any concerns I'd raise them there are also residents forums here, I've never been to them, but I know they happen."

A copy of the provider's complaints policy was made available to people within the home, and a further copy was sent to people when they raised a concern. Where the management team were made aware of a complaint they followed their policy in responding to these and investigated each concern, formally writing to the person to provide them a detailed response. In some circumstances, the outcome of the complaint was not upheld, and in these cases the contact details of the provider and / or independent organisations were given to escalate the matter if required. We saw one complaint from a family member, who raised issues about the quality of the agency staff working in the home on a day when they visited. The conversation the nursing staff had with this relative was recorded in the person`s care plan not on a complaint log. However, this was pointed out to the manager who then initiated this as a complaint.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found that there were minimal robust or effective systems in place to assess, monitor and review the quality of service provided. Governance audits were not effective in identifying issues or concerns and did not occur regularly. We found that incident were not routinely reported to management for action and were not always sufficiently managed. We found some improvements had been made in relation to governance systems, however ensuring people's records were accurate, that incidents were fully investigated and reported to the Care Quality Commission when required continued to be an area of improvement.

We looked at the monitoring tools used in the home to review areas such as nutrition, weight loss and the risk of people developing a pressure ulcers. The deputy manager told us they had only begun reviewing people's weights weekly, "A few weeks ago after [Provider] carried out an inspection of us and saw we were not as well forward with this as we thought." They told us that the provider had organised an independent review of the home, in the style of a CQC inspection. As part of this review they had identified that, "Regional support visits should monitor and report on the quality of care delivery, these reports form part of the provider's oversight and should be conducted at least monthly." In terms of an effective system of governance, Bentley House had not at that time fully developed and implemented the system.

We found that the registered managers audits had not been completed for two months since our last inspection and this had also not been identified by the regional manager. It was recognised however, that significant improvements had been made since our last inspection. The registered manager had developed a comprehensive action plan since our last inspection and provided a weekly update on their progress, which was additionally shared with the provider and senior management for review. This showed clear demonstrable improvement in areas such as training and development, nutrition, safeguarding, and developing staff awareness of people's needs. The registered manager told us that their immediate focus was to make the home safe, and to keep people safe, and where we did not find any incidents were people were at harm because of staff practise, we did find that the reviewing and monitoring required further development.

We looked at the incident reports for the previous month, and found that these were managed in isolation, each responded to without considering if there had been other similar occurrences recently. For example we found three incidents on one unit of people's medicines being found on the floor. This did not prompt the management team to consider the continuing risks presented to people of repeated poor management of medicines. When we checked the floor where these isolated medicines errors occurred we found this to be the only floor that had issues. We asked why the management team had not considered an investigation to mitigate the risks of further error, however, none of the management team were able to explain why they did not carry this out. We saw frequent incidents recorded for people that had not triggered a review of their care needs. For example one person who had demonstrated regular aggression towards others over the previous six weeks. We looked at how the registered manager reviewed patterns, themes and trends. They had not identified the medicines errors as a repeated pattern, and for where people fell, were injured or who displayed aggressive behaviour, the management team had recorded the number, but had not then

analysed further to see which floor, or provided an identifier for the person to see how often they occurred.

People's care records continued to require further improvement to ensure they were a concise and accurate description of both the risks to people's wellbeing and also how staff were to manage these. We saw that all care plans had been reassessed since the last inspection, and accompanying care plans had been developed. However, where people's needs continued to change, these had become out of date, even though staff knowledge of them was particularly insightful. Where people were monitored, staff did not always update the daily records. For example we found that fluid charts for people were not always completed with the amounts taken, and food charts were also equally not completed when needed. MCA's did not record the rationale, discussion or alternative methods explored. We found that for one person the care plan listed continent, however, in the persons daily records we identified several occasions where continence care was provided. We continued to identify various conflicts in people's care records throughout the inspection, that were fed back to the management team. Where staff knowledge of people was current, there remained a risk that due to the high use of agency staff, an incomplete record may result in a person receiving inappropriate care.

