

Bondcare (Regions) Limited

Bentley Court Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Bentley Court Care Home is a nursing home providing nursing and personal care for up to 77 people. At the time of the inspection 35 people were living there including people living with dementia. The building is a purpose built three storey building with all care provided on the first two floors.

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

Governance systems were not robust or effective and this impacted on the quality of the health, safety and care provided to people.

People could not be assured that effective infection control measures were in place to prevent the spread of infection.

People could not be assured that staff were recruited in a way that ensured that they were fit and proper persons to work with vulnerable adults.

People could not be assured that a safe environment was maintained.

People could not be assured that medicines were stored safely or in accordance with manufacturer's instructions.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People could not be assured that health professionals would be consulted in a timely manner if their needs changed.

Although people had plans for how their care should be provided, improvements were required to ensure they were person centred.

People were not always involved in making decisions about their care.

Staff were fully trained to support the needs of people.

Accidents and incidents were investigated, and measures were taken to prevent re-occurrences.

People were supported to maintain contact with their friends and families. There were opportunities for

social stimulation. People felt their concerns and complaints would be listened to and responded to. People had plans relating to end of life care decisions where required.

People were cared for by staff who were kind and caring, and people were treated with dignity and respect. People were supported to maintain their independence.

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

Rating at last inspection

This service was registered with us on 9 July 21 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns raised to us about the safe storage of medicines. A decision was made for us to inspect and examine those risks.

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures.

This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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 not safe.
Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Full details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Full details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not well led.
Full details are in our well led section below.

Inadequate ●

Bentley Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was completed by three inspectors on the first day and two on the second.

Service and service type

Bentley Court is a "care home". People in care homes receive accommodation and nursing or personal care as a 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 who was in the process of registering with the Care Quality Commission. This means that once registered they 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; however, we telephoned the provider from outside the home because of the risks associated with COVID-19. This was because we needed to know of the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided and four relatives. We spent time in the communal area observing the support people received. We spoke with 15 staff members including a regional manager, manager, clinical lead, nurses, nursing assistant, care assistants, maintenance and domestic staff. We reviewed a range of records. These included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Due to the COVID-19 pandemic we reviewed a number of records off site.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated as inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- The provider failed to maintain a safe environment. During the inspection we saw a fire exit and two fire extinguishers that were blocked by equipment. This put people at an increased risk in the event of a fire.
- We also saw a store cupboard that was left unlocked which contained quantities of alcohol gel. This put people at risk if they accessed the cupboard and ingested the alcohol gel.
- We found examples where the home had failed to address peoples deteriorating health needs in a timely manner. We saw that someone had not been referred to a dietician despite losing weight and the delay resulted in further weight loss. We also saw that a visiting health professional had requested that a referral be made in relation to a person's pressure care, this was not done for eight days.
- The provider had commissioned a fire risk assessment to be carried out at the property, however, due to the assessor's ill health the report was not sent until the second day of our inspection which was four months after it had been carried out. This meant that remedial action identified in it had not been actioned and placed people at an increased risk in the event of a fire.

This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental checks had been carried out by registered contractors as required by law. These included frequent checks of mobility equipment within the home, water hygiene, gas, electrical and fire safety. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.
- The provider had systems in place to protect people from harm. Personalised risk assessments had been written for people living there covering a range of risks including catheter care, diabetes and wound care.

Preventing and controlling infection

We reviewed the infection control measures in place in light of the COVID-19 pandemic.

- We were assured that the provider's infection prevention and control policy were up to date. Whilst the policy had been updated to include COVID-19 we found that staff were not following it, which increased the risk of infections being spread.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Domestic staff told us they did not how often they were meant to clean touch points. We found brown matter on a toilet door handle which remained during the time of our inspection. We found surfaces above eye level were dusty in one of the dining rooms. We observed cleaners moving between the rooms of people who were isolating and those who were not. Cleaning records did not identify what had been cleaned in a room or the frequency that it had been cleaned.
- We were not assured that the provider was meeting shielding and social distancing rules. We saw that chairs in lounges had been spaced to suit social distancing, however, no risk assessment had been carried

out to mitigate the risk of people who had tested positive for COVID-19 who wandered with purpose. During the inspection there was an outbreak in one of the units, however we saw staff moving freely between it and the other unit in use at the home. The manager told us that staff would change personal protective equipment (PPE) should this happen, but we did not observe this happening

- We were not assured that the provider was using PPE effectively and safely. During the inspection we observed staff moving in and out of the bedrooms of people who were isolating without changing their PPE. More PPE stations were required in the unit which was experiencing an outbreak as PPE was not always available where it was required, resulting staff having to walk down the corridor to change it. Hand sanitiser was not available at the point where staff removed their PPE. PPE waste bins again were not in appropriate places and not close to exits, hand washing facilities or hand sanitiser.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. This is based on what we observed during the inspection given that the home was in an outbreak.
- We were somewhat assured that the provider was admitting people safely to the service. Due to the concerns we had with the COVID-19 positive service users not being isolated correctly we are only somewhat assured the correct isolation requirements would be followed if they had new admissions. An admissions policy is in place which reflects the old guidance and the manager was aware the guidance had changed but admitted they had not looked at this yet.

This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised these concerns with the manager after the first day of the inspection and requested an action plan to address them. On the second day of the inspection we found that they had been fully addressed.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- There were systems in place to check visiting professional's vaccination status.
- The manager told us that prior to them recently starting at the home, only staff's appointment cards had been checked as evidence of vaccination. They had recognised that this was not sufficient evidence and had asked staff to provide further evidence, but at the time of the inspection was unable to tell us how many staff had provided this and how many they were assured were fully vaccinated.

We identified a breach of Regulation 12(3), but the Government has announced its intention to change the legal requirement for vaccination in care homes.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was accessing testing for people using the service and staff.

Using medicines safely

- Prior to the inspection we had received concerns about medicines not being stored securely and during the inspection we found that they were not always stored securely or in accordance with manufacturers guidelines. We found two tins of a prescribed drink thickener that was store in an unlocked drawer in a dining room. If ingested this could cause suffocation. We also saw a tube of cream that the manufacturer had indicated needed refrigeration which was stored in an unrefrigerated cabinet.
- We discussed this with the manager at the end of the first day of the inspection and on the second day we found that a secure cabinet had been installed in the dining room to securely store the drinks thickeners.

- People received their medicines as prescribed and they were dispensed by trained staff. Protocols had been drawn up considering people's preference as to how and where they would like to have their medicines administered.
- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these
- We saw the temperatures where medication was stored were checked regularly.
- Regular audits of medicines records and stocks had taken place to ensure any errors were identified quickly.

Staffing and recruitment

- Staff were not always recruited safely. We checked six staff files and found two members of staff that had recently been recruited had not supplied a full employment history on their application forms and in one file a new member of staff had supplied two character references but not a professional reference from their last employer.
- Discussions with people who use the service told us staff were always available when needed to support them. We observed staff were always nearby to assist people when needed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- A staff member told us, "If I had any concerns that abuse was taking place, I would report it to the manager and if I felt I wasn't listened to I would report it to CQC".
- The manager understood their safeguarding responsibilities and we saw they took appropriate action to safeguarding concerns.

Learning lessons when things go wrong

- Accidents and incident were fully documented and investigated to identify ways of preventing them from happening again.

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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider did not fully meet the requirements of the MCA. Although MCA assessments had been carried out, where required, in relation to care provided, where people lacked capacity to make certain decisions, best interest meetings had been held but we did not see the voice of the person in the process and carers, family members and healthcare professionals had not been consulted when the individual was unable to express their own preferences.

This is a breach of regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where a person living at the home had passed responsibility for making decisions on their behalf to someone else, the home had ensured that correct legal paperwork was in place.
- We heard staff asking for peoples consent throughout the inspection.
- Staff received training on the MCA and were able to tell us about the principles that underpin it.

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

- People's health and support needs were regularly reviewed updated in their care records. Records showed that referrals to healthcare professionals were not always done in a timely manner when people's needs changed.

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

- People's food and fluid intake was monitored where necessary. This had recently been improved as part

of improvements identified as required by the new manager and we saw that this was working well.

- People's dietary and support needs were detailed in their care plans and specialist support was obtained from health care professionals such as dieticians. We saw staff follow these care plans during mealtimes.
- People's weight was monitored where required, and specialist advice sought if there were any concerns, however there was sometimes a delay in seeking the support.

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

- Adaptations had been made to the environment and equipment to consider people's needs. This included adapted baths and bathrooms. Memory boxes had been installed outside people's bedroom to be filled with personal items that assist the person to identify their room, however, these were not being used.
- People were able to personalise their rooms with personal belongings.
- There were two lifts in the building to assist people to move around it.
- We saw photographs of people taking part in activities at the home displayed on the walls.

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

- The provider completed an assessment when people moved into the service, and considered information contained in support plans that had been received from the commissioning service. This helped to ensure they could provide the appropriate level of care and support for people using the service.