These areas, around effective auditing and records management are continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we last inspected Bentley House we found the registered manager had not submitted notifications to us as required. At this inspection we found that they had continued to not inform the commission of events as required. However, they had identified the incident, which is an improvement on our last inspection. When we spoke with the registered manager regarding these missed notifications they told us that they had discussed with the local authorities safeguarding team, and been told they did not require notifying to CQC. As these incidents involved medicine errors and potential safeguarding concerns they did potentially require notifying. We explained to the registered manager that they are responsible for ensuring the regulations are met by submitting notifications promptly where required. Regardless of whether they were advised by the local authority to not do so, is irrespective of their responsibilities to do so.

Therefore this is a continued breach of Regulation 18 of the Health and Social Care Act Registration Regulations 2009.

Staff told us they were happy working at the home and the changes implemented by the provider in the last couple of months were making a positive impact on staff`s morale and the care people received. One staff member told us, "I am very happy working here. It is changing to the better." Another staff member said, "We are more permanent staff and they [managers] are recruiting all the time. It is better than it was. People really get nice care." They continued, "Sometimes we are busier than other times but we have the managers support. We all want to improve."

Throughout the inspection we observed positive team working staff were clearly focused upon the people they cared for. This was clearly led by the management team, and further instilled in the homes culture by the appointments of the further unit managers. People and relatives also commented on a friendly ethos in the home and referred to the camaraderie in the home since the last inspection. Managers and staff were observed interacting in a friendly way with each other as well as with people and relatives. One person told us, "The inspection has obviously had a galvanising effect on the manager, staff and us the customers. They should all be highly commended for responding to the challenges as a team and not burying their heads in the sand. I fully respect and applaud those people who can take accountability and responsibility for their actions and listen to different ways to be. I find the management now to be effective, but, as usual, its a working progress."

The registered manager had successfully promoted an open culture within the home, and on regular occasions had been open and transparent with people and their relatives following the inspection. They held regular meetings to update people which were also attended by the provider, and copies of the service development plan were freely available to people. Staff told us that they felt included in the development of the service, and that they felt able to make constructive comments that were listened to by management. It was clear that the overwhelming change in the home had been improving the communication between the registered manager and staff, people and their relatives. We saw throughout the inspection that the management team were visible throughout the home. People confirmed this to us when asked. One person said, "[Registered manager] has never been around so much, they get into everything now and the staff seem to respect them more, I know I do," One person's relative told us, "The biggest change is the communication, it's much better and I think Signature have really listened to what happened here and made a bunch of changes."

We spoke with a representative of the provider who confirmed to us that they had reviewed their organisational approach to monitoring the homes, and had conducted lessons learned from the Bentley House inspection. Minutes of board meetings confirmed areas such as safeguarding's were reviewed, recruitment was analysed and complaints were reviewed. Once the reporting for Bentley House is more concise and includes information that identifies the specific units, people, times and types of incident clearer, the information will be able to be assessed more comprehensively. However, as a result of the previous inspection the provider had reviewed and revised their policy for admissions. This was put in place for new homes to ensure they rigidly allowed a maximum of three people to move into the home per week and to continually review that there were sufficient trained staff in place to manage the needs of people moving in. The policy and feedback from the provider addressed the concerns raised at the last inspection,. In addition the Chief operating officer for the provider has met monthly with the registered manager and regional manager to review areas such as staffing, safety and any additional areas of concern. These are fed back to board level and discussed for continual monitoring.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 (1) (2) (a) (b) (c) (d) (e) (f) (g) Notification of other incidents The provider did not ensure that incidents required to be notified to the Care Quality Commission were completed. This was a continued breach of regulation 18.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) (c) Systems continued to not be effectively established to assess, monitor and review the quality of services people received. These did not seek to mitigate the minimise the risk of harm to people living at the home. People's care records continued to not be accurately maintained to ensure an accurate and contemporaneous record of care was maintained.