Staff support: induction, training, skills and experience

- Staff completed training to ensure they had the knowledge and skills to carry out the role. This included topics such as manual handling, infection control and health and safety.
- All new staff received an induction to allow them to learn about the home, the needs of the people living there and the policies and principles of the home. New staff also worked alongside experienced staff to enable them to see how this training was embedded into work practices.
- Staff told us they thought the training was good, one staff member said, "It gave me the knowledge and confidence to do my job."
- Staff consistently told us they felt supported by the management of the home. A staff member said, "I know if I have any concerns I can go to (manager) and they will listen to me."

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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People's spiritual and cultural needs were not always respected. People were not always asked about this during their assessment and it was not always recorded in their care plans. We discussed this with the manager who had already commenced making improvements to the information they collected about people's cultural needs.
- People we spoke to were positive about the care they received, one person told us "The care couldn't be better, the carers really do care and they cheer me up when I'm down."

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

- People were not always given the opportunity to express their views and opinions about their care. Since being taken over by the new provider there had been no residents meetings or surveys. We discussed this with the provider who told us this was something that they would be commencing, and we saw that it was on their improvement plan.
- People were offered choices consistently throughout the inspection. One person told us, "They ask me, they never force me."

Respecting and promoting people's privacy, dignity and independence

- We observed many respectful and compassionate interactions during the inspection. One person told us, "Staff respect my wishes."
- People were encouraged to be as independent as possible and this included the use of support aids such as adapted crockery at mealtimes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person living at the home had a plan of care, but these were not always personalised. Staff told us personal information about people which was not recorded in their care plan. We discussed this with the provider and manager who told us that they were in the process of improving the plans and collating life histories of people to improve the plans and the care provided.
- Care plans were reviewed regularly. The reviews however did not seek the opinions of the person, healthcare professionals, family members and staff where appropriate.

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.

- Peoples communication needs were assessed and documented in their care plan.
- Where required, the provider supported people to access specialist services to assist in their communication needs such as eye tests and ear tests.
- The provider could offer information in other formats such as large print.

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.

- During the two days we were at the home we did not see any activities taking place and people were observed staying in their rooms for long periods. We discussed this with the manager who explained that the activity co-ordinator was off on both days, but they were in the process of recruiting a second activity co-ordinator which would help alleviate this in the future.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was followed and records of complaints and the response and any lessons learned were documented.

End of life care and support

- People were supported at the end of their life by staff who knew and understood their wishes and spiritual needs at this time.

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. This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Quality monitoring systems and audits had failed to identify or address in a timely manner the concerns we found during the inspection.
- The medicines audit had not identified that items were not being stored safely or in accordance with manufacturer's instructions.
- Quality monitoring systems had failed to ensure that safe infection control measures were in place.
- Management systems had failed to identify unsafe conditions in the environment such as blocked fire exits and failed to take action to ensure that the fire risk assessment was received in a reasonable time frame.
- Systems had failed to ensure that where people lacked capacity to make decisions, best interest meetings would consider the views of the person, their friends and family and appropriate health care professionals in accordance with the Mental Capacity Act.
- We saw that quality monitoring by the provider had identified cases where people had not had referrals to health professionals when they required it, we still found further cases during the inspection meaning that the underlying cause had not been addressed.
- Recruitment checks had failed to ensure that appropriate checks were made to ensure people employed were suitable and of good character to work with vulnerable people.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken over the service recently and had an action plan to make improvements including some of the concerns we have identified in other areas of this report.
- The manager had only been in post for 6 weeks and during the inspection we saw improvements that they had made, for example, improvements to food and fluid monitoring.
- Both the provider and manager were responsive to concerns we raised to them after the first day of the inspection and we found they had addressed these when we returned for the second day.
- The manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- The manager and provider had identified care plans could be more person centred and needed to improve

and were in the process of consulting with people to develop these.

- The manager had recently been appointed and spoke at length about the improvements that had been made at the service and we were sent an improvement plan after the inspection which showed further improvements were planned.

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

- People and their families or representatives had not been given the opportunity to express their opinions and choices about their care as there had been no residents' meetings or quality surveys. We discussed this with the provider and the manager who told us that they were planning to do these.
- Staff spoke positively about the impact the new provider and manager have had and that they feel they can raise concerns at any time.

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

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
- The manager understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People or their friends, families or representatives or health care professional had not been consulted when the person lacked capacity to make a decision, to ensure that the decision was in their best interests.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to manage infection control at the service. The provider failed to maintain a safe environment. The provider failed to ensure safe recruitment procedures were followed.

The enforcement action we took:

The provider was issued with a requirement notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure that its governance systems identified and prevented the concerns we found in relation to infection control, recruitment, safe environment, timely access to healthcare for people that used the service and failing to follow the principles of the Mental Capacity Act when carrying out best interest meetings.

The enforcement action we took:

The provider was issued with a warning notice.